

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	16/05/2023 17:36 (SGT)
Reported by	Actual Driver
Date of Accident	16/05/2023 10:00 (SGT)
Exact Location of Accident	Near Blk 704, Jurong West Ave 4, Singapore
Additional Location Information	JURONG WEST AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE161T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TEAM TOWING SERVICES
Company Reg No	53389200K
Email Address	tomyong8474@gmail.com
Mobile Phone No	(Phone) +65-85953502
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4aa
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2999

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2005395279-01

DRIVER

Name of Driver	YONG NYUK THONG
NRIC No	S8089770G
Date Of Birth	04/10/1980
Occupation	Outdoor

Date Of Driving Pass	11/09/2009
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85953502
Alt. Phone Number	-
Email Address	tomyong8474@gmail.com
Address	BLK 331 BUKIT BATOK STREET 33
Address complement	#05-221
Postcode	SINGAPORE 650331
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	Wet

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)	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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to Police report T/20230516/2034.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

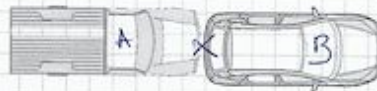
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH1234B
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)	-

SKETCH PLAN

Date of Accident: 16/05/2023

A: GBE161T
B: SLH1234B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report T/20230516/2034

- ☐
- Own Damage Claim
-
- ☐
- Third Party Claim
-
- ☐
- OD/TP Claim at another workshop :
-
- ☐
- Reporting Only

DECLARATION

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

Policyholder's Signature
Date & Time:Driver's Signature
(If driver is not the policyholder)
Date & Time:Reporting Centre Personnel's Signature
Name: MUKH GESAN
NRIC/FIN No.:

SUMAT SketchPlanForm_23

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

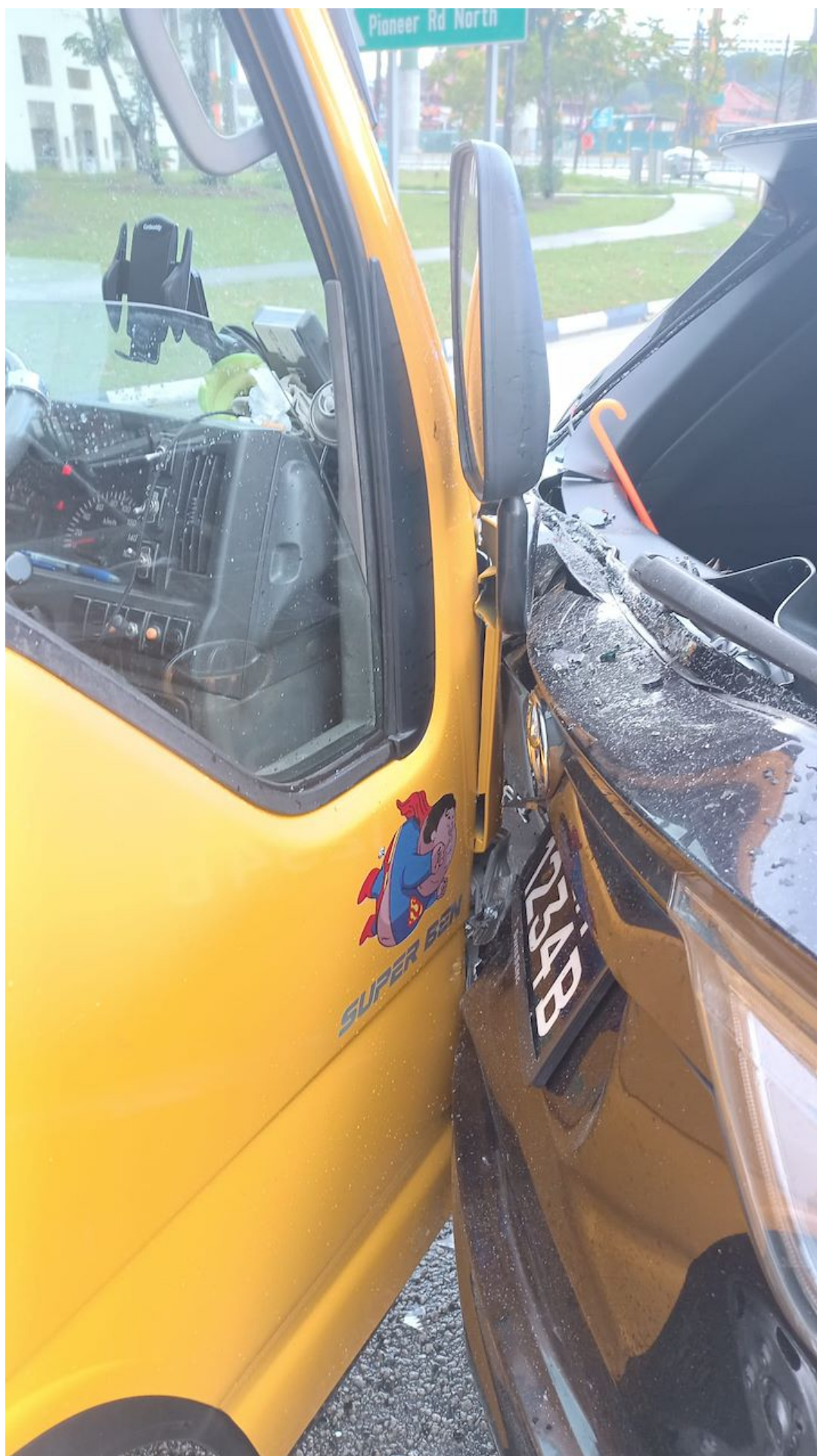
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

- PLEASE VIEW OVERLEAF -













**SINGAPORE
POLICE FORCE**



T/20230516/2034

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20230516/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2023 12:04	Vide Report No.: J/20230516/0045	Station Diary No.: 48
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Informant's Particulars

Name of Informant: YONG NYUK THONG	Address: APT BLK 331 BUKIT BATOK STREET 33 #05-221 SINGAPORE 650331		
ID Type / ID No.: NRIC NO / S8089770G	Contact No.: Home/Office: Mobile: 85953502		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 42	Date of Birth: 04/10/1980	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: TOWING DRIVER	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/05/2023 10:00	Type of Location: Straight Road
Location: JURONG WEST AVENUE 4				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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 Passenger
GBE161T	Lorry				Slightly Damaged	0
SLH1234B	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20230516/2034

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20230516/2034

CONTINUATION OF REPORT

Driver			
Name	YONG NYUK THONG		ID No. S8089770G
Related Vehicle	NIL		Contact No. 85953502
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/05/2023 around 1000hrs, I was driving a lorry GBE161T at Lane 2 of Jurong West Ave 4. A car Infront of me SLH1234B was waiting for the traffic light to turn green, however as the floor was wet, i could not break in time and hence crashing to SLH1234B. Both of us then alighted and make a check on our vehicle. Ambulance and police came down to scene and conveyed the driver of SLH1234B off. No particulars were exchanged as the driver was not keen to exchanged particulars.

My lorry right bumper was dented and for the driver of SLH1234B also suffers dent at the back of his car. TP came down and took my in-car camera off.

**SINGAPORE
POLICE FORCE**

T/20230516/2034

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Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20230516/2034

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /
SGT 2 CHEN CHOW KOON

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
16/05/2023 12:04Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT NADYA BINTE MOIDEEN
Contact No.: 65476331

Classification Of Case:

NP168