

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	28/06/2023 16:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/06/2023 10:30 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2808D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GLB TECH PTE. LTD.
Company Reg No	201211326Z
Email Address	Rosalene@globotron.com.sg
Mobile Phone No	(Phone) +65-66344901
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Fvr34suqdc
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00121992200

DRIVER

Name of Driver	TAN TIONG HWA
NRIC No	S1544161E
Date Of Birth	15/06/1962
Occupation	Outdoor

Date Of Driving Pass	10/06/2014
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-84280028
Alt. Phone Number	-
Email Address	Rosalene@globotron.com.sg
Address	APT BLK 332 ANG MO KIO AVENUE 1 #06-1885
Address complement	-
Postcode	560332
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	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Teck Ghee Neighbourhood Police Post
Police Station Address	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED 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	SLH1139T
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	Red
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH8321L
Vehicle Manufacturer	Toyota
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLH1139T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



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.
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.

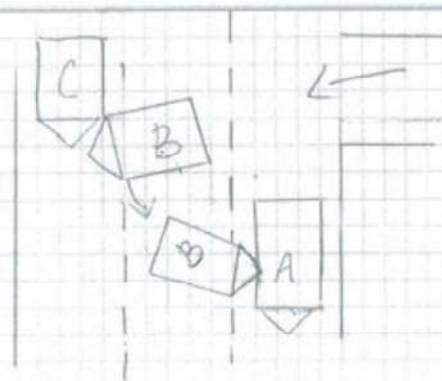

Policyholder's Signature / Date & Time

28/6/23
Sketch Plan


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

28/6/23


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

<p>A: YN2808P B: SLH 1139T C: SLH 8301L DOA: 27/6/23 10:30</p>	
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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

28/6/23

W

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

28/6/23

Long



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


**SINGAPORE
POLICE FORCE**


T/20230627/2032

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

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Report No. T/20230627/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2023 13:10	Vide Report No.: F/20230627/0086	Station Diary No.: 12
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Informant's Particulars

Name of Informant: TAN TIONG HWA			Address: APT BLK 332 ANG MO KIO AVENUE 1 #06-1885 SINGAPORE 560332		
ID Type / ID No.: NRIC NO / S1544161E			Contact No.: Home/Office: Mobile: 84280028		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 15/06/1962	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Crane Operator			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/06/2023 10:30	Type of Location: T-Junction
Location: ANG MO KIO AVENUE 8				
Weather: Clear		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving vehicle against parked lorry				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH1139T	Car				Seriously Damaged	0
SLH8321L	Car				Slightly Damaged	0
YN2808D	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230627/2032

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Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20230627/2032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SRILEELA D/O RAMASAMY	ID No.	S1134669C
Related Vehicle	SLH1139T (Car)	Contact No.	91276326
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	ZHANG XIUMEI	ID No.	G0431374M
Related Vehicle	SLH8321L (Car)	Contact No.	90184499
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	TAN TIONG HWA	ID No.	S1544161E
Related Vehicle	YN2808D (Lorry)	Contact No.	84280028
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 27/6/23 at around 1030hrs - 1100hrs, I parked my lorry crane, bearing plate number: YN2808D along Ang Mo Kio Avenue 8. I was operating the crane on the left side of my lorry, at the curb. When suddenly, I heard a loud crash. I went over to the right side of my vehicle to check on the collision. One red vehicle, bearing plate number: SLH1139T collided with my right side of my lorry. Another black vehicle bearing plate number: SLH8321L, stopped in front of my lorry. I checked with them, and they informed that the red vehicle was turning left from Ang Mo Kio St 31. She said that the green light was in her favor. As such, she made the left turn. Subsequently, the black vehicle which was travelling straight said that the traffic light was in favor. As such, she drove straight. Subsequently she saw the red car turning left and she



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Report No. T/20230627/2032

CONTINUATION OF REPORT

could not stop in time. Which resulted the black vehicle to side swipe the red vehicle. The red vehicle could not control her vehicle. As such, it collided with my lorry.

The red vehicle owner then called for ambulance as she informed that she's suffering pain on her hands.

Ambulance and TP came down to scene to check on the collision. The red vehicle owner was conveyed to hospital.

I wish to state that i did not see the collision as I was working. Before we started work, we put 10-12 cones behind my lorry to inform other motorist about our stationary lorry. The lorry's hazard light and rotating light were also switched on.

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POLICE FORCE**

T/20230627/2032

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Tel No: 1800-4599999

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Report No. T/20230627/2032

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 3 AHMAD ZAKIR BIN
NOORDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT Ahmad Syafiq Bin Harris
Contact No.: 65476201

Signature Of Informant:

Date/Time:
27/06/2023 13:10

Classification Of Case:

NP168