

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	13/04/2023 13:35 (SGT)
Reported by	Actual Driver
Date of Accident	12/04/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS WEST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5780T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUILDMATE (S) PTE LTD
Company Reg No	1XXXXX401G
Email Address	jiwei@buildmate.com.sg
Mobile Phone No	(Phone) +65-65895388
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52r
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	Manual
CC	15681

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011234

DRIVER

Name of Driver	THAY KIM PHEOW
NRIC No	SXXXX317Z
Date Of Birth	12/11/1957
Occupation	Outdoor

Date Of Driving Pass	01/11/1979
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97754358
Alt. Phone Number	-
Email Address	jiwei@buildmate.com.sg
Address	APT BLK 299B TAMPINES STREET 22
Address complement	# 02-628
Postcode	522299
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 - U-Turn
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JPR6400
Vehicle Category	Motorcycle

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 ATTACHED STATEMENT

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	JPR6400
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)	-

SKETCH PLAN

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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:

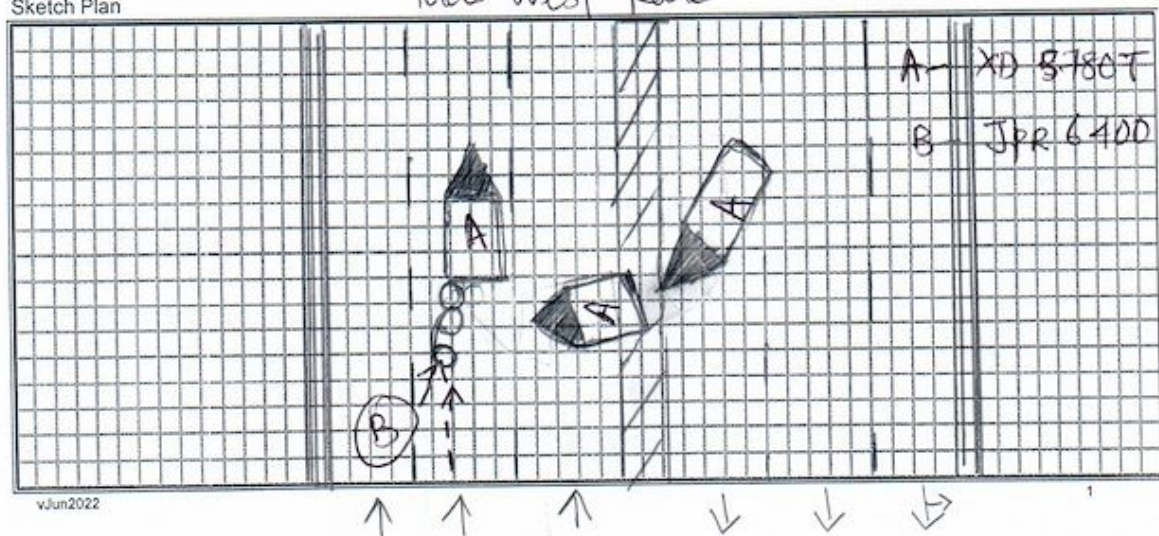
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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



Describe Circumstance of the Accident

please refer to the attached police Report
-7/20230412/2121-

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 13/4/23.
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

[Signature] 13/4/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230412/2121

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

2 of 3

Report No. T/20230412/2121

CONTINUATION OF REPORT

Cyclist			
Name	LIEW GENG WOON		ID No. 750806085369
Related Vehicle	JPR6400 (Motorcycle)		Contact No. 97728184
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	TAY KIM PHEOW		ID No. S1277317Z
Related Vehicle	XD5780T (Lorry)		Contact No. 97754358
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above-mentioned date, time and location, after I was driving my lorry (XD5780T) and I had made a U-turn. There is one Malaysian motorcycle (JPR6400) travelling at a high speed and had collided onto my lorry. After the accident happened, I was not injured and no damages found on my lorry. The rider was injured and slight damages found on his motorcycle. The ambulance came and conveyed the rider to unknown hospital. The traffic Police officers had attended to the accident and provided a case card to me and advised me to lodge a police report. There is no in car camera installed inside my lorry. The incident number is J/20230412/0094 and TPIO is Wei Jie.















CHASSIS NO : JALCYZ52 RB7000065
U/W : 13740 KG
M/L/W : 28000KG
PASS CAP : 02
TYRE SIZE : F 295-80R22-5(S)
: R 295-80R22-5(D)x2











**SINGAPORE
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T/20230412/2121

1 of 3

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

Report No. T/20230412/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2023 20:17	Vide Report No.: J/20230412/0094	Station Diary No.: 54
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Informant's Particulars

Name of Informant: TAY KIM PHEOW			Address: APT BLK 299B TAMPINES STREET 22 #02-628 SINGAPORE 522299		
ID Type / ID No.: NRIC NO / S1277317Z			Contact No.: Home/Office: Mobile: 97754358		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 12/11/1957	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 12/04/2023 17:00	Type of Location: TUAS WEST ROAD TOWARDS AYE
Location: TUAS WEST ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JPR6400	Motorcycle				Seriously Damaged	0
XD5780T	Lorry				Seriously Damaged	0

Details of Person Involved

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



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

2 of 3

Report No. T/20230412/2121

CONTINUATION OF REPORT

Cyclist			
Name	LIEW GENG WOON		ID No. 750806085369
Related Vehicle	JPR6400 (Motorcycle)		Contact No. 97728184
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	TAY KIM PHEOW		ID No. S1277317Z
Related Vehicle	XD5780T (Lorry)		Contact No. 97754358
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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Tel No: 1800-2659999

3 of 3

Report No. T/20230412/2121

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /
SR STAFF SGT ONG BOON
TIONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/04/2023 20:17

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168