

REFERENCES

From: _____ Date: _____

Veh No: GBK5124L Yr Regn: 2020 August

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Dyna C.C. 2882

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading 162529 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KPY2318042-770

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15 C Goform

N/S	O/S

R: 155R13 Yoko.

Front _____ Rear _____

R/Bal. 86 mm R/Bal. 86 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 15/12/22

Survey held at JL Perfect

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TPFCICS
	MV :
	PV :
	Nett :

☐ : Prel. Report

Final Report

Resurvey No. of Trip:

Transportation:

Add Fee: ☐ : Site Insp (4)

: Interview (\$)

: Techn. Inv. 12

Photos

Others

Report Formed :

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	14/12/2022 16:07 (SGT)
Reported by	Driver
Date of Accident	13/12/2022 07:45 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	TAMPINES AVENUE 10 TOWARDS BARTLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5124L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YONG TENG PTE LTD
Company Reg No	2XXXXX210K
Email Address	DALIGE188@GMAIL.COM
Mobile Phone No	(Phone) +65-91026739
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	3000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129269044

DRIVER

Name of Driver	WONG WAI KHIANG
NRIC No	SXXXX976B
Date Of Birth	19/12/1966
Occupation	Outdoor

Date Of Driving Pass	01/11/1993
Driving experience	29 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-89308580
Alt. Phone Number	-
Email Address	DALIGE188@GMAIL.COM
Address	446A JALAN KAYU
Address complement	17-328
Postcode	791446
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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

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	GBB8519J
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG WAI KHIANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	GBK5124L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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

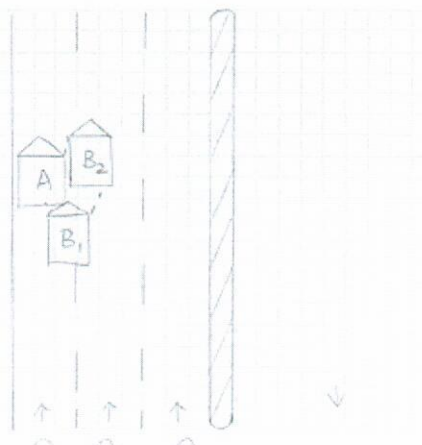
[Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A = GBK5124L
B = GBB8519J
Tampines Avenue 10
towards Bartley
Road East

Describe Circumstances of the Accident

Refer to Police Report

Police Report No.: T/20221213/7051

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221213/7051

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20221213/7051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2022 21:54			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: WONG WAI KHIANG			Address: 446A JALAN KAYU #17-328 SINGAPORE 791446			
ID Type / ID No.: NRIC NO / S1779976B			Contact No.: Home/Office: Mobile: 83244124			
Nationality: SINGAPORE CITIZEN			Email: JMENGINEERING28@YAHOO.COM			
Sex: Male	Age: 55	Date of Birth: 19/12/1966	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: Driver			Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2022 07:45	Type of Location:
Location: TAMPINES AVENUE 10				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK5124L	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221213/7051

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20221213/7051

CONTINUATION OF REPORT

Driver			
Name	WONG WAI KHIANG	ID No.	S1779976B
Related Vehicle	GBK5124L (Lorry)	Contact No.	83244124
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, my vehicle GBK5124L broke down and it was parked along the extreme left lane of Tampines Ave 10 towards Bartley Road.

My hazard light was on.

While waiting for my tow truck, I went up my passenger side to pack my stuff.

My passenger door was opened.

Suddenly I felt a huge impact from behind.

The impact propelled my vehicle a few metres ahead.

I was then flung out from my passenger door and I landed onto the grass patch on my left.

I landed on the left side of my body.

I later realised that vehicle GBB8519J had hit onto my vehicle rear right portion and continued to move forward and causes damages to the right side of my vehicle.

I later started to feel pain on my neck, shoulder and back areas.

I then proceeded to LifePlus medical group hougang to seek treatment and I was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20221213/7051

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20221213/7051

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAN JEOK LENG
Contact No.: 65476151

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
13/12/2022 21:54

Classification Of Case: