

## 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 ..... 22/12/2022 11:17 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 11/12/2022 22:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... NICOLL HIGHWAY TOWARDS STAMFORD RD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF11M

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SUN CITY MAINTENANCE PTE LTD  
Company Reg No ..... 199504133M  
Email Address ..... ADMIN@SUN-CITY.COM.SG  
Mobile Phone No ..... (Phone) +65-62230022  
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 ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2002690524

#### DRIVER

Name of Driver ..... HOE LYE TECK  
NRIC No ..... S1641629J  
Date Of Birth ..... 21/05/1964  
Occupation ..... Outdoor

|  |                        |
|--|------------------------|
| Date Of Driving Pass .....   | 29/06/1984             |
| Driving experience .....   | 38 YEARS AND 6 MONTHS  |
| Gender .....   | Male                   |
| Mobile Number .....  | (Phone) +65-84262809   |
| Alt. Phone Number .....  | -                      |
| Email Address .....  | SIBEST@SUN-CITY.COM.SG |
| Address .....  | BLK 5 BANDA STREET     |
| Address complement .....   | #19-68                 |
| Postcode .....   | 050005                 |
| 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 - Change/cross lane |
| Weather Conditions ..... | AFTER RAIN                    |
| Road Surface .....       | Wet                           |

#### 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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 .....                       | Tiong Bahru Neighbourhood Police Post               |
| Police Station Phone No .....                   | (Phone) +65-18007759999                             |
| Alt. Police Station Phone No .....              | (Fax) +65-67764246                                  |
| Police Station Address .....                    | Blk 128 Kim Tian Road #01-123/ 125 Singapore 160128 |
| Was notice of intended Prosecution given? ..... | No  |
| If yes, against whom? .....                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT: T/20221214/2103.

#### 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 ..... | SLG4319B |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |

|   |             |
|---|-------------|
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| 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) .....     | -           |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SLH1233D    |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| 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) .....     | -           |

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

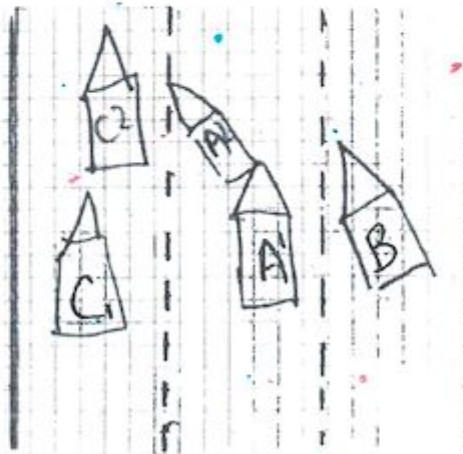
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature Date & Time

 20/12/22 11:30am  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Vehicle A: GABF11M  
Vehicle B: SLG4319A  
Vehicle C: SLH1233D

**Describe Circumstances of the Accident**


Refer to Police Report.



1/2022/214/2013

**Declaration**

We declare the foregoing particulars are true in every respect.

    
Policyholder's Signature / Date & Time

 20/12/22 11:30am  
Driver's Signature (If driver is not the policyholder) / Date & Time

   
Witnessed by Reporting Centre Personnel













































**SINGAPORE  
POLICE FORCE**



T/20221214/2103

1 of 3

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Report No. T/20221214/2103

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>14/12/2022 18:34 | Vide Report No.: | Station Diary No.:<br>46 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>HOE LYE TECK       |            |                              | Address:<br>APT BLK 5 BANDA STREET #19-68 SINGAPORE 050005 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1641629J |            |                              | Contact No.:<br>Home/Office: Mobile: 84262809              |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |  |                            |
| Sex:<br>Male                             | Age:<br>58 | Date of Birth:<br>21/05/1964 | Type of Informant:<br>Driver                               |  |                            |
| Race:<br>Chinese                         |            |                              | Language:  |  | Institution / School Name: |
| Occupation:<br>OPERATIONS EXECUTIVE      |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:   |  |                            |

**General Information of the Accident**

|  |                      |   |  |                                     |
|--|----------------------|---|--|-------------------------------------|
| General Information of the Accident:                         |                      |   |  |                                     |
| Type of Accident:  | Non-Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>11/12/2022 22:00 | Type of Location:<br>Straight Road  |
| Location:<br><br>NICOLL HIGHWAY                              |                      |   |  |                                     |
| Weather:<br>Clear  |                      | Road Surface:<br>Dry                        | Road Speed Limit:<br>70 Km/h               |                                     |
| Traffic Flow:<br>One Way                                     |                      | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                      |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make | Model | Color | Condition        | No of Passenger |
|-------------|-------|------|-------|-------|------------------|-----------------|
| GBF11M      | Lorry |      |       |       | Slightly Damaged | 0               |
| SLG4319B    | Car   |      |       |       | Slightly Damaged | 1               |
| SLH1233D    | Car   |      |       |       | Slightly Damaged | 0               |

**Details of Person Involved**

|                                 |  |                                |
|---------------------------------|--|--------------------------------|
| Any Pedestrian Involved: No     |  | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL |  |                                |





**SINGAPORE  
POLICE FORCE**



T/20221214/2103

2 of 3

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Report No. T/20221214/2103

**CONTINUATION OF REPORT**

|                                   |              |  |                                 |
|-----------------------------------|--------------|--|---------------------------------|
| <b>Driver</b>                     |              |  |                                 |
| Name                              | HOE LYE TECK | ID No.                                 | S1641629J                       |
| Related Vehicle                   | NIL          | Contact No.                            | 84262809                        |
| Hospital/Clinic                   | NIL          | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL          | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL          | Degree of Injury                       | NIL                             |

**Brief Details.**

I wish to state that I already have my statement taken by TP IO Yeo (65476162).

On the 11/12/2022 at about 2200hrs, I was driving along Nicoll Highway towards Stamford Rd, along the middle lane. While I was driving, a vehicle to my right (SLG4319B) suddenly tried to cut into my lane. As such, I wanted to avoid her vehicle, so I instinctively turn to the left. Because of that, my lorry knocked onto a vehicle on my left (SLH1233D). My vehicle sustained a minor dent on the front left side, and slight scratches and dent on the right front bumper.

All three of us then parked our vehicles at one side and alighted. The driver to my left and the driver to my right managed to take a picture of my lorry, however I did not manage to get their particulars as my phone's battery was flat at that time. I also needed to rush home to use my Inhaler as I am suffering from COPD.

I wish to inform that there were no pedestrians involved and no parties were injured.



**SINGAPORE  
POLICE FORCE**



T/20221214/2103

3 of 3

Report No. T/20221214/2103

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

**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:  
A /  
SGT 2 LEE JING KAI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/12/2022 18:34

Officer In Charge Of Case:  
TP / GIA /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

NP168

**Annex B**

## NOTICE OF REPORTING

This is to confirm that HOE LYE TECK, NRIC/FIN  
8416291, has reported to the Police a non-injury traffic accident which  
 occurred at Nicole Highway (outside Suntec City)

on 1/12/2022 at 1000 am/pm involving the following vehicles:

2 If this accident was reported to the Police within 24 hours of its occurrence, then  
 he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Piplir

Date: 2/12/2022 Time: 1019hrs

S/D Ref: 48

Police Post/Unit: Rochor NPC



3 to  
 Asst. or Neighbourhood  
 Police Centre  
 11 Kentong Street, #11  
 Singapore 110111



Allianz Insurance Singapore Pte. Ltd.

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2002690524  
 Date of Issue : 30 July 2022  
 Coverage : COMPREHENSIVE- AUTHORISED WORKSHOP  
 Policyholder : SUN CITY MAINTENANCE PTE. LTD.  
 Finance Company :  
 Period of Insurance : 30 July 2022 To 29 July 2023 (both dates inclusive)  
 Registration Number : GBF11M  
 Chassis Number of Vehicle : JTFAT35Y90K204769

**Persons or Classes of Persons Entitled to Drive\*:**

- (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

**Limitation as to Use^:**

- (a) Use in connection with the Policyholder's business.  
 (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.  
 (c) Use for social, domestic and pleasure purposes

^ Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**Policy does not cover:**

- (a) Use for racing, pace-making, reliability trials or speed-testing.  
 (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

30 July 2022

Issue Date



Hicham Raissi

Chief Executive Officer

Allianz Insurance Singapore Pte. Ltd.

|                   |   |     |        |
|-------------------|---|-----|--------|
| Intermediary Code | : 0000199 Direct Sales Area Allianz Insurance Singapore |     |        |
| Excess            | Own Damage  | S\$ | 700.00 |
|                   | Windscreen  | S\$ | 100.00 |
|                   | Liabilities to Third Parties                            | S\$ | 0.00   |