

# 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 Authorised 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 ..... 11/10/2021 13:37 (SGT)  
Date of Accident ..... 09/10/2021 18:10 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG3599J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TRANSPAC PACKAGING AGENCY & TRADING  
Company Reg No ..... 52970114J  
Email Address ..... KAMYONGTIONG71@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90464977  
Alternative Phone No ..... +65-90464977

### VEHICLE PARTICULARS

Manufacturer ..... Maxus  
Model ..... G10 VAN 6MT  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 1850

### INSURANCE COMPANY

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2021-V0104917-VCV-R003  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KAM YONG TIONG  
NRIC No ..... S7139018G

Date Of Birth .....	23/10/1971
Occupation .....	Outdoor
Date Of Driving Pass .....	16/06/1994
Driving experience .....	27 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90464977
Alt. Phone Number .....	-
Email Address .....	KAMYONGTIONG71@GMAIL.COM
Address .....	APT BLK 16 TAMAN HO SWEE
Address complement .....	#07-27
Postcode .....	163016
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	4
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JQA3386
Vehicle Category .....	Private car

#### PASSENGER 1

Name .....	PRISILA HARTANTO
Gender .....	Female

#### PASSENGER 2

Name .....	MEGAN KAM HUI SHI
Gender .....	Female

#### PASSENGER 3

Name .....	KELLY KAM HUI XIN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN



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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... JQA3386  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... LAI WAI KEONG  
 Passport No/FIN ..... 790227065087  
 Contact Number ..... (Phone) +65-92423357  
 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 ..... SLW4167M  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... ANG BOON PHENG  
 NRIC No ..... S1826052B  
 Contact Number ..... (Phone) +65-92955729  
 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 ..... SLE5515E  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... GERALD PAN JIA XIONG  
 NRIC No ..... S9528891Z  
 Contact Number ..... (Phone) +65-97200668  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

SKETCH PLANIMPORTANT NOTICE

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



*[Handwritten signature]*

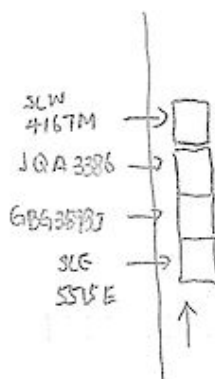


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

11.10.21 09:10

Sketch Plan

We declare the foregoing particulars are true in every respect.

11. 10. 21  
09:10

11.10.21 20:10

Witnessed by Reporting Centre  
Personnel





























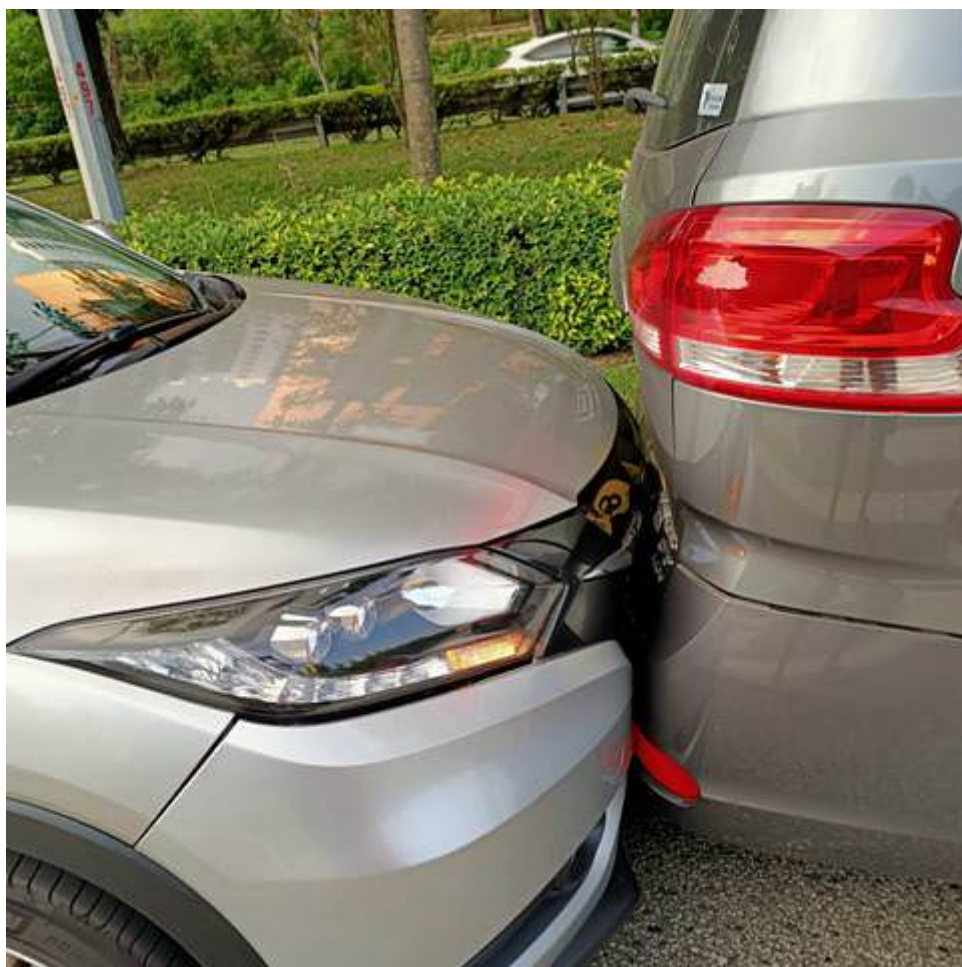






































# SINGAPORE POLICE FORCE



T/20211009/2074

1 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20211009/2074

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2021 21:28		Vide Report No.: F/20211009/0173		Station Diary No.: 53	
<b>Informant's Particulars</b>					
Name of Informant: KAM YONG TIONG			Address: APT BLK 16 TAMAN HO SWEE #07-27 SINGAPORE 163016		
ID Type / ID No.: NRIC NO / S7139018G			Contact No.: Home/Office: Mobile: 90464977		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 23/10/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/10/2021 18:10	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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
GBG3599J	Van				Slightly Damaged	3
JQA3386	Car				Slightly Damaged	0
SLE5515E	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20211009/2074

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159682  
Tel No: 1800-3779999

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Report No. T/20211009/2074

CONTINUATION OF REPORT

**Brief Details.**

On 09/10/2021 at about 1800hrs to 1815hrs , I was driving along TPE towards PIE direction. While at the slip road , and it was a merging lane towards the expressway , I saw a vehicle, Totyota Black JQA3386 was infront of me. The vehicle suddenly applied the emergency brake and I also applied the emergency brake. I was uncertain if i did collided onto the rear of the vehicle , but I could feel that I kept a distance from the vehicle infront of me. As a result , the vehicle behind me , SLE5515E collided onto my rear. My vehicle moved forward due to the impact. I alighted my vehicle to check the damages and shortly after Traffic Police came to the location.





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T/20211009/2074

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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20211009/2074

## 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  
D /  
Sgt 2 MELVIN LOH JUN HAO

Signature Of Interpreter:  
Not applicable

Signature Of Informant:

Date/Time:  
09/10/2021 21:28

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476214

Classification Of Case:

SIGNATURE