

# 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 Authorised 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 ..... 31/12/2021 15:01 (SGT)  
Date of Accident ..... 31/12/2021 06:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JALAN BOON LAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GX2326M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GL ONE-STOP SERVICE PTE LTD  
Company Reg No ..... 199907306Z  
Email Address ..... GL1STOP@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-92391279  
Alternative Phone No ..... +65-92391279

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... 2997

### INSURANCE COMPANY

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 2021-V0111356-VCV-R001  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAU CHIN CHOON  
NRIC No ..... S1155516J

Date Of Birth .....	31/07/1956
Occupation .....	Outdoor
Date Of Driving Pass .....	03/05/1978
Driving experience .....	43 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92391279
Alt. Phone Number .....	-
Email Address .....	GL1STOP@SINGNET.COM.SG
Address .....	BLK 82 COMMONWEALTH CLOSE
Address complement .....	#09-131
Postcode .....	140082
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 .....	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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	COLLEAGUE
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

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PC2410G
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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) .....	10

## 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? .....	GX2326M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

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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.

GL ONE STOP SERVICE PTE LTD

*Jan*

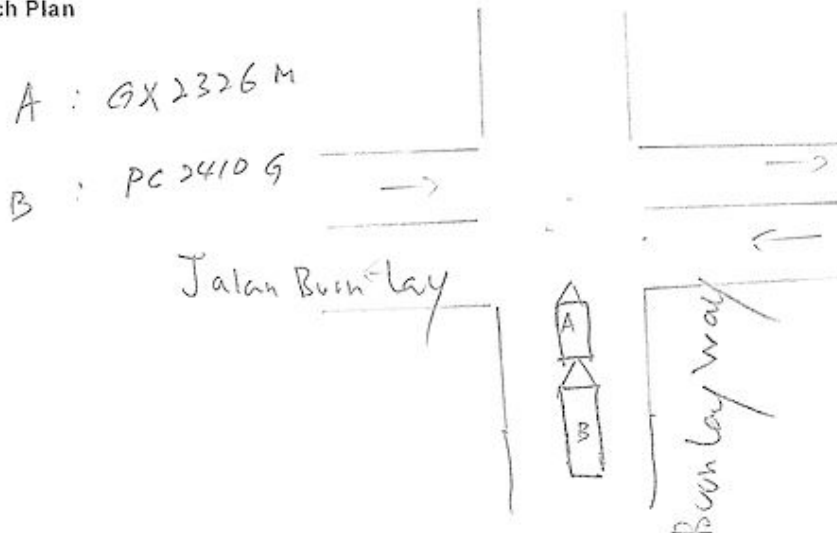
*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan





















**SINGAPORE  
POLICE FORCE**



T/20211231/2044

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

1 of 3

Report No. T/20211231/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/12/2021 13:22		Vide Report No.: J/20211231/0049		Station Diary No.: 40	
<b>Informant's Particulars</b>					
Name of Informant: LAU CHIN CHOON			Address: APT BLK 82 COMMONWEALTH CLOSE #09-131 SINGAPORE 140082		
ID Type / ID No.: NRIC NO / S1155516J			Contact No.: Home/Office: Mobile: 92391279		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 31/07/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CLEANER DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2021 06:45	Type of Location:
Location:  JALAN BOON LAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX2326M	Van				Slightly Damaged	1
PC2410G	Bus/Coach/Minibus (School Children)				Slightly Damaged	10

**Details of Person Involved**

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





**SINGAPORE  
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T/20211231/2044

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

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Report No. T/20211231/2044

**CONTINUATION OF REPORT**

Driver				
Name	LAU CHIN CHOON		ID No.	S1155516J
Related Vehicle	GX2326M (Van)		Contact No.	92391279
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	RAMAIAH		ID No.	G8068939Q
Related Vehicle	PC2410G (Bus/Coach/Minibus (School Children))		Contact No.	90701868
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On the 31/12/2021 at about 0645hrs, I was driving my company van(GX2326M) along Boon Lay Way. Upon seeing the light turn yellow, I slowed down my vehicle as I wanted to stop in time. Then a Black school bus(G8068939Q) estimated to carry around 10 passengers did not manage to stop in time and collided onto the rear of my vehicle. After the impact I came out to check and assess the damages and dialed the authorities, the ambulance and traffic police came, issued me a case card and proceeded to convey my work colleague (Hp:94675349) to the hospital as she suffered injuries to the chest. We then proceeded to exchange particulars( Mr.Ramaiah, Hp:90701868 ).

The traffic officer recommended me to make a report at any police station. I am not sure of the exact amount needed to repair my vehicle nor the school bus. I felt some mild pain in my neck and in my leg and will be seeing the doctor after the report. I wish to state that my company van had no onboard CCTV and did not capture the incident.





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POLICE FORCE**



T/20211231/2044

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Report No. T/20211231/2044

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 /

Staff Sgt MOHAMMED  
AMIRULHAFIZ BIN RAMLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
31/12/2021 13:22

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt NUR ADELIA BINTI MOHAMMAD  
FUAT  
Contact No.: 65476066

Classification Of Case:



SIGNATURE