

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 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. 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 your vehicle? No - Claiming third party
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	Male
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Seah Lye Hock
Gender	Male
Phone No	(Phone) +65-93896222
Address	701 Choa Chu Kang Street 53
Address Complement	05-30
Post Code	680701
Approximate Age Years Old	61
Injuries Sustained	Back and neck
Injured person in which vehicle?	GBC7685M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

Please refer to police report / 7/2022/1107/7082

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 7/11/2022

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

SKETCH PLAN**IMPORTANT NOTICE**

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5. **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

[Signature]

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

[Signature] 7/11/2022

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

Sketch Plan

CTE towards Ang Mo Kio



vJun2022

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**SINGAPORE
POLICE FORCE**


T/20221213/7004

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

1 of 3

Report No. T/20221213/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2022 11:06		Vide Report No.: T/20221107/7082		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEAH LYE HOCK			Address: 701 CHOA CHU KANG STREET 53 #05-20 SINGAPORE 680701		
ID Type / ID No.: NRIC NO / S1481457D			Contact No.: Home/Office: Mobile: 93896222		
Nationality: SINGAPORE CITIZEN			Email: arielseahpc@gmail.com		
Sex: Male	Age: 61	Date of Birth: 19/10/1961	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: 05/11/2022 06:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBC7685M	Lorry	TOYOTA	DYNA		Seriously Damaged	0
SNE8320G	Car	MERCEDES BENZ			Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221213/7004

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

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Report No. T/20221213/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH LYE HOCK	ID No.	S1481457D
Related Vehicle	GBC7685M (Lorry)	Contact No.	93896222
Hospital/Clinic	UBI FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	05/11/2022	Date	05/11/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	JUSTIN CHUA	ID No.	S9303062A
Related Vehicle	SNE8320G (Car)	Contact No.	92328078
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

VIDE REPORT NO: T/20221107/7082.

I wish to add that after the vehicle, SNE8320G collide onto the rear of my vehicle, my vehicle spun 180 degree and SNE8320G collide onto the front of my vehicle again.

As a result of the impact, my vehicle sustained damages to the front and rear.



**SINGAPORE
POLICE FORCE**



T/20221213/7004

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

3 of 3

Report No. T/20221213/7004

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

NP168

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

Date/Time:
13/12/2022 11:06

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922B70007 Vehicle Registration No: GDC 7685 M
 Name (as shown in NRIC): Seah Lye Hock NRIC/FIN/Passport No: S1481457D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 701 Choa Cha Kang Street S3 #05-20 Singapore (G8079)
 Contact (Tel): 9389 6222 Mobile No.: _____
 Email Address: ivemotor@hotmail.com
 Date of Accident: 05/11/2022 Time of Accident: 0630
 Place of Accident: Central Expressway
 Insurance Company: Lampac

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend weather conditions and road surface: Raining, Wet

Amend injury: Yes



[Signature]

Policyholder / Actual Driver's Signature
Date:

[Signature]

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 14/12/2022