

# 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 ..... 25/11/2022 12:04 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 24/11/2022 15:50 (SGT)  
Exact Location of Accident ..... Serangoon North Ave 5, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB1685H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... UNION LPG PTE. LTD.  
Company Reg No ..... 201901093Z  
Email Address ..... wendytan@uniongas.com.sg  
Mobile Phone No ..... (Phone) +65-97261291  
Alternative Phone No ..... (Office) +65-63166666

### 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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Policy Number / Cover Note Number ..... D-21098839MFCV/2

### DRIVER

Name of Driver ..... TAN ENG LAI  
NRIC No ..... S1362644H  
Date Of Birth ..... 08/02/1959  
Occupation ..... Outdoor

Date Of Driving Pass .....	16/08/2020
Driving experience .....	2 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97261291
Alt. Phone Number .....	-
Email Address .....	wendytan@uniongas.com.sg
Address .....	BLK 645 ANG MO KIO AVE 6 #06-4989
Address complement .....	-
Postcode .....	560645
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 .....	Collided into Motorcyclist
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) .....	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 .....	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004849999
Alt. Police Station Phone No .....	(Fax) +65-62181399
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REPORT TO THE POLICE REPORT T/20221124/2195

#### 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 .....	FBG7783S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	MOTORIST
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBG7783S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation**.
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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.

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO ZIKRUL

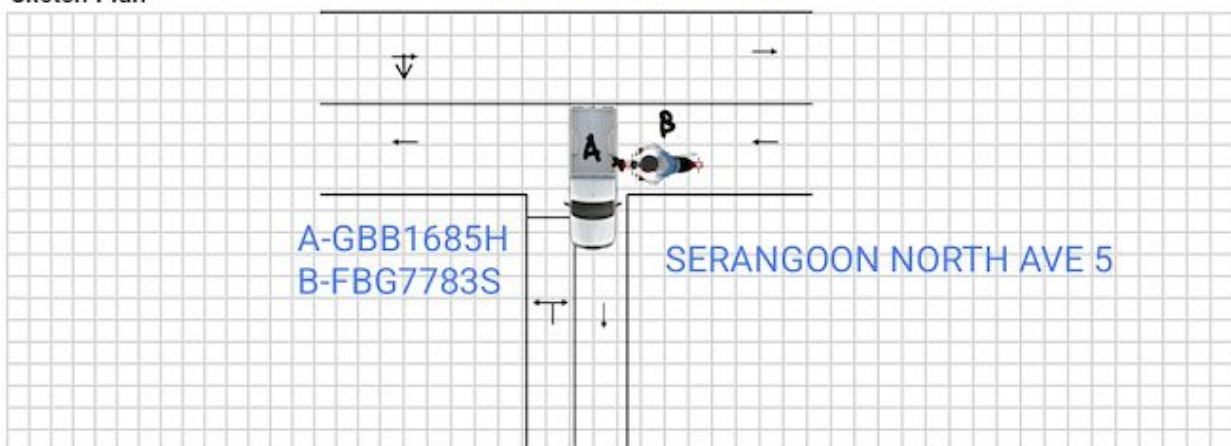


Policyholder's Signature / Date & Time

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

25/11/22 1050HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO T /20221124/2195

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 25/11/22 1050HRS

FLASH ACCIDENT  
REPORTING OFFICER  
FRO ZIKRUL



\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel





















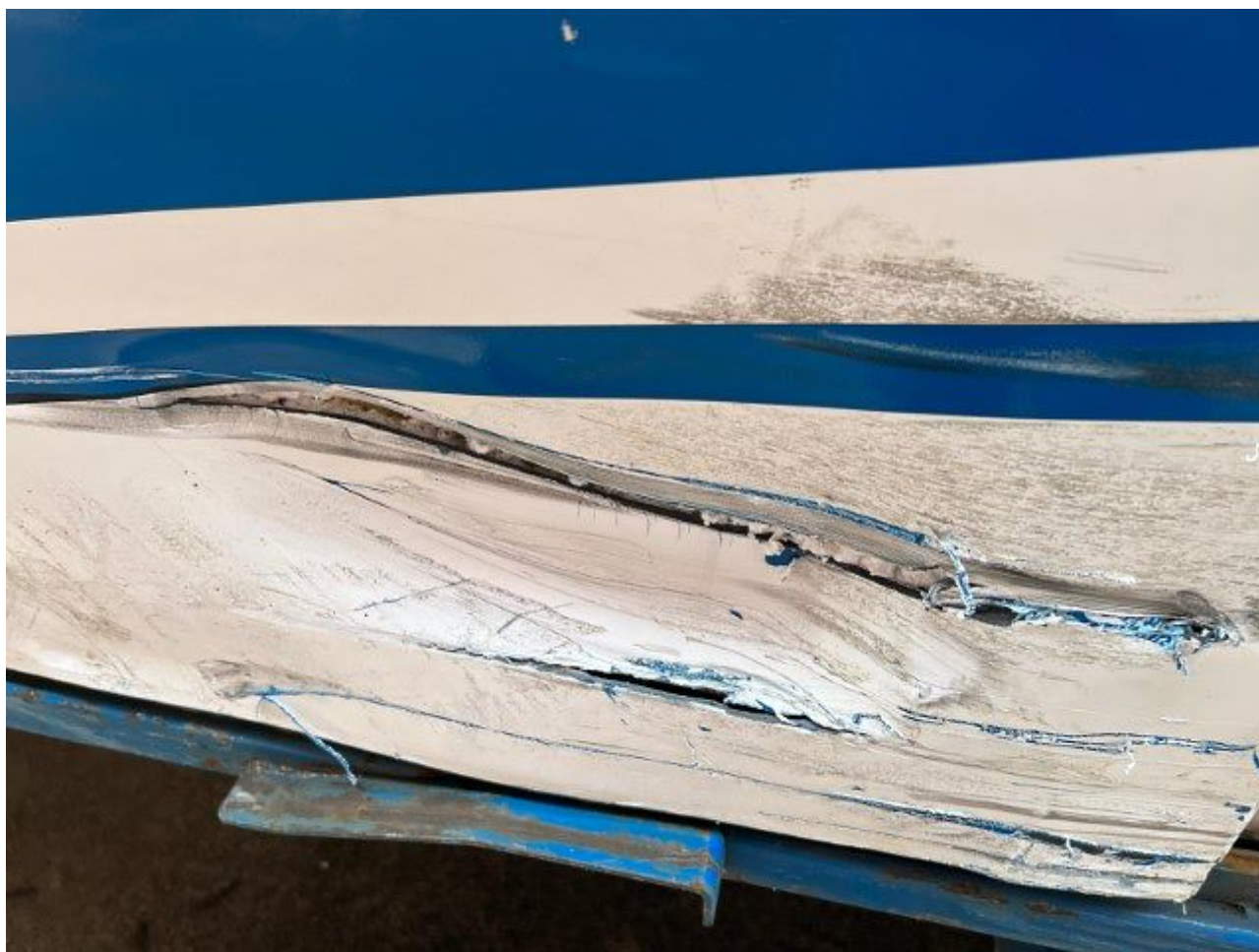




















**SINGAPORE  
POLICE FORCE**



T/20221124/2195

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

1 of 3

Report No. T/20221124/2195

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/11/2022 18:09	Vide Report No.: F/20221124/0093	Station Diary No.: 88
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**Informant's Particulars**

Name of Informant: TAN ENG LAI			Address: APT BLK 645 ANG MO KIO AVENUE 6 #06-4989 SINGAPORE 560645		
ID Type / ID No.: NRIC NO / S1362644H			Contact No.: Home/Office: Mobile: 97261291		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 08/02/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/11/2022 15:50	Type of Location: Straight Road
Location:  SERANGOON NORTH AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
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
FBG7783S	Motorcycle					1
GBB1685H	Lorry				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20221124/2195

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Report No. T/20221124/2195

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**CONTINUATION OF REPORT**

**Brief Details.**

On 24/11/2022 , at about 1550hrs , I was driving my lorry GBB1685H along Serangoon North Ave 5 going towards Hougang Ave 9. Outside the two way main road , I turned right to enter Sheng Siong Carpark. I ensured the pathway was clear before i turn right . Suddenly a motorcycle(FBG 7783S) hit on my left side of the lorry. There were deep scratches and dents on the left side of my lorry. The motorcyclist and the passenger was conveyed to the hospital and my case was attended by the police.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999



T/20221124/2195

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Report No. T/20221124/2195

**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:

F /

SGT 2 Grace Soh Wan Ting

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/11/2022 18:09

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHD SYARIFUDDIN MUHD AJMAIN

Contact No.: 65476083

Classification Of Case:

NP168