

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 24/08/2022 11:56 (SGT)
Reported by Driver
Date of Accident 20/08/2022 17:30 (SGT)
Exact Location of Accident Near 3 Jurong Town Hall Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5493Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AAK LOGISTICS SERVICES PTE LTD
Company Reg No 201325787M
Email Address peijuan_lee@aakls.com
Mobile Phone No (Phone) +65-91229944
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Regiusace
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 Bus
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5126814510

DRIVER

Name of Driver ANG GEK CHUI
NRIC No S1215972B
Date Of Birth 12/02/1956
Occupation Outdoor

Date Of Driving Pass	22/10/1975
Driving experience	46 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91229944
Alt. Phone Number	-
Email Address	peijuan_lee@aakls.com
Address	247 BUKIT BATOK EAST AVENUE 5
Address complement	#07-70
Postcode	650247
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	9
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Jurong West Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18002689999
 Alt. Police Station Phone No (Fax) +65-62672438
 Police Station Address 700 Corporation Road Singapore 649818
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT (T/20220823/2072)

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL1487R
 Vehicle Manufacturer Toyota
 Vehicle Model Corolla
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ANG GEK CHUI
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? PC5493Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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

Sketch Plan

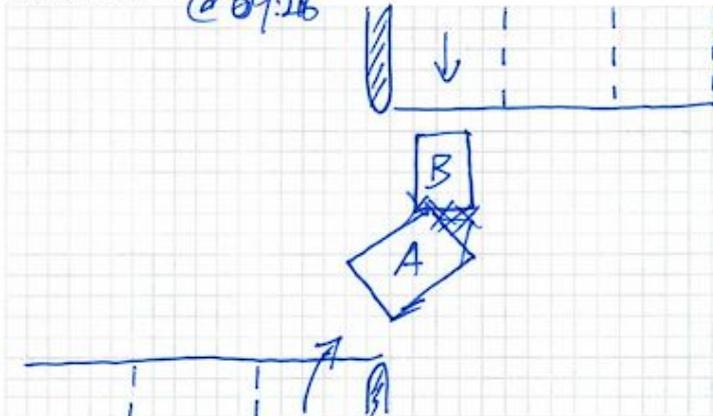
24/8/2022
@ 09:16

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

[Handwritten signature]

Witnessed by Reporting Centre Personnel

[Handwritten signature: Chang Chee Sing]
170W



A = PC 5493 Y
B = SJL 1487 R

Describe Circumstances of the Accident

Please refer to Police Report (T/20220823/2072)

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

24/8/2022
@ 09:46

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



Witnessed by Reporting Centre Personnel

Chang Chee Sing
1709



**SINGAPORE
POLICE FORCE**



T/20220823/2072

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20220823/2072

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG GEK CHUI	ID No.	S1215972B
Related Vehicle	PC5493Y (Van)	Contact No.	91229944
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	20/08/2022	Date Discharge	20/08/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 20/08/2022 at about 1730hrs, I was driving my van PC5493Y along Jurong Town Hall Road towards Bukit Batok with 8 passengers in my van. I wanted to turn right into Jurong East St 12 while I was approaching the junction of Jurong Town Hall Road X Jurong East St 12. I stopped and waited for the right turn green light. Upon the green arrow lighting up, I saw that 2 vehicles in the opposite lane stopped, thus I moved off. However, after turning, another car SJL1487R travelling towards my direction did not stop and collided into my van.

Traffic Police and ambulance came down to the location. I did not manage to get the other driver's details. A total of 7 person from my van including me was conveyed to hospital.

No government property involved. No foreign vehicle involved.

I was given 5 days MC after being conveyed to Ng Teng Fong hospital.

I was informed by a Traffic Police Investigation Officer to lodge a traffic accident report vide D/20220820/0103.



**SINGAPORE
POLICE FORCE**



T/20220823/2072

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20220823/2072

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 TAN CHIN ANN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/08/2022 15:49
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case:
NP168	