

# 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 .....	21/07/2023 16:24 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	20/07/2023 14:58 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SIMS WAY JUNCTION TOWARDS (PIE)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF4436U
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TAY KIA KOON TRADING
Company Reg No .....	5XXXX737K
Email Address .....	claims@miragemw.sg
Mobile Phone No .....	(Phone) +65-85414599
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	22-MR005289-R02

### DRIVER

Name of Driver .....	SOE THU LWIN
Passport No/FIN .....	GXXXX930M
Date Of Birth .....	30/07/1993
Occupation .....	Outdoor

Date Of Driving Pass .....	22/05/2022
Driving experience .....	1 YEAR AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89344950
Alt. Phone Number .....	-
Email Address .....	claims@miragemw.sg
Address .....	APT BLK 16 EUNOS CRESCENT
Address complement .....	# 06-2851
Postcode .....	400016
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 .....	Side Swipe
Weather Conditions .....	Raining
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	MacPherson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007449999
Alt. Police Station Phone No .....	(Fax) +65-65476366
Police Station Address .....	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230720/2120

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH236X
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LEE HOCK HWA
NRIC No .....	SXXXX934I
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 .....	SOE THU LWIN
Gender .....	Male
Phone No .....	(Phone) +65-89344950
Address .....	APT BLK 16 EUNOS CRESCENT
Address Complement .....	# 06-2851
Post Code .....	400016
Approximate Age Years Old .....	-
Injuries Sustained .....	SHOULDER AND BACK
Injured person in which vehicle? .....	GBF4436U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT 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' 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.

**TAY KAO KOON TRADING**

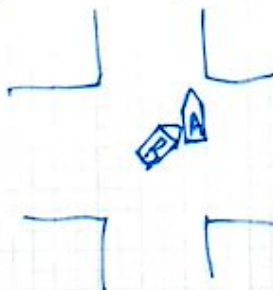
Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Simis way function towards (PIE)



(A) GBF44350

(B) GB14236X

Describe Circumstances of the Accident

Refer to police Report  
- 7/20230720/2120 -

Declaration

We declare the foregoing particulars are true in every respect.

**TAKE A MOMENT TO READING**

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20230720/2120

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3  
Report No. T/20230720/2120

**CONTINUATION OF REPORT**

Driver			
Name	SOE THU LWIN	ID No.	G2491930M
Related Vehicle	NIL	Contact No.	89344950
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 the 20/07/23 at about 1500 hrs, I was driving (GBF4436U) along Sim Avenue to drop off some parcel. I was driving on the 4th lane, while driving the lorry from the 3rd lane wants to make a right turn. The lorry (GBH236X) did not check on his right side and make a right turn. The lorry then knocked on to my side of the van. My van left door side was dented in. The lorry side mirror was slightly damage. We then move to side of the road and exchange particulars. We both agreed to settle private settlement, but the lorry driver did not get back to me. I am lodging this report for record purpose and will be claiming insurance against the lorry driver.









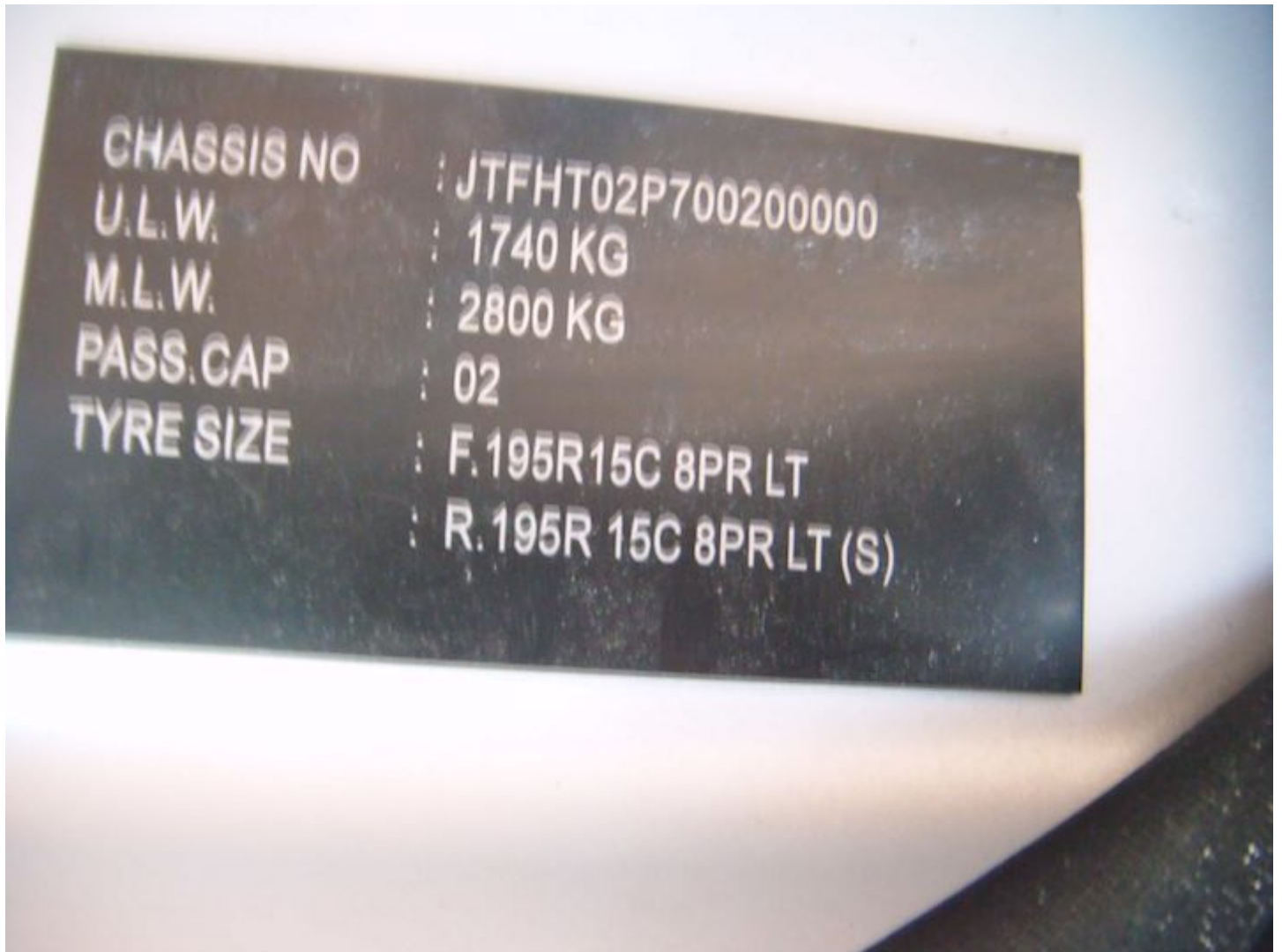














**SINGAPORE  
POLICE FORCE**



T/20230720/2120

1 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20230720/2120

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/07/2023 21:06	Vide Report No.:	Station Diary No.: 63
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**Informant's Particulars**

Name of Informant: SOE THU LWIN			Address: APT BLK 16 EUNOS CRESCENT #06-2851 SINGAPORE 400016	
ID Type / ID No.: FIN NO / G2491930M			Contact No.: Home/Office:	Mobile: 89344950
Nationality: MYANMAR			Email:	
Sex: Male	Age: 29	Date of Birth: 30/07/1993	Type of Informant: Driver	
Race: Burmese			Language:	
Occupation: AIR CON TECHINAN			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2023 15:00	Type of Location: Straight Road
Location:  SIMS AVENUE				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4436U	Van				Slightly Damaged	1
GBH236X	Lorry				Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230720/2120

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3

Report No. T/20230720/2120

**CONTINUATION OF REPORT**

Driver			
Name	SOE THU LWIN	ID No.	G2491930M
Related Vehicle	NIL	Contact No.	89344950
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 the 20/07/23 at about 1500 hrs, I was driving (GBF4436U) along Sim Avenue to drop off some parcel. I was driving on the 4th lane, while driving the lorry from the 3rd lane wants to make a right turn. The lorry (GBH236X) did not check on his right side and make a right turn. The lorry then knocked on to my side of the van. My van left door side was dented in. The lorry side mirror was slightly damage. We then move to side of the road and exchange particulars. We both agreed to settle private settlement, but the lorry driver did not get back to me. I am lodging this report for record purpose and will be claiming insurance against the lorry driver.



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T/20230720/2120

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370054  
Tel No: 1800-7449999

3 of 3  
Report No. T/20230720/2120

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
G /  
SGT 2 TAN YI ZHI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Signature Of Informant:

Date/Time:  
20/07/2023 21:06

Classification Of Case:

NP168