SINGAPORE ACCIDENT STATEMENT

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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This 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.

ACCIDENT STATEMENT

Date of Submission 07/11/2022 14:33 (SGT) Reported by Driver Date of Accident 05/11/2022 06:30 (SGT) Exact Location of Accident Singapore Additional Location Information CTE TOWARDS ANG MO KIO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBC7685M**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **B-TEAM CONSTRUCTION SUPPLIES PTE LTD** Company Reg No 2XXXXX711W Email Address UEMOTOR@HOTMAIL.COM Mobile Phone No (Phone) +65-62711890 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of

accident **Employment** Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05013271

DRIVER

Name of Driver SEAH LYE HOCK NRIC No SXXXX457D Date Of Birth 19/10/1961 Occupation Outdoor

Date Of Driving Pass 25/05/1988 Driving experience 34 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-93896222 Alt. Phone Number Email Address UEMOTOR@HOTMAIL.COM Address BLK 701 CHOA CHU KANG STREET 53 #05-20 Address complement Postcode 680701 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNE8320G

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JUSTIN CHUA HAO TERN
NRIC No	SXXXX062A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Please reter	to police repo	1/2022110	7/7082	

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

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SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual 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.

Any false reporting may be referred to the Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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

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

2/11/2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

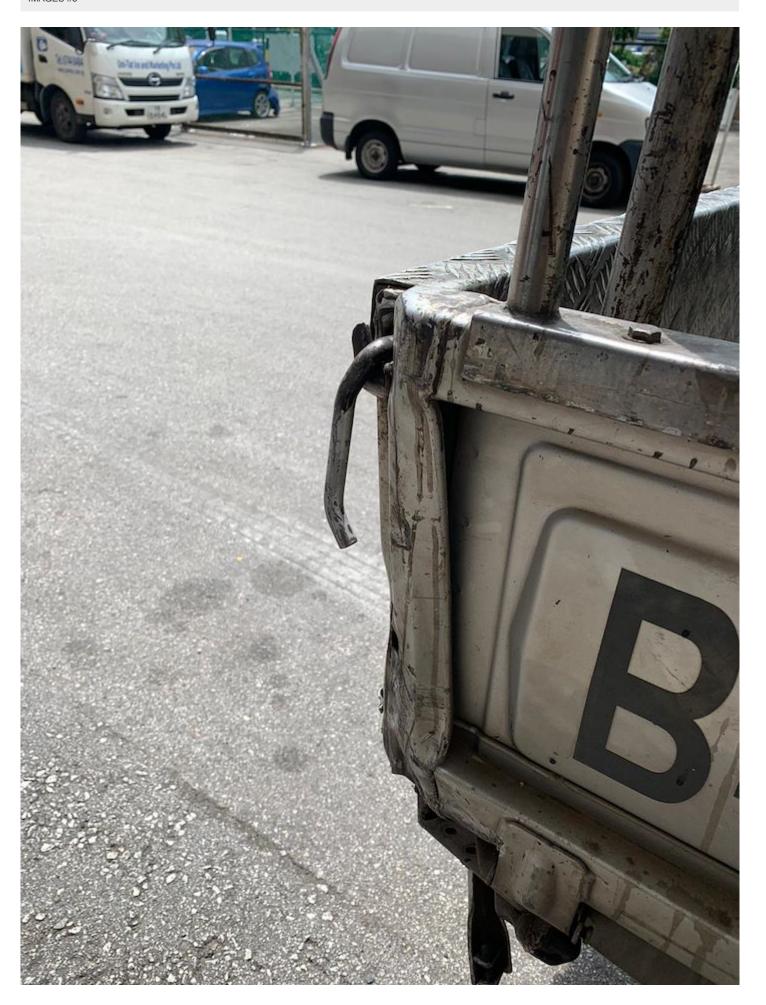
Ang Mo kio towards Sketch Plan . 6BC 7685 M B . SNE 8320 G vJun2022





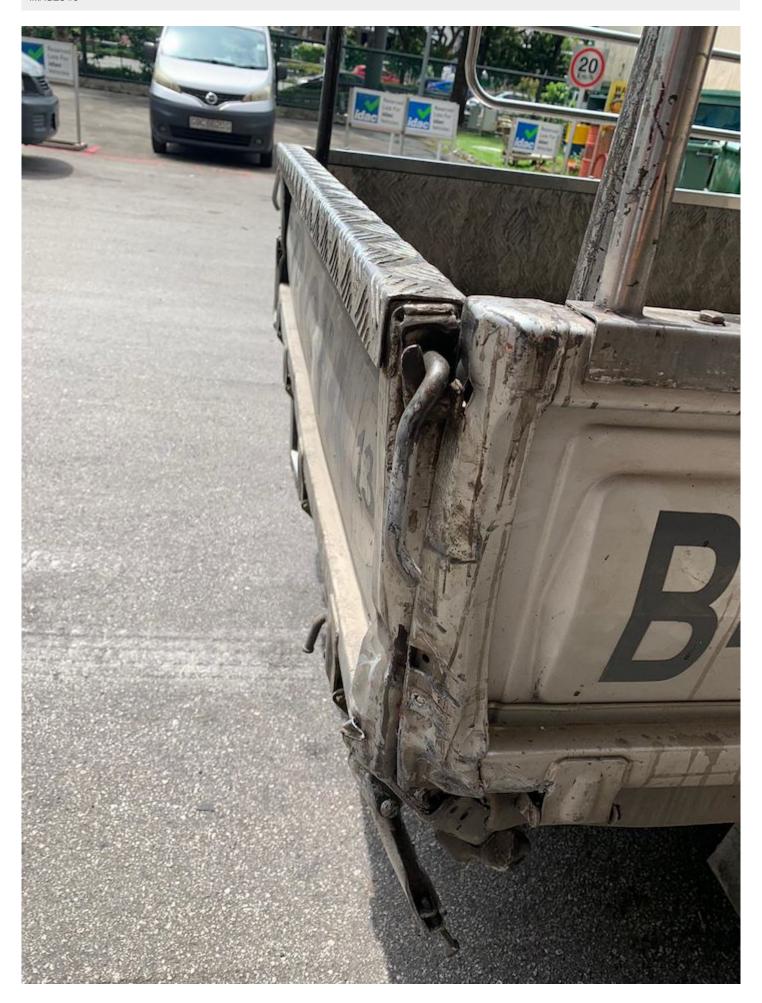












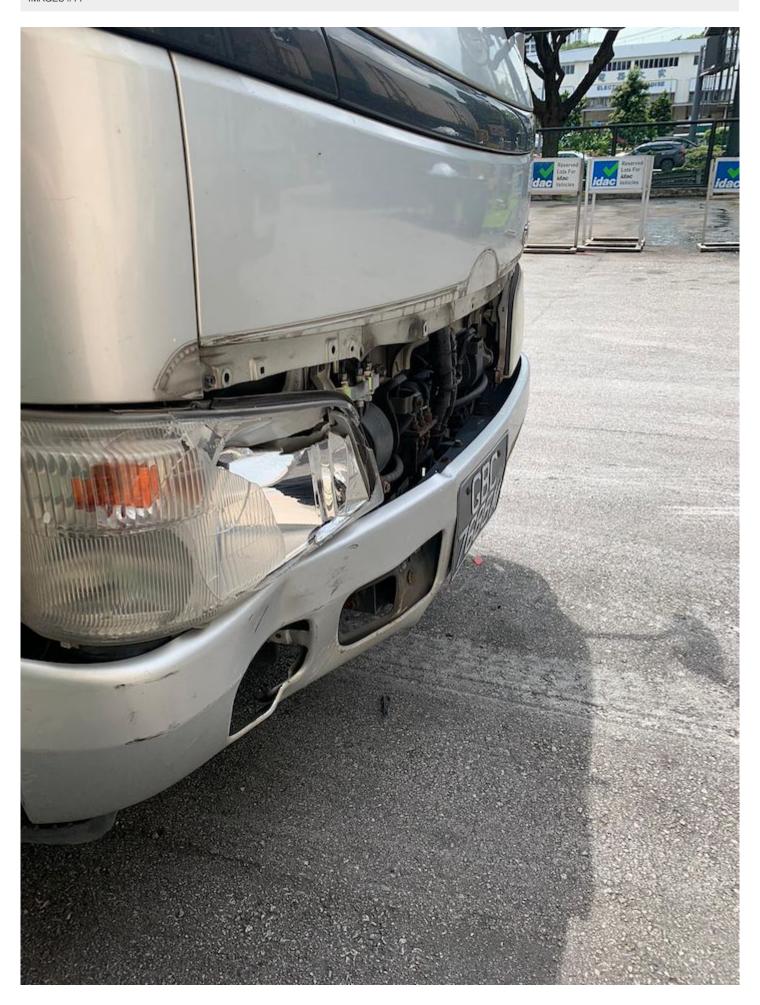


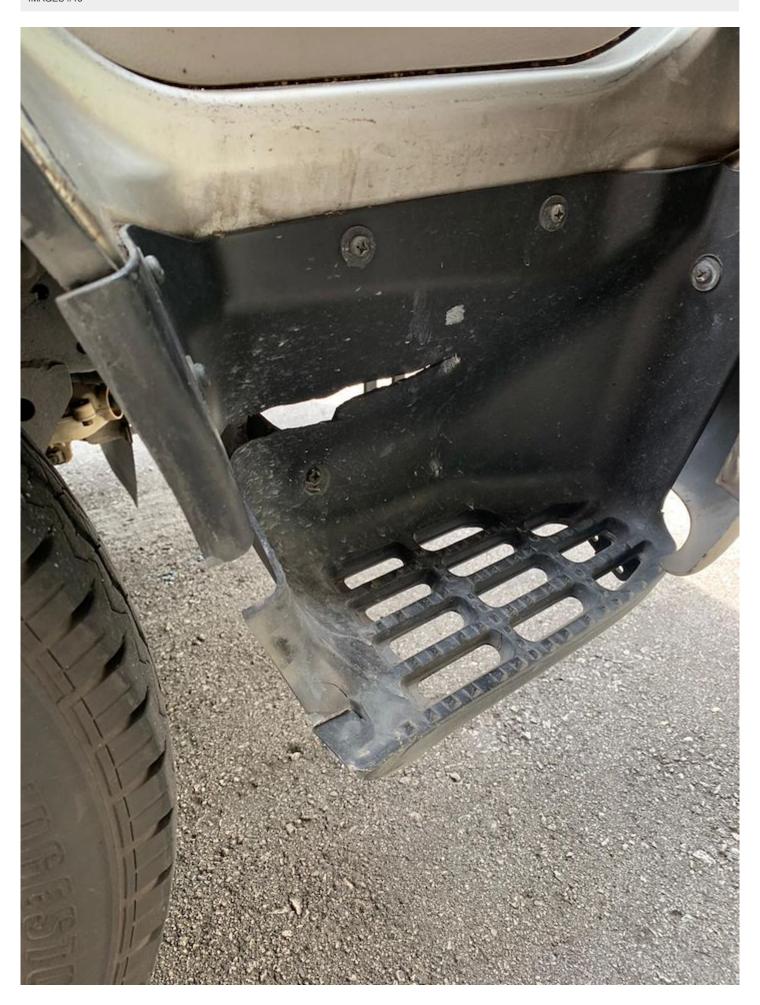


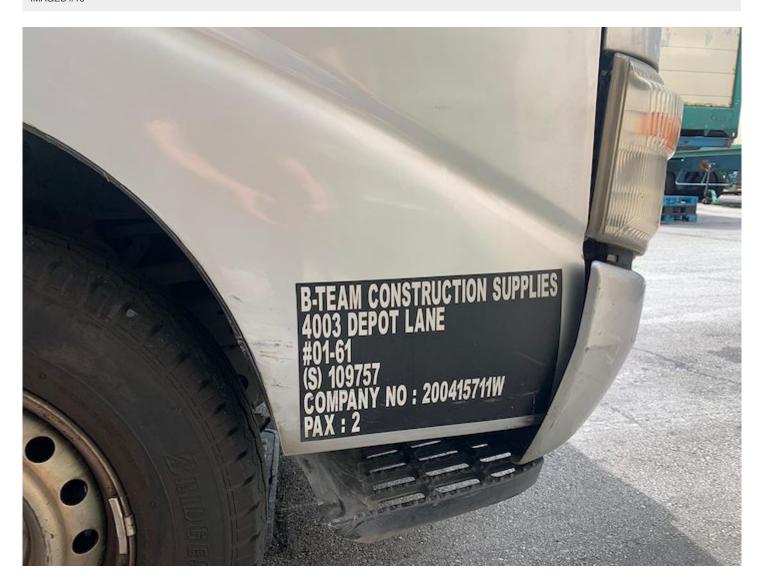




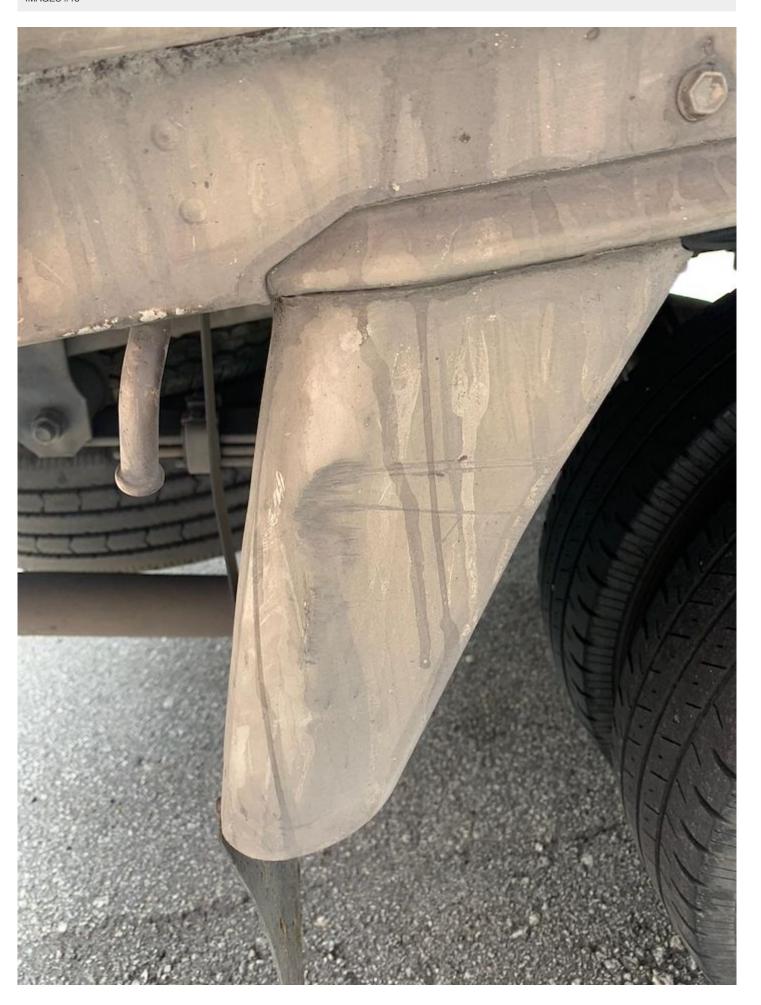


















1 of 3

Report No. T/20221107/7082

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

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No .: Date/Time Report Made: 07/11/2022 13:20 Informant's Particulars Address: Name of Informant: 701 CHOA CHU KANG STREET 53 #05-20 SINGAPORE SEAH LYE HOCK 680701 Contact No.: ID Type / ID No.: Mobile: 93896222 Home/Office: NRIC NO / S1481457D Email: Nationality: uemotor@hotmail.com SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Driver 19/10/1961 61 Male Institution / School Name: Language: Race: English Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3 driver

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2022 06:30	Type of Location Straight Road
cte ang mo k	io	Road Surface:	· ·	Road Speed Limit:
Weather:		Wet		
Heavy rain				
Heavy rain Traffic Flow: One Way		Traffic Control: Not Controlled	l	Fraffic Volume: Light Anyone conveyed by

Details of Volume Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC7685M	Lorry	TOYOTA	dyna	Silver	Totally Damaged	0
SNE8320G	Car	MERCEDES BENZ	E 300	Red	Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221107/7082

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

This report is lodged at Traffic Police Kiosk 1

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2022 13:20
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:



L/20221107/7002

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

2 of 3 Report No. T/20221107/7082

CONTINUATION OF REPORT

Details of Person	on Involved						
Any Pedestrian	Involved: No						
No. of Pedestria	ns Injured: NIL		Lico of De	da in the			
Driver	Cara-Sarra Comment Comment	1,	Use of Pe	destria	n Cross	sing: NA	
Name	SEAH LYE HOCK						
100000000	SEATTE HOOK			ID No.		S1481457D	
Related Vehicle	GBC7685M (Lorry)						
				Contact No.		93896222	
Hospital/Clinic	UBI FAMILY CLINIC & SURGERY		EDV	Class of Driving Licence &			
			ERY			Class: 3 Date of Expiry: NIL	
Date	05/11/2022	05/11/2022		Expiry			
No. of Days grant	ed Medical Lagran	00	Date		NIL		
No. of Days granted Medical Leave		03	Degree of	of Slight			

Brief Details.

while driving on a highway at 60kmh a car from my rear skided and hit the rear of my lorry and my lorry skided and while skided the same car still hit the back of my lorry due to heavy rain and wet floor, mostly all the part of my lorry we damage as i was hit hard by the car. i got no camera on my lorry, before the incident there is no any mechanical fault on my lorry. I went to clinic to and was given 3 days mc as i was having a heart pain and hand aching.

OWNER OF THE CAR : JUSTIN CHUA