

# 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 ..... 09/12/2022 18:11 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 08/12/2022 16:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SUNGEI KADUT ST 4 & ST 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN639M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... 800 SUPER WASTE MANAGEMENT PTE LTD  
Company Reg No ..... 198601155H  
Email Address ..... enquiries@800super.com.sg  
Mobile Phone No ..... (Phone) +65-63663800  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NPR85UH5A  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2999

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2002102421

### DRIVER

Name of Driver ..... TAY GEK LENG  
Passport No/FIN ..... S1511212C  
Date Of Birth ..... 28/01/1961  
Occupation ..... Outdoor

Date Of Driving Pass .....	09/04/1981
Driving experience .....	41 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98234323
Alt. Phone Number .....	-
Email Address .....	lke@800super.com.sg
Address .....	BLK 502A WOODLANDS DRIVE 14 #06-22
Address complement .....	-
Postcode .....	731502
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 - Major/Minor Rd
Weather Conditions .....	Drizzling
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
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) .....	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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JPP5816
Vehicle Category .....	Motorcycle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER POLICE 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

Vehicle Registration Number .....	JPP5816
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	KOH PEE CIANG
Passport No/FIN .....	G8915363N
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 .....	KOH PEE CIANG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	REFER POLICE REPORT
Injured person in which vehicle? .....	JPP5816
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

VEH NO: YN639M  
 INSURER: Allianz  
 DATE OF ACC: 8/12/22 16:15

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5. **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

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

*[Handwritten Signature]*

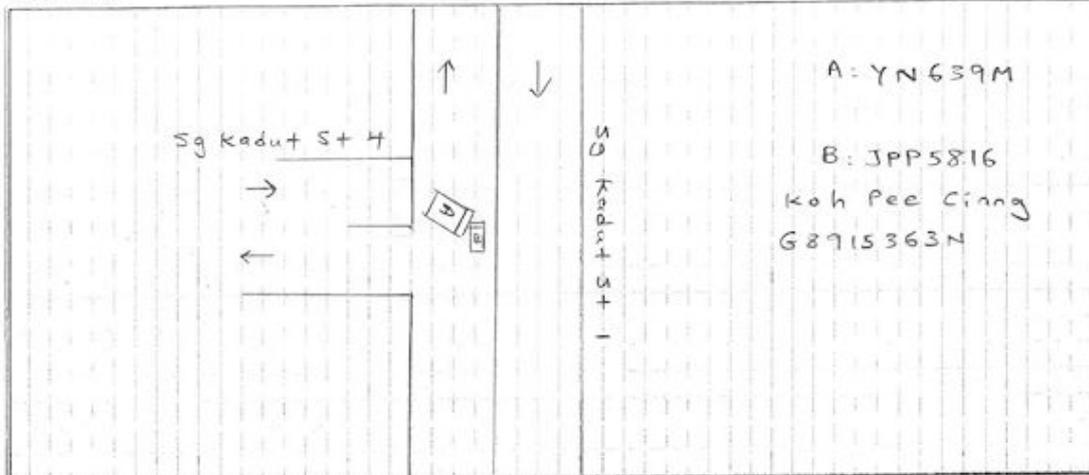
*(YS) Ong 9/12/22*

Sketch Plan

PLEASE  
TURN  
OVER

Describe Circumstance of the Accident  
\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE  
Claim under your Own Comprehensive policy. Pls check your policy for more information.  
( ) Claim Own Policy ( ) Claim Third party ( / ) Reporting Only  
( ) Claim OD/ TP at other workshop ( \_\_\_\_\_ )

Sketch Plan



DoA: 8/12/22 16.15

Refer Police Report

Declaration

I/We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

(YS)  9/12/22  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Date : 09/12/22

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) TAY GEK LENG  
 NRIC/FIN S1511212C, our employee / employee of 800 Super Waste Management Pte Ltd to drive our m/vehicle no. YN639M  
 and to file the accident report (Third Party claims/Own Damage Claims/Reporting Only) which occurred on (date) 08/12/22 @ (time) 16:15  
 along (location) SUNGEI KADUT ST 4 & ST 1

\* Relationship between Insured and driver's company: —

Thank you.

Regards,




\* SIGN & STAMP at the above \*

Name of Owner : 800 Super Waste Management Pte Ltd

NRIC / ROC : 198601155H

Contact No : 63663800

Email : enquiries@800super.com.sg



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	: SP2002102421
Date of Issue	: 22 June 2022
Coverage	: THIRD PARTY ONLY
Policyholder	: 800 SUPER WASTE MANAGEMENT PTE LTD
Finance Company	: -
Period of Insurance	: 01 July 2022 To 30 June 2023 (both dates inclusive)
Registration Number	: YN639M
Chassis Number of Vehicle	: JAANPR85H97100313

## 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** or to whom the vehicle is hired.

\* 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<sup>^</sup>:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.  
 (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

<sup>^</sup> Limitation rendered inoperative by Section 6 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).

22 June 2022  
 Issue Date

  
 Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000236 IVAN INSURANCE BROKERS PTE LTD  
 Excess : Section 2: Liabilities to Third Parties

SGD















8 Dec 2022 16:21:35  
62A Sungei Kadut Street 1



**SINGAPORE  
POLICE FORCE**



T/20221208/2101

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20221208/2101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/12/2022 21:02	Vide Report No.:	Station Diary No.: 91
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**Informant's Particulars**

Name of Informant: TAY GEK LENG		Address: APT BLK 502A WOODLANDS DRIVE 14 #06-22 SINGAPORE 731502	
ID Type / ID No.: NRIC NO / S1511212C		Contact No.: Home/Office: Mobile: 98234323	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 28/01/1961	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CLEANER DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/12/2022 16:15	Type of Location: T-Junction
Location: SUNGEI KADUT STREET 4				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JPP5816	Motorcycle				Slightly Damaged	0
YN639M	Lorry	ISUZU	NPR85UH5A	White	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221208/2101

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Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20221208/2101

## CONTINUATION OF REPORT

Rider			
Name	Koh Pee Ciang	ID No.	G8915363N
Related Vehicle	JPP5816 (Motorcycle)	Contact No.	NIL
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
Driver			
Name	TAY GEK LENG	ID No.	S1511212C
Related Vehicle	YN639M (Lorry)	Contact No.	98234323
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 08/12/2022 at about 1615hrs, I was driving my lorry (YN639M) along sungei kadut st 4, it is a one lane road, I am turning right to sungei kadut st 4, while I was halfway turning to sungei kadut st 1, a motorcyclist (plate number: JPP5816, Rider: Koh Pee Ciang, G8915363N) rush over and hit the front right side of my lorry and fell. I exited my lorry and attended to him, I saw that his feet are injured, and the injured area kept on bleeding, awhile later, police and ambulance came, and the rider was then conveyed to hospital. I only manage to take picture of the accident scene and the picture of his ID before he was being conveyed. Traffic police then give me a case card E/20221208/0114 and told me to lodge report and I acknowledged. I wish to state that I did not suffer any injuries during this accident.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20221208/2101

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Report No. T/20221208/2101

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: L / SGT 3 BRANDON NEO ZHEN YAO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2022 21:02
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case:

NP168