

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	20/02/2023 13:15 (SGT)
Reported by	Driver
Date of Accident	18/02/2023 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MACPHERSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6589J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG SENG WOODWORK
Company Reg No	4XXXX900B
Email Address	HONGSENGWOODWORK@GMAIL.COM
Mobile Phone No	(Phone) +65-91284288
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125497391

DRIVER

Name of Driver	LAI CHEE KHEONG
NRIC No	SXXXX996B
Date Of Birth	16/11/1961
Occupation	Outdoor

Date Of Driving Pass	12/01/1982
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91284288
Alt. Phone Number	-
Email Address	CHEEKHEONGLAI@HOTMAIL.COM
Address	421 PASIR RIS DRIVE 6 #07-249
Address complement	-
Postcode	510421
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL2908M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNK5973K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMX8005D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	CYCLE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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	LAI CHEE KHEONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD6589J
Were seat belts worn?	Yes
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.

宏盛木器傢俬裝修工程
HONG-SENG WOODWORK

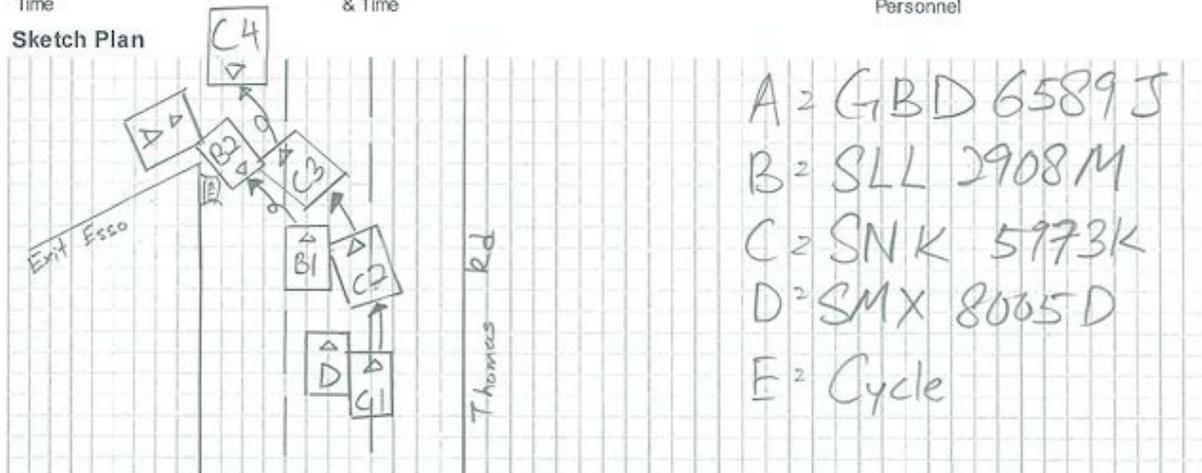
Handwritten signature

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = GBD 6589 J
 B = SLL 2908 M
 C = SNK 5773 K
 D = SMX 8005 D
 E = Cycle

Describe Circumstances of the Accident

On 18.02.2023 about 1530hrs. I was waiting at exit Esso to go out. Suddenly I saw the vehicle C (SNK 5973K) collided vehicle B (SLL 2908M) and it was surge forward and collided onto front portion of my vehicle.

Please Refer police report

no. : T/20230218/2081

Declaration

We declare the foregoing particulars are true in every respect.

宏盛木器傢俬裝修工程
HONG SENG WOODWORK

 20 02 23

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20230218/2081

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20230218/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2023 18:56	Vide Report No.: G/20230218/0144	Station Diary No.: 19
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Informant's Particulars

Name of Informant: LAI CHEE KHEONG		Address: APT BLK 421 PASIR RIS DRIVE 6 #07-249 SINGAPORE 510421	
ID Type / ID No.: NRIC NO / S1482996B		Contact No.: Home/Office: Mobile: 91284288	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 16/11/1961	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Carpenter		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/02/2023 15:50	Type of Location: T-Junction
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6589J	Lorry				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230218/2081

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20230218/2081

CONTINUATION OF REPORT

Driver			
Name	LAI CHEE KHEONG	ID No.	S1482996B
Related Vehicle	GBD6589J (Lorry)	Contact No.	91284288
Hospital/Clinic	NIL (Central JAW Clinic (Pain Ris))	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL 18/10/2023	Date Discharge	NIL
No. of Days granted Medical Leave	NIL 3	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time, I was driving my lorry, GBD6589J, after pumping petrol, I was exiting Esso onto Macpherson Road, but have not made the turn out onto the road yet. When all of a sudden, I heard a loud bang from the right side and another car, a black Nissan SLL2908M, had spun around and the rear came into hard impact with the right side of my lorry.

I then observed that there was a chain collision with another few vehicles. I also saw another white car that had flipped onto the roof. I am not sure what had happened as I did not see how the accident had happened. Subsequently, the police and ambulance came. They then seized my in-car camera SD card and instructed me to lodge a police report.

The left front right side of my lorry was dented in and a metal piece had dislodged and was pressing onto my front right tyre, making my lorry completely immovable and was subsequently towed away. As my hands were on the steering wheel when the impact occurred, I feel some pain and sore on my left shoulder and arm. The police then advised me to lodge this report for insurance claims and to see the doctor for a check up due to the pain.



**SINGAPORE
POLICE FORCE**



T/20230218/2081

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20230218/2081

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: G / SGT 2 JAIRUS YEO LI-XING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2023 18:56
Officer In Charge Of Case: TP / GIT / SI MOHAMED SOPHIAN BIN MOHAMED AMIR Contact No.: 91874317	Classification Of Case:

NP168