

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	02/11/2022 17:04 (SGT)
Reported by	Driver
Date of Accident	01/11/2022 15:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1760Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KL ENVIRO PTE LTD
Company Reg No	201525197E
Email Address	SOH@KLENIRO.COM
Mobile Phone No	(Phone) +65-97550037
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P360CB6X4MHZ
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	12742

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z/22/VC00/11336

DRIVER

Name of Driver	TAN WEI KHANG
NRIC No	S9575001Z
Date Of Birth	17/02/1995
Occupation	Outdoor

Date Of Driving Pass	19/05/2017
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88055813
Alt. Phone Number	-
Email Address	WEIKHANG24@GMAIL.COM
Address	BLK 814 JURONG WEST ST 81
Address complement	#06-206
Postcode	640814
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

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	XE6348Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE1640K
Vehicle Manufacturer	Scania
Vehicle Model	P440LA4X2HSZ
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SONG HAOLU
Passport No/FIN	G8722943U
Contact Number	(Phone) +65-90860287
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN WEI KHANG
Gender	Male
Phone No	(Phone) +65-88055813
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XE1760Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SONG HAOLU
Gender	Male
Phone No	(Phone) +65-90860287
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XE1640K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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")

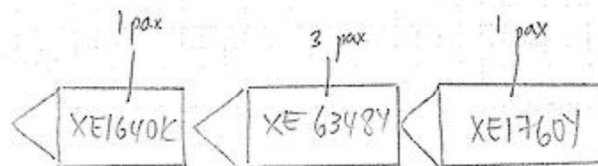
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

Clear / Dry



**SINGAPORE
POLICE FORCE**



T/20221102/2063

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20221102/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2022 16:13		Vide Report No.:		Station Diary No.: 97	
Informant's Particulars					
Name of Informant: TAN WEI KHANG			Address: APT BLK 814 JURONG WEST STREET 81 #06-206 SINGAPORE 640814		
ID Type / ID No.: NRIC NO / S9575001Z			Contact No.: Home/Office: Mobile: 88055813		
Nationality: MALAYSIAN			Email: weikhang24@gmail.com		
Sex: Male	Age: 27	Date of Birth: 17/02/1995	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/11/2022 14:45	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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 Passenger
XE1640K	Trailer	SCANIA	P440LA4X2 HSZ		Slightly Damaged	0
XE1760Y	Hooklift	SCANIA	P360CB6X4 MHZ	Multi-Colored	Seriously Damaged	0
XE6348Y	Rubbish Truck	MERCEDES BENZ	AROCS 3536L ENA 8X2/4 5150 S-CAB		Slightly Damaged	2


**SINGAPORE
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Police Station Of Origin:
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Tel No: 1800-7929999

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Report No. T/20221102/2063

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SONG HAO LU	ID No.	G8722943U
Related Vehicle	XE1640K (Trailer)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN WEI KHANG	ID No.	S9575001Z
Related Vehicle	XE1760Y (Hooklift)	Contact No.	88055813
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	01/11/2022	Date Discharge	01/11/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SILVAM A/L KUMARASAMY	ID No.	F7713586M
Related Vehicle	XE6348Y (Rubbish Truck)	Contact No.	93591121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/11/2022 at about 1445hrs, I was driving my company vehicle bearing plate number: XE1760Y along AYE towards Tuas. I was travelling on the most left lane when the car in front of me bearing plate number: XE6348Y performed an emergency brake. I immediately stepped on the brakes but I was unable to stop in time, therefore the front of my vehicle collided into the rear of the Rubbish truck in front of me. I immediately alighted from my vehicle to take a look when I discovered that the rubbish truck had collided into a Trailer bearing plate number: XE1640K in front of it. I was not sure of what had happened. I observed that I was injured on my left hand and both legs as I saw blood on my left hand and both legs. The other drivers had alighted as well and I went to speak to them. I took photos of the accident scene



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T/20221102/2063

Police Station Of Origin:
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Report No. T/20221102/2063

CONTINUATION OF REPORT

and damages before exchanging particulars with the other two driver but I did not manage to take down the number of the driver of XE1640K Subsequently, EMAS and LTA arrived, EMAS called for ambulance to check on our injuries but none of us were conveyed.

The entire frontal part of my vehicle was damaged from the accident, resulting in it having to be towed away.

The front and rear bumpers of the rubbish truck were dented from the accident.

The rear part of the trailer suffered some scratches but I am not sure of its damage.

I did not observe a slight injury on the driver of the rubbish truck but I did not observe any injuries on the driver of the trailer. I went to Ng Teng Fong General Hospital to see a doctor for my injuries and was given 3 days of MC from 01/11/2022 until 03/11/2022.

I wish to state that there is an in car camera in my vehicle but I do not have access to the footage as of now. I am not sure if the other vehicles have in car cameras installed.

I am lodging this report for company record and insurance claims purposes.



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T/20221102/2063

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Report No. T/20221102/2063

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /

SGT 2 CHUA JING HAO VICTOR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

Contact No.: 65476151

Signature Of Informant:

Date/Time:

02/11/2022 16:13

Classification Of Case:

NP168