

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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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**

SNE8320G

Vehicle Registration Number

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

Please	reter	to police	- report /	+/202211	07/7087		
						1919	

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

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

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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. SNG 8320 G vJun2022

Accident report SN0922B70007





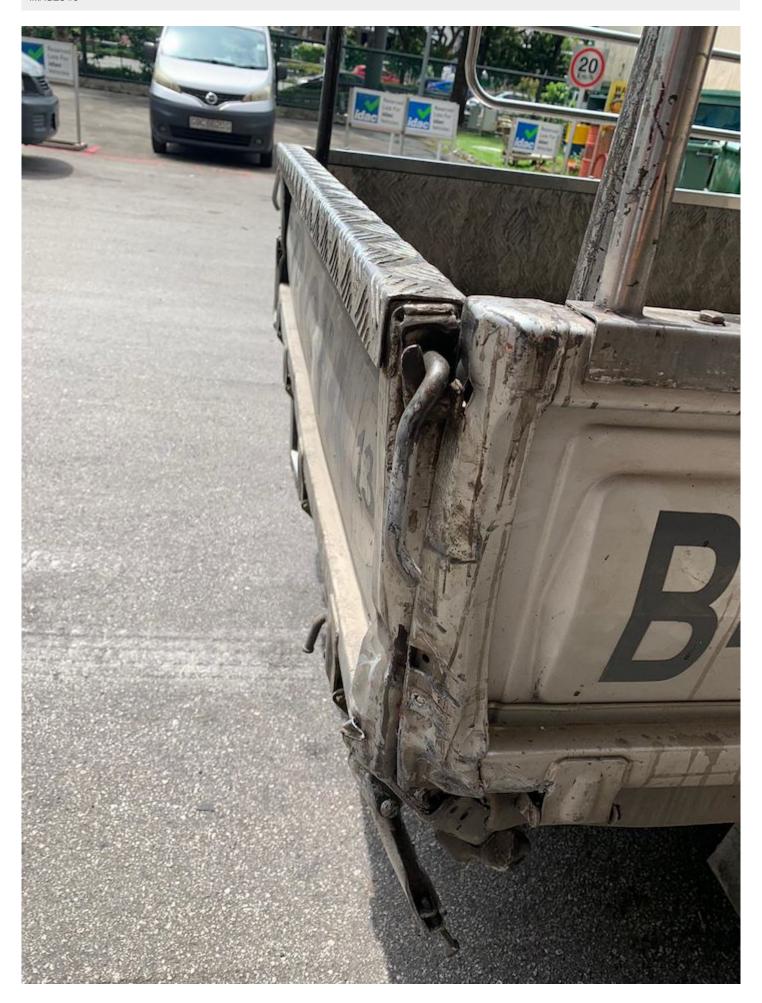












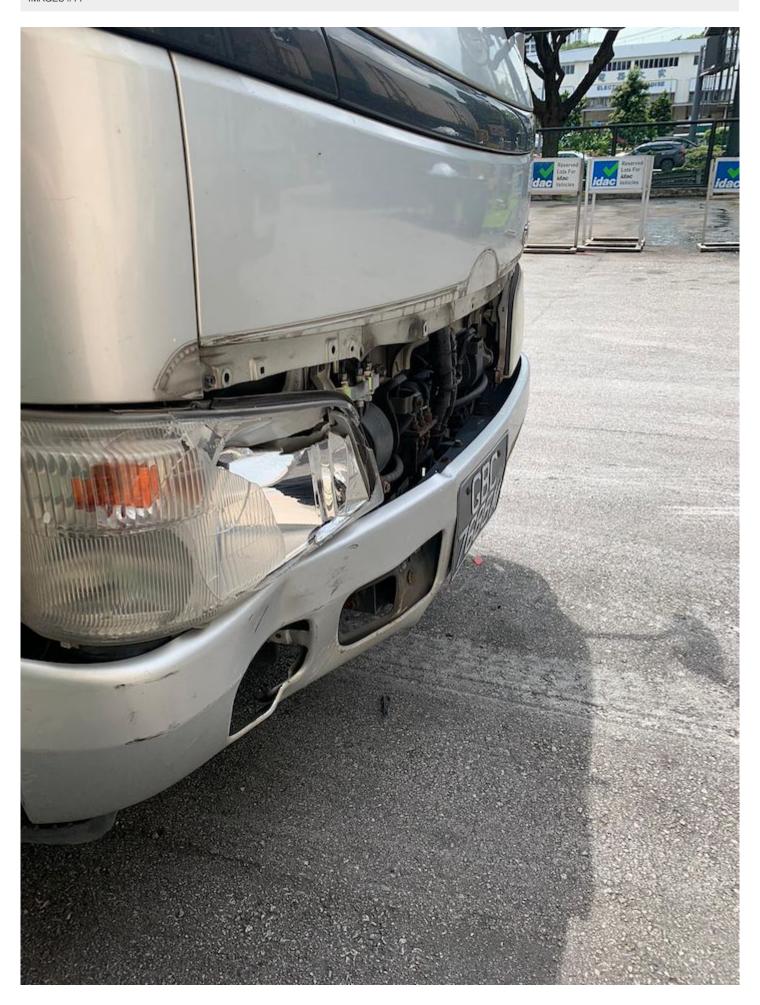


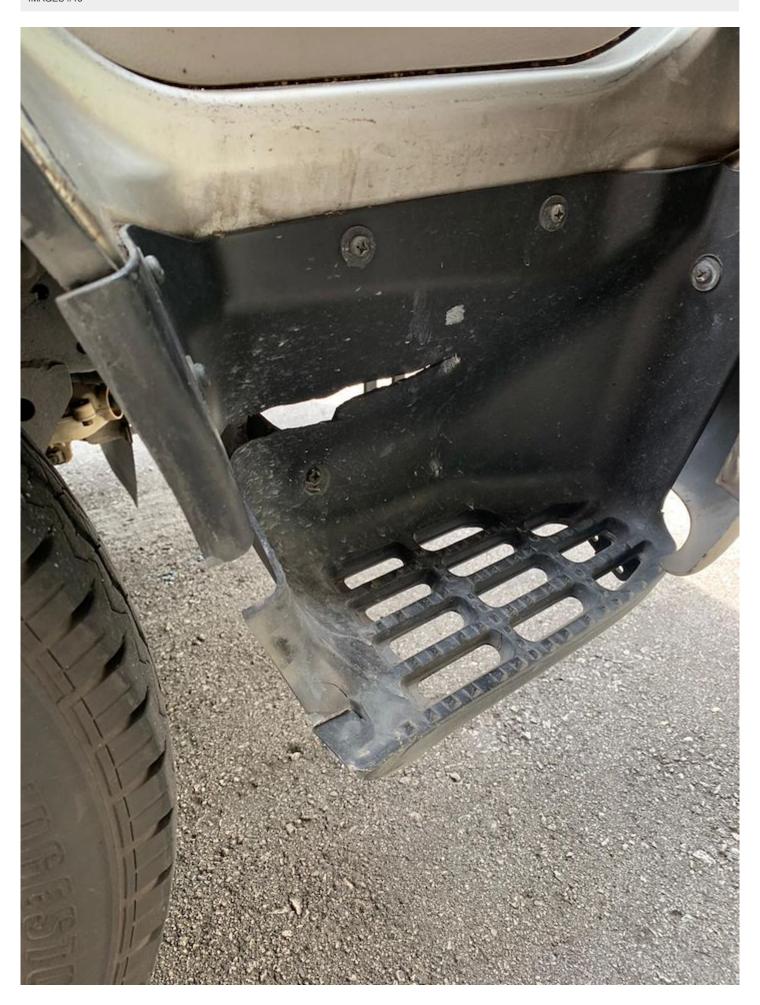


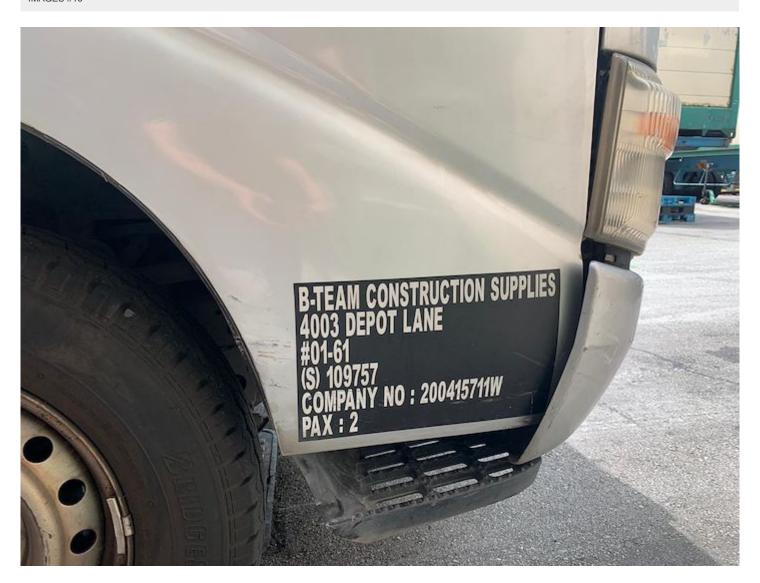






















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20221213/7004

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 022 11:06	Made:	Vide Report No.: T/20221107/7082	Station Diary No.:		
Informa	nt's Partic	ulars		医一种性性性炎性炎性炎性炎性炎性炎炎性炎炎性炎		
	Informant: YE HOCK		Address: 701 CHOA CHU KANG STREET 53 #05-20 SINGAPORE 680701			
	/ ID No.: D / S14814	57D	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 Infor	mation of the Acci	dent	The standard and the	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2022 06:30	Type of Location: Straight Road
Weather:	KPRESSWAY	Road Surface:	ļ F	Road Speed Limit:
Raining		Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Fraffic Volume:
Type of Collis Between Mov	sion: ring Vehicles - Head	To Rear	ā	Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBC7685M	Lorry	ТОУОТА	DYNA		Seriously Damaged	0
SNE8320G	Car	MERCEDES BENZ			Seriously Damaged	0 ,



T/20221213/7004

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221213/7004

CONTINUATION OF REPORT

Details of Perso	n Involved	Made in	elle sinte Chilo	1012	1500		
Any Pedestrian Ir	rvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Po	edestrian	Cross	ing: NA	
Driver		ar limes			S 1881 M		
Name	SEAH LYE HOCK			ID No		S1481457D	
Related Vehicle	GBC7685M (Lorry)			Conta	ct No.	93896222	
Hospital/Clinic	UBI FAMILY CLINIC & SURGERY			Class Drivin Licen Expin	g ce &	Class: NIL Date of Expiry: NIL	
Date	05/11/2022		Date		05/11/2022		
No. of Days gran	ted Medical Leave	Degree	of Slight		t		
Driver			EVEL RUE LES		2000		
Name	JUSTIN CHUA			ID No),	S9303062A	
Related Vehicle	SNE8320G (Car)			Conta	act No.	92328078	
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ce &	Class: NIL Date of Expiry: NIL	
Date	NIL Date				NIL		
No. of Days gran	ted Medical Leave	NIL	Degree	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.



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 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

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

NP168



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: 5N0922B70007 Vehicle Registration No: 6DC 7685 M Name (as shown in NRIC): Seah Lye Hack NRIC/FIN/Passport No: S1481457 D (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Address: 701 Chan Chan Kang Street 53 #05-20 Singapore (65079) Contact (Tel): 9389 6121 Mobile No.: Email Address: Nemotor@hotmust.com Date of Accident: ______ Time of Accident: ______ C630 Central Expressivay Place of Accident: ___ Langue Insurance Company: ____ (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



Swil

Policyholder / Actual Driver's Signature Date:

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

Date: 14/ 12/2022

sJun202