

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 27/03/2023 17:37 (SGT)
Reported by Actual Driver
Date of Accident 24/03/2023 11:30 (SGT)
Exact Location of Accident Woodlands Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF3192D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Join Power M&E Pte Ltd
Company Reg No 201120052H
Email Address jpme@joinpower.sg
Mobile Phone No (Phone) +65-67333233
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 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2070116170-02

DRIVER

Name of Driver LAU CHIN SENG
Passport No/FIN F7227173N
Date Of Birth 15/05/1971
Occupation Outdoor

Date Of Driving Pass	30/05/2019
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88500501
Alt. Phone Number	-
Email Address	jpme@joinpower.sg
Address	Blk 3 Jln Kukoh #01-19
Address complement	-
Postcode	161003
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	Lew Jun Wei
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002659999
Alt. Police Station Phone No	(Fax) +65-62664987
Police Station Address	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

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	QX1204U
Vehicle Manufacturer	Chevrolet
Vehicle Model	Cruze
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.
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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.

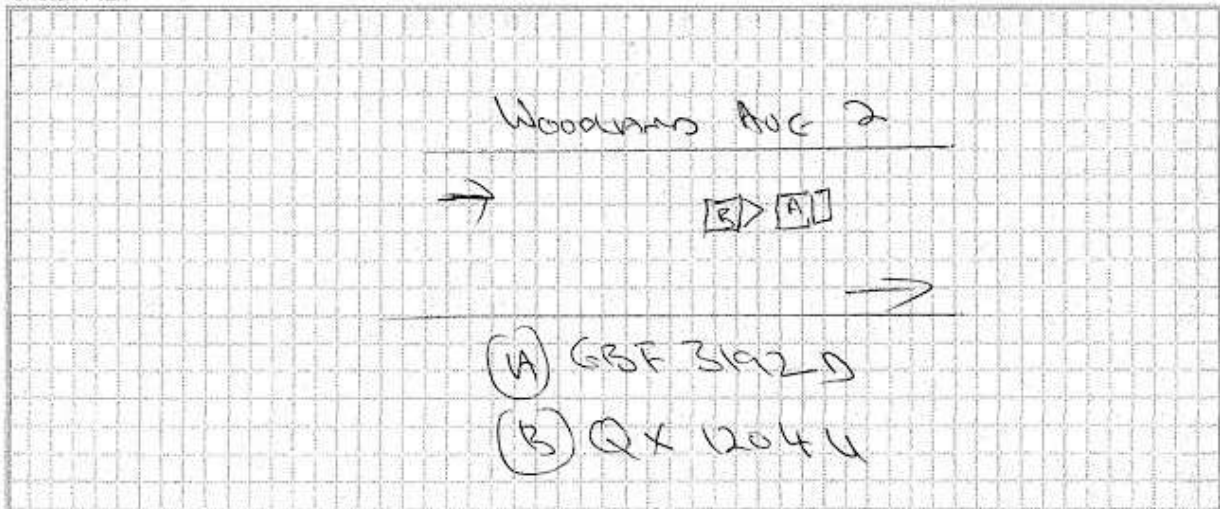


Policyholder's Signature & Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
27/3/23

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

Sketch Plan



Describe Circumstances of the Accident

As Police Report
ATTACHED

Declaration

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



Policyholder's Signature / Date & Time

2

[Signature]

24/3/23

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

[Signature]

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

SOH JIT HOON
2



**SINGAPORE
POLICE FORCE**



T/20230324/2050

1 of 3

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No: T/20230324/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2023 14:37		Vide Report No.: L/20230324/0060		Station Diary No.: 12
Informant's Particulars				
Name of Informant: LAU CHIN SENG			Address:	
ID Type / ID No.: FIN NO / F7227173N			Contact No.: Home/Office: Mobile: 83500501	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 51	Date of Birth: 15/05/1971	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 24/03/2023 11:30	Type of Location: X-Junction
Location: WOODLANDS AVENUE 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
GBF3192D	Car	TOYOTA	TOYOTA DYNA 150 MANUAL			0
QX1204U	Car	CHEVROLET	CRUZE NB 1.6D 6AT (P)		Seriously Damaged	3



SINGAPORE
POLICE FORCE



T/20230324/2050

2 of 3

Police Station Of Origin:
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158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20230324/2050

CONTINUATION OF REPORT

Brief Details.

My residential address is in Malaysia. My company is Join Power M&E Pte Ltd, located at Blk 3 Jalan Kukoh #01-109.

On 24/03/2023 at about 1130hrs I was driving my company lorry along Woodlands Ave 2 heading towards Riverside Road. Upon reaching a cross junction (near to a school) the vehicles in front of me were slowing down. I then slowed down my vehicle. Suddenly, a police vehicle QX1204U collided into my lorry from behind. My lorry suffered dents on the rear portion and the police vehicle appeared to be badly damaged.

No one injured. Traffic Police was at scene and gave me a case card L/20230324/0060. I handed over my lorry's in-car camera's SD card to the TP officer. I was instructed to lodge a traffic accident report.



SINGAPORE
POLICE FORCE



T/20230324/2050

3 of 3

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20230324/2050

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/

SGT 2 TAN CHIN ANN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / DDGVT /

SR STAFF SGT MUHAMMAD FARHAN BIN
SAIRI

Contact No.: 65476350

Signature Of Informant:

Date/Time:

24/03/2023 14:37

Classification Of Case:

NP168