

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	20/06/2023 16:00 (SGT)
Reported by	Actual Driver
Date of Accident	15/06/2023 13:35 (SGT)
Exact Location of Accident	Kallang Ave, Singapore
Additional Location Information	KALLANG AVENUE TOWARDS PIE CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1026M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PESTICON PEST & SANITARY PTE LTD
Company Reg No	2XXXXX966W
Email Address	PESTICON.COM.SG@GMAIL.COM
Mobile Phone No	(Phone) +65-88007378
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?	Yes
Vehicle Category	Goods vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05014966

DRIVER

Name of Driver	SUM CHEE KUEN
NRIC No	SXXXX130A
Date Of Birth	22/06/1967
Occupation	Outdoor

Date Of Driving Pass	05/04/1994
Driving experience	29 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98445363
Alt. Phone Number	-
Email Address	SUMALLAN66@GMAIL.COM
Address	BLK 739 PASIR RIS DRIVE 10 #11-11
Address complement	-
Postcode	510739
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20230619/7033

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

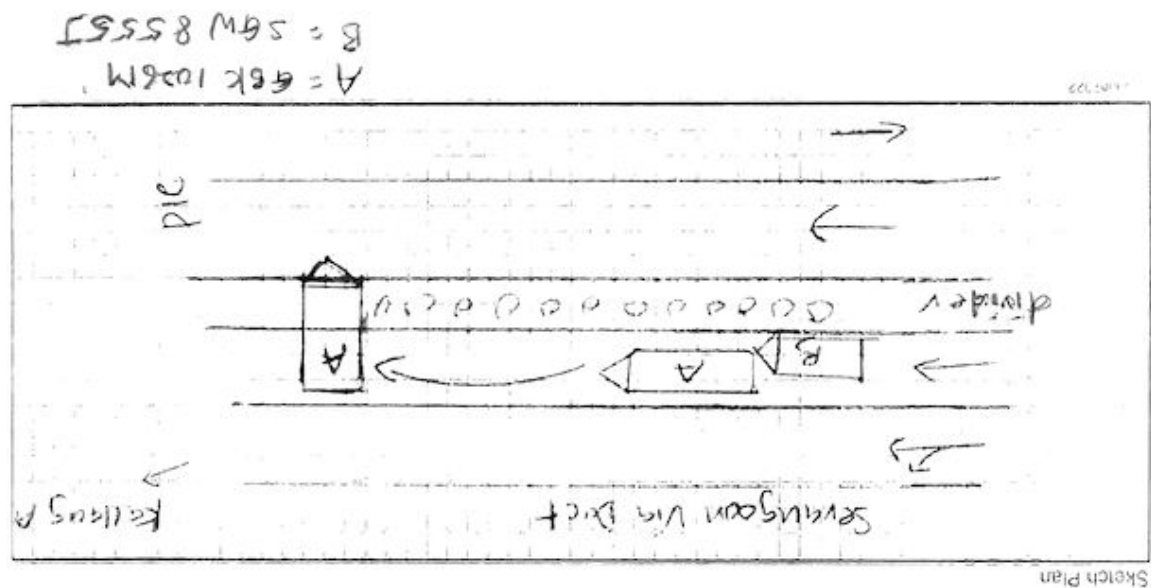
Vehicle Registration Number	SGW8555J
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SUM CHEE KUEN
Gender	Male
Phone No	(Phone) +65-98445363
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK1026M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



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)

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.**
- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)
 - 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 insurers (all insured vehicle(s) involved in this accident (all insured(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:
 - processing, handling and/or dealing with my claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (collectively the "Purposes")
 - (b) all insurers (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.

SKETCH PLAN



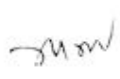
IMPORTANT NOTICE

Describe Circumstance of the Accident

As per police report NO T/20230619/7C33

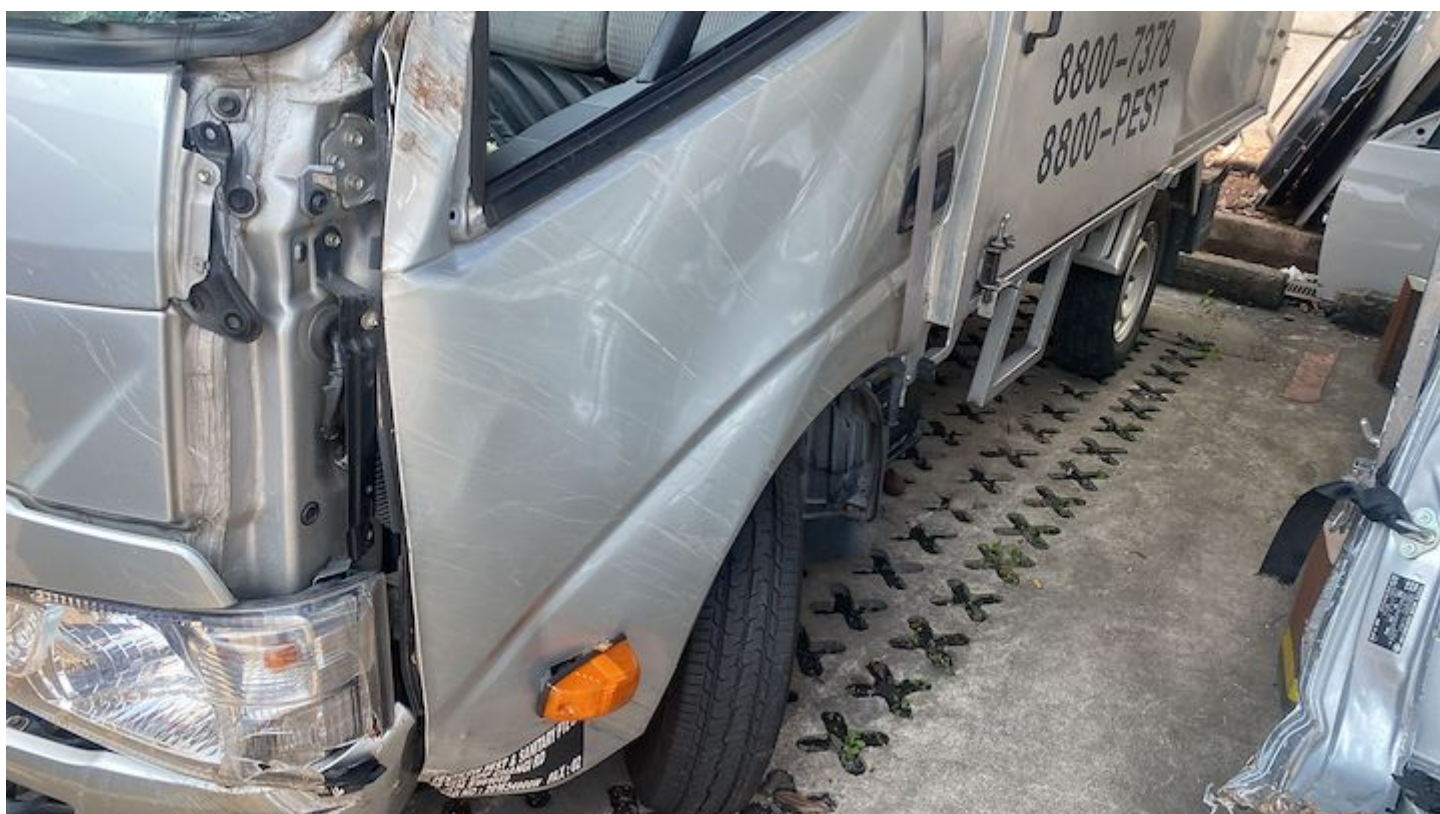
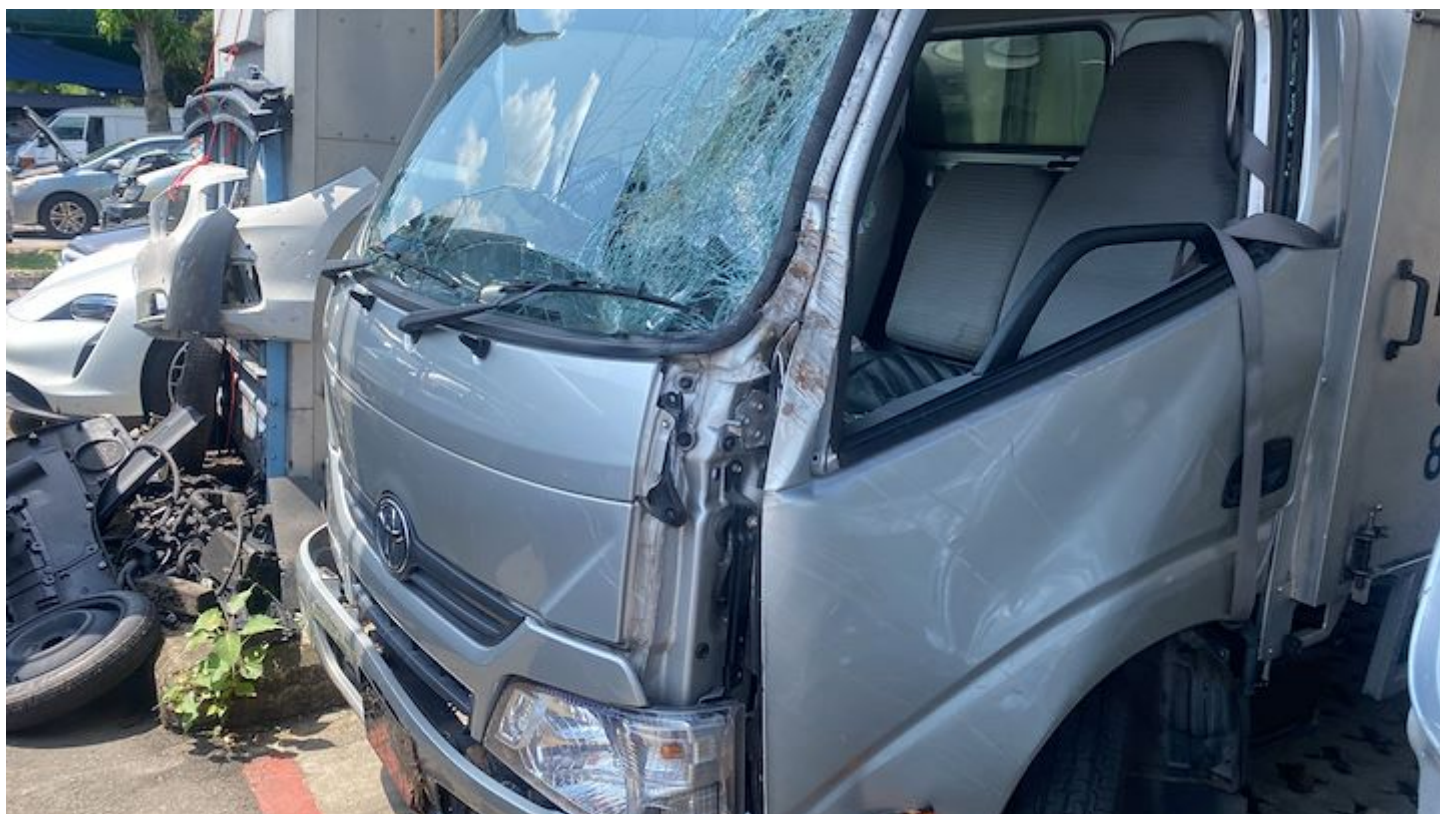
Declaration

(We declare the foregoing particulars are true in every respect.




16.6.2023

Policyholder's Signature Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel
Date & Time Date & Time (Name as in NRIC/ID card)























**SINGAPORE
POLICE FORCE**



T/20230619/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230619/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2023 13:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUM CHEE KUEN			Address: 739 PASIR RIS DRIVE 10 #11-11 SINGAPORE 510739		
ID Type / ID No.: NRIC NO / S1797130A			Contact No.: Home/Office: Mobile: 98445363		
Nationality: SINGAPORE CITIZEN			Email: sumallan66@gmail.com		
Sex: Male	Age: 55	Date of Birth: 22/06/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/06/2023 13:35	Type of Location: Straight Road
Location: KALLANG AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK1026M	Lorry					0
SGW8555J	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20230619/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230619/7033

CONTINUATION OF REPORT

Driver			
Name	SUM CHEE KUEN	ID No.	S1797130A
Related Vehicle	GBK1026M (Lorry)	Contact No.	98445363
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/06/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 15/06/2023 AT ABOUT 1335 HOURS AT ALONG KALLANG AVENUE TOWARDS PIE CHANGI AIRPORT. I WAS TRAVELLING ON THE ABOVE MENTIONED ROAD AND SUDDENLY, A VEHICLE (B) HIT ONTO MY VEHICLE AND CAUSED MY VEHICLE TO OVERTURN. I WAS CONVEYED TO AMBULANCE DUE TO MY INJURIES.

(A) GBK1026M
(B)SGW8555J



**SINGAPORE
POLICE FORCE**



T/20230619/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230619/7033

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
19/06/2023 13:47

Classification Of Case:

NP168

