

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 15/02/2023 14:26 (SGT)
Reported by Driver
Date of Accident 14/02/2023 07:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information MARYMOUNT ROAD TOWARDS PEMIMPIN PLACE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK6937B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EASE LOGISTICS
Company Reg No 5XXXX885D
Email Address marshallthean@yahoo.com
Mobile Phone No (Phone) +65-86115741
Alternative Phone No -

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 Auto
CC 2754

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7220057883

DRIVER

Name of Driver BROSNAN LUA YU XUN
NRIC No SXXXX315Z
Date Of Birth 22/08/1997
Occupation Outdoor

Date Of Driving Pass	25/05/2022
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98325507
Alt. Phone Number	-
Email Address	marshallthean@yahoo.com
Address	APT BLK 647 ANG MO KIO AVENUE 6
Address complement	# 04-4877
Postcode	560647
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 THE ATTACHED POLICE REPORT-T/20230215/7019

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	SMG8756J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAJOO SELVAKUMAR
Contact Number	(Phone) +65-96246624
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	BROSNAN LUA YU XUN
Gender	Male
Phone No	(Phone) +65-86115741
Address	APT BLK 647 ANG MO KIO AVENUE 6
Address Complement	# 04-4877
Post Code	560647
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK, SHOULDER AND LOWER BACK-GIVEN 7 DAYS OF MC
Injured person in which vehicle?	GBK6937B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.

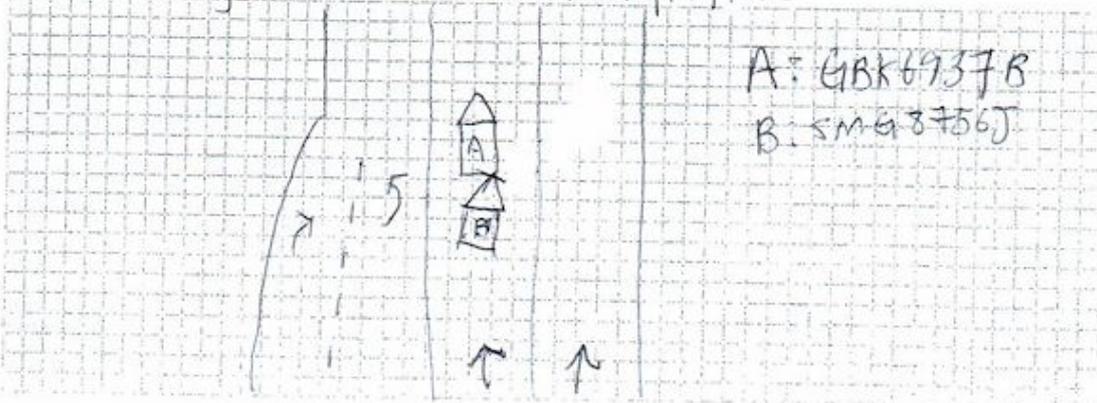


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Manymount Road Towards Pemimpin Place



Describe Circumstances of the Accident

REFER TO POLICE REPORT
- T/20230215/7019 -

Declaration

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

[Signature] 15/2/2023
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230215/7019

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

2 of 3

Report No. T/20230215/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BROSNAN LUA YU XUN	ID No.	S9728315Z
Related Vehicle	GBK6937B (Van)	Contact No.	98325507
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	14/02/2023	Date	14/02/2023
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE GBK6937B WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2.

THE VEHICLE IN FRONT BRAKE. SO I ALSO BRAKED.

THE VEHICLE B, BEARING CAR PLATE SMG8756J BANG ONTO THE REAR PORTION OF MY VEHICLE.

AFTER THE ACCIDENT, I SUFFERED PAIN ON MY NECK, SHOULDER AND LOWER BACK. SO I WENT TO INTEMEDICAL 24 HR CLINIC AT KOVAN TO CONSULT A DOCTOR. I RECEIVED 7 DAYS OF MC.

























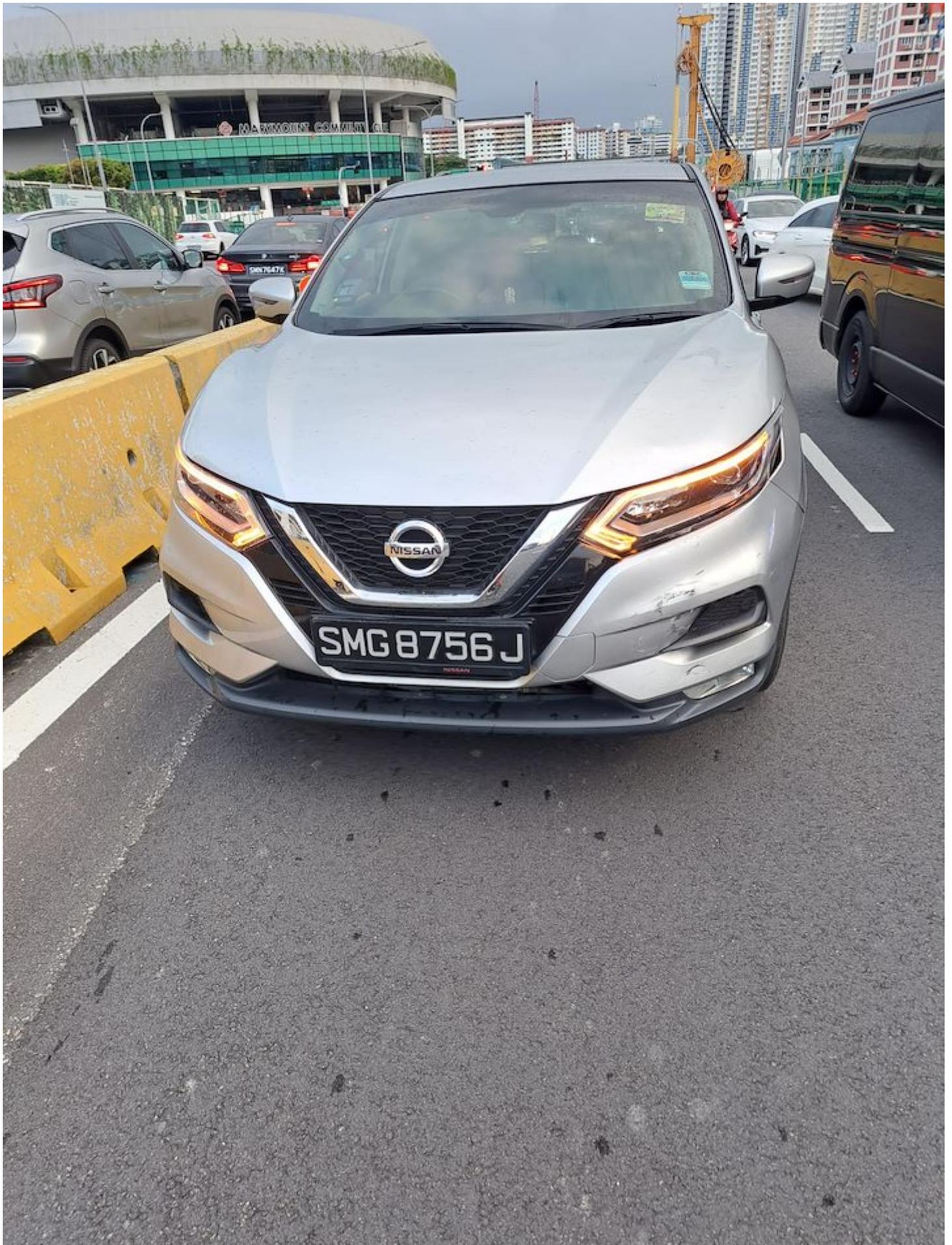








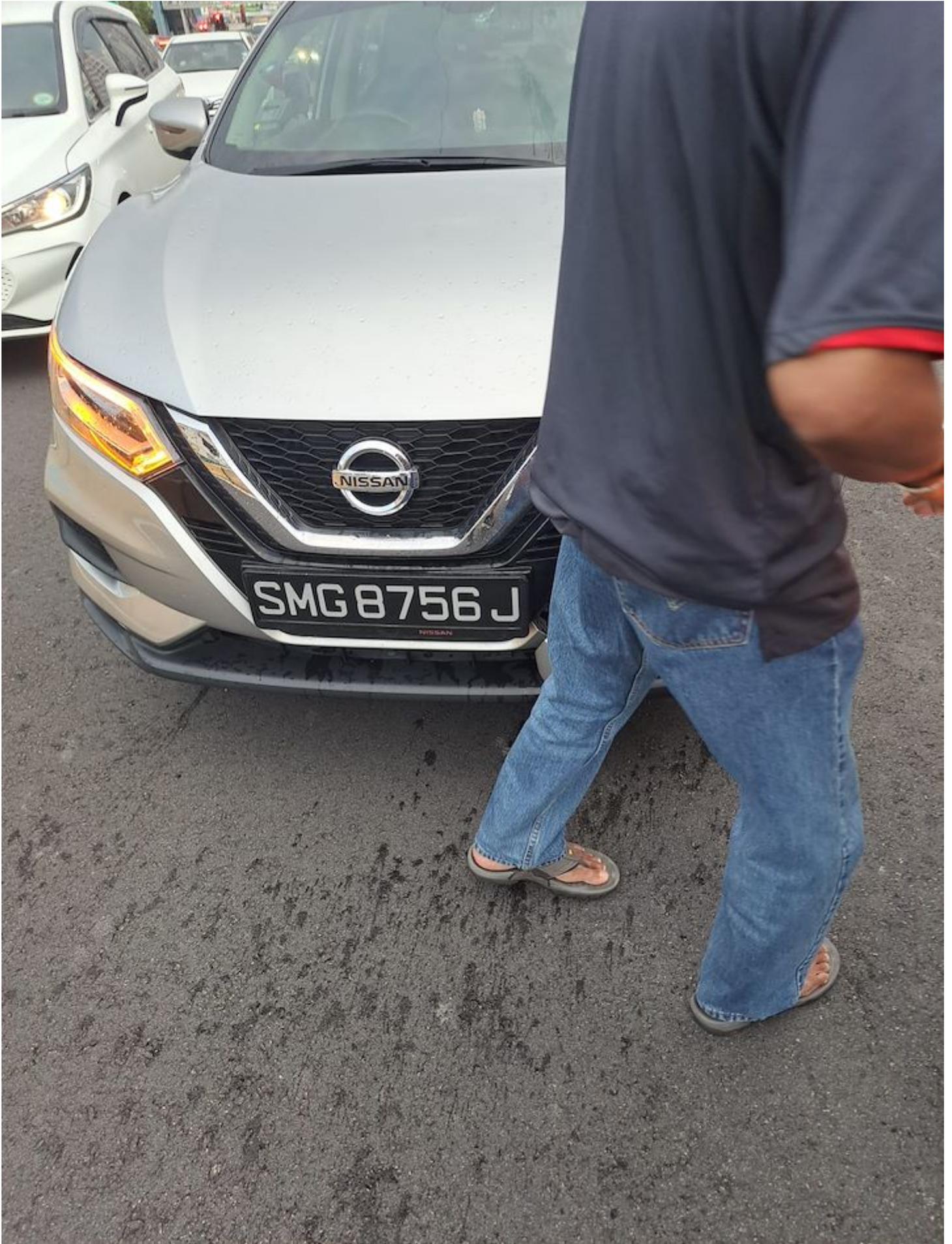




















**SINGAPORE
POLICE FORCE**



T/20230215/7019

1 of 3

Report No. T/20230215/7019

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2023 11:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: BROSNAN LUA YU XUN			Address: 647 ANG MO KIO AVENUE 6 #04-4877 SINGAPORE 560647		
ID Type / ID No.: NRIC NO / S9728315Z			Contact No.: Home/Office: Mobile: 98325507		
Nationality: SINGAPORE CITIZEN			Email: BROSNANLYX@GMAIL.COM		
Sex: Male	Age: 25	Date of Birth: 22/08/1997	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2023 07:45	Type of Location: Straight Road
Location: SIN MING AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK6937B	Van				Seriously Damaged	0
SMG8756J	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230215/7019

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

2 of 3

Report No. T/20230215/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BROSNAN LUA YU XUN	ID No.	S9728315Z
Related Vehicle	GBK6937B (Van)	Contact No.	98325507
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	14/02/2023	Date	14/02/2023
No. of Days granted Medical Leave	07	Degree of	Serious

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**SINGAPORE
POLICE FORCE**



T/20230215/7019

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

3 of 3
Report No. T/20230215/7019

CONTINUATION OF REPORT

Sketch 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 / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 15/02/2023 11:49
Classification Of Case:

NP168