

# 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 .....	23/03/2023 11:48 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	22/03/2023 12:10 (SGT)
Exact Location of Accident .....	Near 2 Jurong Port Rd, Singapore 619088
Additional Location Information .....	AYE TOWARDS TUAS BEFORE JURONG PIER ROAD EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XE320R
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CHYE THIAM MAINTENANCE PTE LTD
Company Reg No .....	1XXXXX700E
Email Address .....	RONGBAO_POH@CHYETHIAM.COM
Mobile Phone No .....	(Phone) +65-91803694
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Cwb45clphnb
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 .....	13074

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5108281586-03-000059

### DRIVER

Name of Driver .....	LAI YEOW KOON
NRIC No .....	SXXXX624D
Date Of Birth .....	13/06/1962
Occupation .....	Outdoor

Date Of Driving Pass .....	27/06/2007
Driving experience .....	15 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97473865
Alt. Phone Number .....	-
Email Address .....	RONGBAO_POH@CHYETHIAM.COM
Address .....	BLK 289A PUNGGOL PLACE
Address complement .....	-
Postcode .....	-
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 Parked Vehicle
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

MY VEHICLE WAS ATTACHED WITH TMA AND SHADOWING ANOTHER VEHICLE INFRONT AS WE ARE DOING DRAIN DESILTING WORKS THAT HAS BEEN APPROVED BY LTA/NEA.  
AS WE ARE ABOUT TO LEAVE THE PLACE AFTER CLEARING THE SAFETY CONE, VEH B CAME FROM BEHIND AND COLLIDED INTO MY STATIONERY VEHICLE. THE VEH B MUST BE TRAVELLING AT VERY FAST SPEED AS THE DAMAGE IMPACT WAS VERY BIG. I WILL BE SEEKING MEDICAL ATTENTION AS I DONT FEEL WELL AFTER THE ACCIDENT

#### 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 .....	YQ7123Y
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
Name of Driver .....	RADEN FATAHELA BIN MOHD SA'AD
NRIC No .....	SXXXX474F
Contact Number .....	(Phone) +65-87170498
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 YEOW KOON
Gender .....	Male
Phone No .....	(Phone) +65-97473865
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	XE320R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

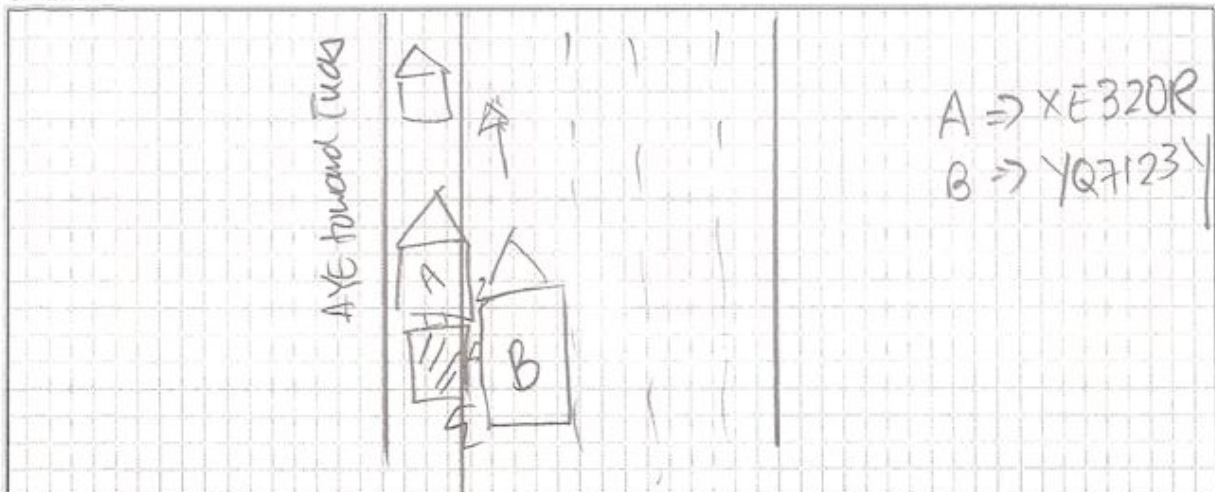
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

**Sketch Plan**



vJun2022

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## Describe Circumstance of the Accident

My vehicle was attacked with TMA and shadowing another vehicle in front as we are doing drain desilting works that has been approved by UTA/NEA. As we are about to leave the place after clearing the safety cone, veh. B. came from behind and collided into my stationary vehicle. The vehicle B must be travelling at very fast speed as the damage impact was very big. I will be seeking medical attention as I don't feel well after the accident.

## Declaration

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



Policyholder's Signature / Date & Time




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

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

































