

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 21/10/22	Time: 15:15	(hh:mm) 24 hr format
Location PIE (chang.) Before Bedok Reservoir Rd		
Vehicle Number GBD6852Z		
Insured Name TS Choice D'COR & Trading		
NRIC/FIN 5299732K	Contact Number 9147 8201	
Make Toyota	Model Dyna	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: (✓) Third Party ( ) Reporting		
Insurance Company AIG		
Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number 7210023608-01		
Name of Driver Chia Teck Soon		( ) Same as Insured
NRIC/FIN S1512647G	Contact Number 9147 8201	
Date of Birth 14/9/1961		
Driving Pass Date 02/08/1982		
Occupation ( ) Indoor (✓) Outdoor		
Gender (✓) Male ( ) Female		
Email Address abc8627e@gmail.com		( ) NO EMAIL
Address of Driver B1K 402 Bedok North Ave 3 #10-281 (S) 464462		
Was driver an employee of the Insured's Company? ( ) Yes (✓) No		
If No, Relationship of the Driver with the Insured		
(✓) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( ) Clear (✓) Raining ( ) Others		
Road Surface ( ) Dry (✓) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes (✓) No		
Was anybody injured in the accident? (✓) Yes ( ) No		
If yes, injured detail Driver (GBD6852Z)		
Was there any video captured by Car Camera? ( ) Yes (✓) No		
Was the Accident reported to the Police? (✓) Yes ( ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B GY 2841L		
Veh C		
Veh D		
Veh E		
Veh F		

\* Driver Only

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

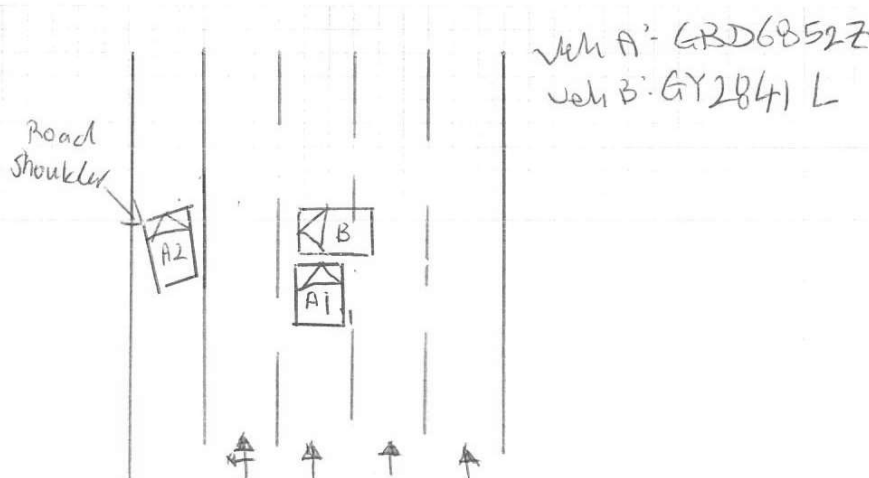


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Report

Police

TS

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Refer

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/10/2022 20:49			Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>						
Name of Informant: CHIA TECK SOON			Address: 402 BEDOK NORTH AVENUE 3 #10-281 SINGAPORE 460402			
ID Type / ID No.: NRIC NO / S1512647G			Contact No.: Home/Office: Mobile: 91478201			
Nationality: SINGAPORE CITIZEN			Email: aaroniu3088@gmail.com			
Sex: Male	Age: 61	Date of Birth: 14/09/1961	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: Driver			Driving Licence Information: Class: Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2022 15:15	Type of Location: Straight Road
Location:  BEDOK RESERVOIR ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD6852Z	Lorry				Seriously Damaged	0
GY2841L	Van				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20221021/7053

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20221021/7053

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHIA TECK SOON	ID No.	S1512647G
Related Vehicle	GBD6852Z (Lorry)	Contact No.	91478201
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/10/2022	Date	21/10/2022
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On the stated time and venue, I was driving my vehicle GBD6852Z along PIE towards Changi Airport just before Bedok Reservoir Exit on lane 3. Suddenly a van (GY2841L) on lane 2 skidded and spun out of control and swerve to my lane colliding onto my vehicle. The impact was so huge, my vehicle veered to the left road shoulder. I alighted and took photos of the accident, EMAS and LTA came to the scene. The van (GY2841L) driver admitted that his van lose control and skidded onto my lorry (GBD6852Z). A few hours after the accident I felt pain and discomfort and consulted a doctor at clinic and was given 4 days mc.



**SINGAPORE  
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T/20221021/7053

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20221021/7053

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/10/2022 20:49

Classification Of Case: