

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	16/06/2023 11:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/06/2023 17:20 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1410H
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SWEE BEE CONTRACTOR PTE LTD
Company Reg No	198800966Z
Email Address	LANDSCAPE@SWEEBEE.SG
Mobile Phone No	(Phone) +65-87808401
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Fmx370
Variant	FMX370 64R RSS SC WB4300
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	Auto
CC	10837

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00009662301

DRIVER

Name of Driver	YUSOF BIN ATAN
NRIC No	S1298016G
Date Of Birth	12/08/1958
Occupation	Outdoor

Date Of Driving Pass	16/07/1993
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87879729
Alt. Phone Number	-
Email Address	LANDSCAPE@SWEEBEE.SG
Address	APT BLK 253 TAMPINES STREET 21 #03-412
Address complement	-
Postcode	521253
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?	No
Number of vehicles involved in the accident	4
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?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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	GBK2973Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LOW AH YONG
Contact Number	(Phone) +65-87154988
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	SLP5968Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	LIM LEE POO
Contact Number	(Phone) +65-91870323
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	GR7700P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAM KUM MENG
Contact Number	(Phone) +65-96167977
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

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 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.
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' 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

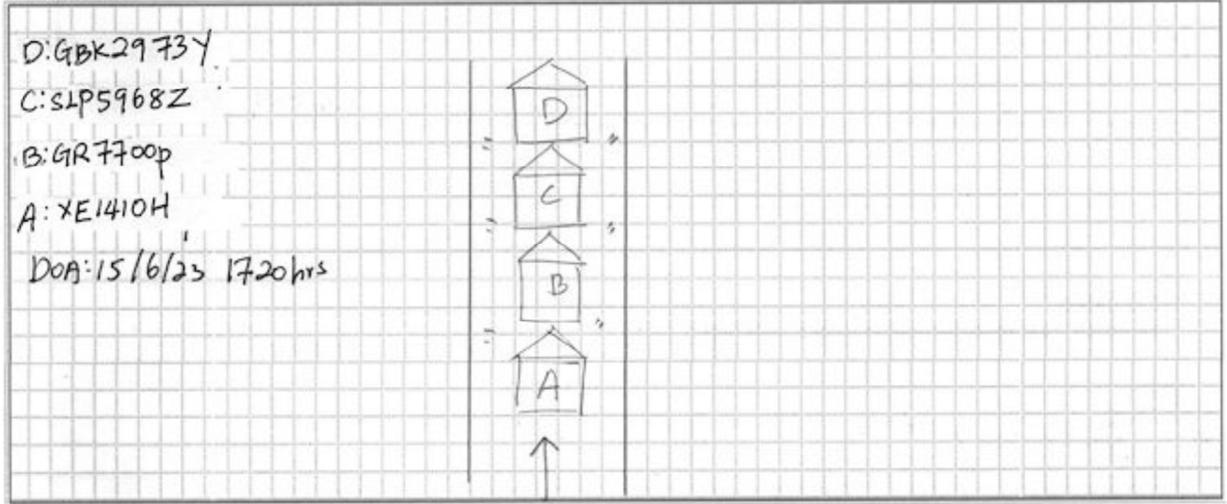
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time
 16/6/23


 Driver's Signature (if driver is not the policyholder) / Date & Time
 16/6/23


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

Sketch Plan



Describe Circumstance of the Accident

— Refer To police report —

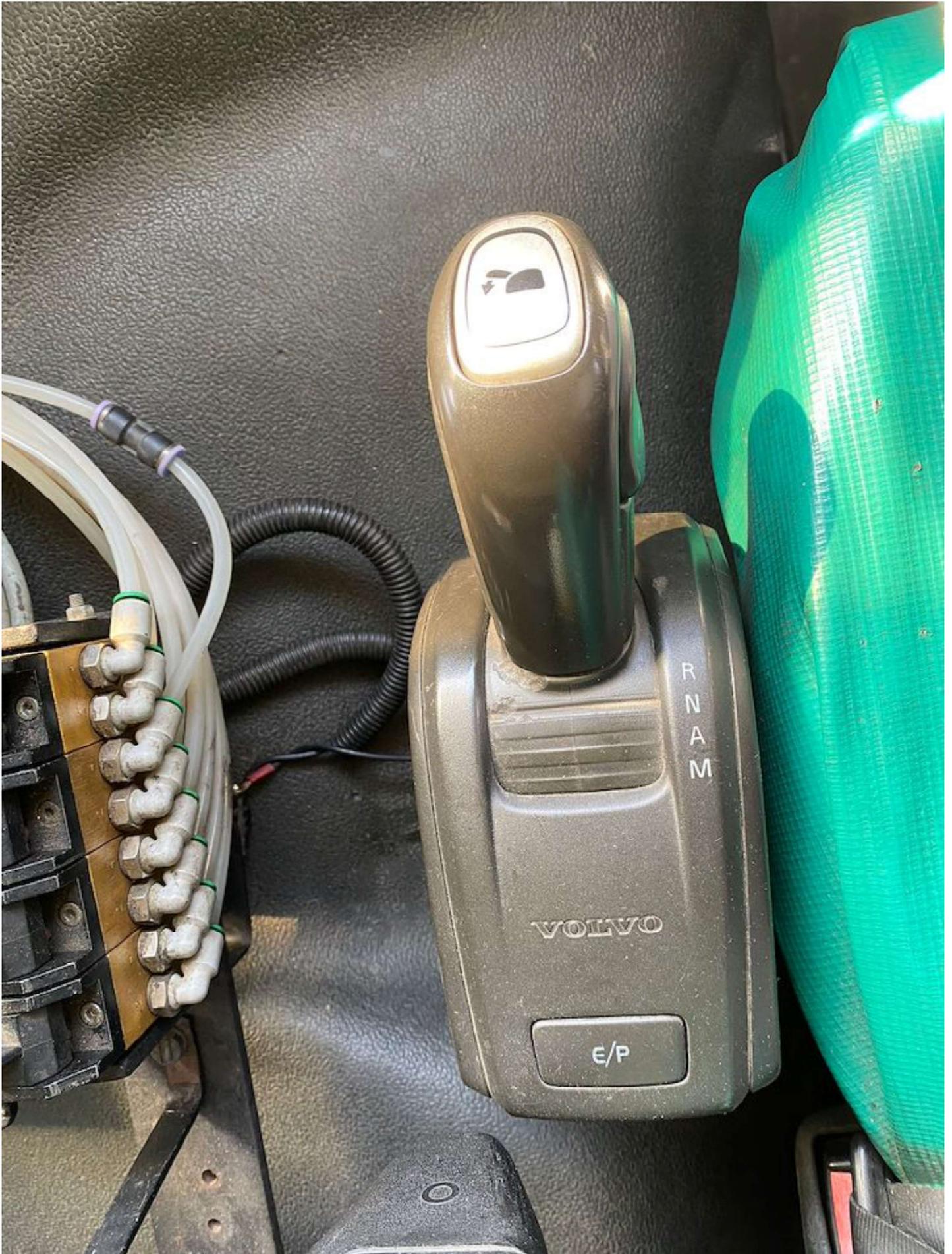
Declaration
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
[Signature]
16/6/23

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time
16/6/23

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























Volvo East Asia (Pte) Ltd
12 Tuas Avenue 10, Singapore 639136
Tel: +65 6672 7500 Fax: +65 6861 7663

Chassis Number

YV2X1E1D2GB746643

Unladen Weight

10380 12540

Max Laden Weight

28000

Passenger Capacity

1 Driver 1 Others

Tyre Size

F 315 x 80R x 225 (S)

R 315 x 80R x 225 (DX2)


**SINGAPORE
POLICE FORCE**


T/20230615/2101

1 of 4

Report No. T/20230615/2101

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2023 22:22	Vide Report No.: F/20230615/0116	Station Diary No.: 122
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: YUSOF BIN ATAN		Address: APT BLK 253 TAMPINES STREET 21 #03-412 SINGAPORE 521253	
ID Type / ID No.: NRIC NO / S1298016G		Contact No.: Home/Office: Mobile: 87879729	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 12/08/1958	Type of Informant: Driver
Race: Malay		Language:	
Occupation: LORRY DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/06/2023 17:45	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK2973Y	Lorry	TOYOTA	DYNA 150 5MT	White	Seriously Damaged	0
GR7700P	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver	Seriously Damaged	5
SLP5968Z	Car	TOYOTA	VIOS 1.5E CVT	Grey	Seriously Damaged	1


**SINGAPORE
POLICE FORCE**


T/20230615/2101

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 4

Report No. T/20230615/2101

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE1410H	Lorry	VOLVO	FMX370 64R RSS SC WB4300	White	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW AH YONG	ID No.	NIL
Related Vehicle	GBK2973Y (Lorry)	Contact No.	87154988
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	NIL
Driver			
Name	TAM KUM MENG	ID No.	NIL
Related Vehicle	GR7700P (Lorry)	Contact No.	96167977
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	NIL
Driver			
Name	LIM LEE POO	ID No.	NIL
Related Vehicle	SLP5968Z (Car)	Contact No.	91870323
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	NIL



**SINGAPORE
POLICE FORCE**



T/20230615/2101

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No. T/20230615/2101

CONTINUATION OF REPORT

Driver			
Name	YUSOF BIN ATAN		ID No. S1298016G
Related Vehicle	XE1410H (Lorry)		Contact No. 87879729
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/06/2023 at 1746hrs, I was driving along TPE (SLE) in my lorry, XE1410H. As I was approaching Punggol Way Exit, the lorry in front of me, GR7700P stopped. However, I was not able to stop in time and hit GR7700P driven by Tam Kum Meng (HP: 96167977). GR7700P then hit the car in front of it, SLP5968Z (driven by Lim Lee Poo, HP:91870323), and it then hit another lorry, GBK2973Y driven by Low Ah Yong (HP:87154988). I could not stop in time due to the water tank that was attached to my lorry.

I then got out of my lorry to make a check on the other drivers. Shortly after, police as well as an ambulance arrived at scene as well. The police then took down my particulars as well as the other drivers' particulars involved in the accident and then informed me to lodge a traffic accident report on the matter and then gave me a case card, ref F/20230615/0116. I then left the scene shortly after.

The damage suffered to my lorry is minor dents and scratches to the front bumper of my lorry.

The damage suffered to GR7700P is rear hatch door and bumper dented and scratched.

The damage suffered to SLP5968Z is rear boot door and bumper dented and scratched, front bonnet and bumper dented and scratched, and the left headlight broken.

The damage suffered to GBK2973Y is rear bumper and rear hatch door scratched and dented.

I would also like to state that I have taken photos of the accident as well.

That is all.







