

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
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-
Alt. Phone Number	-
Email Address	claims@miragemw.sg
Address	
Address complement	
Postcode	
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	CHOOK NAIN FATT
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
Address	
Address Complement	
Post Code	
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

INJURED 2

Name of injured person	CHOOK NAIN FATT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER AND BACK
Injured person in which vehicle?	GBF4436U
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.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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 KOOKOON TRAINING

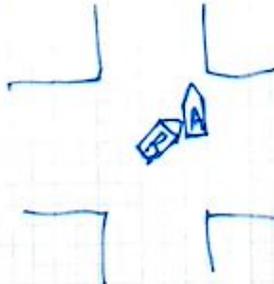
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sims way junction towards (PIE)

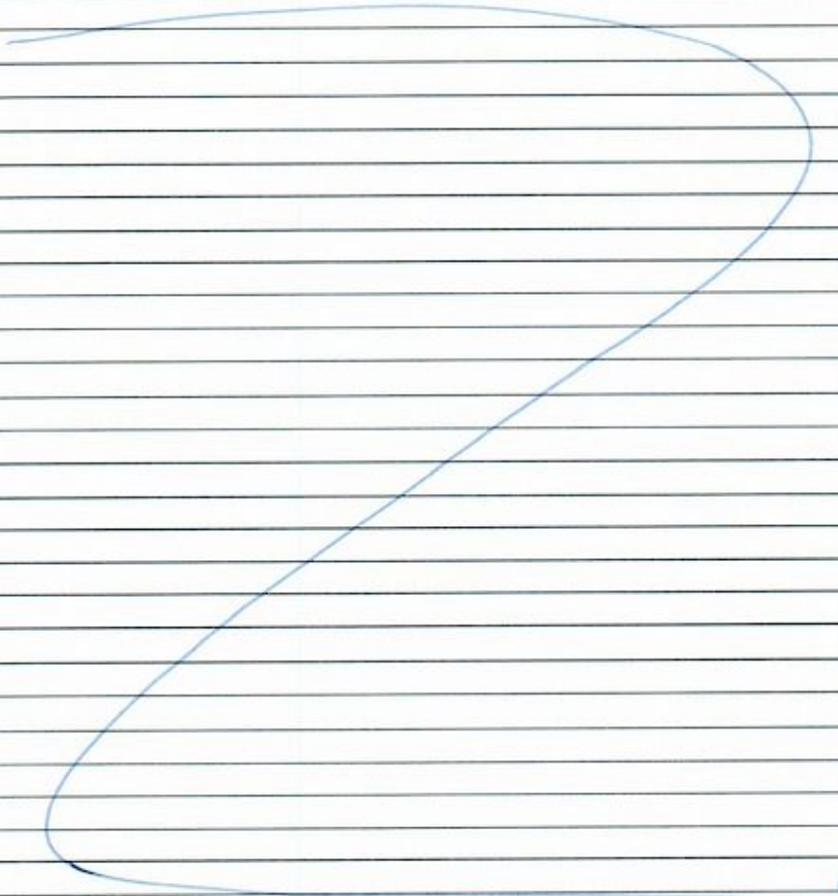


(A) GBF44350

(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.

THE SIGNATURE 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**

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



T/20230721/2073

2 of 3

Report No. T/20230721/2073

CONTINUATION OF REPORT

Driver			
Name	SOE THU LWIN	ID No.	G, 30M
Related Vehicle	GBF4436U (Van)	Contact No.	
Hospital/Clinic	KIRIN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/07/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I am the above mentioned person, and I have earlier lodge a Traffic Accident Police Report, Vide T/20230720/2120.

I wish to inform that add on facts to my Traffic Accident report as I felt sore on my right shoulder after the accident and I proceeded to visit a doctor. I was then given 3 days MC for the sore on my right shoulder.

I also wish to amend the following facts which was stated incorrectly in the earlier report.
I wish to inform that the correct fact is I was driving along Sims Avenue, on my way to my client who has engaged me for Aircon services.



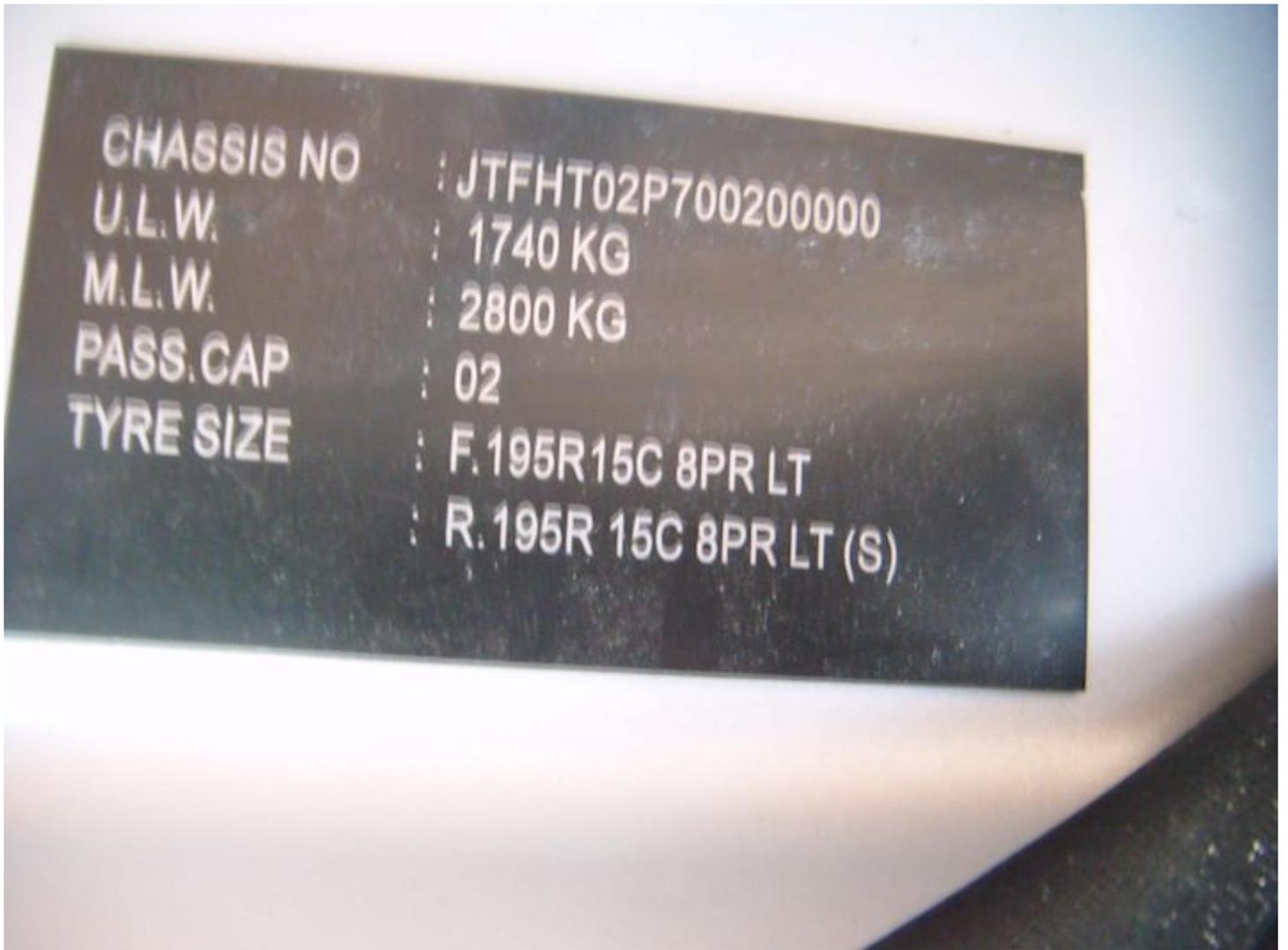












CHASSIS NO	: JTFHT02P700200000
U.L.W.	: 1740 KG
M.L.W.	: 2800 KG
PASS. CAP	: 02
TYRE SIZE	: F. 195R15C 8PR LT
	: R. 195R 15C 8PR LT (S)


**SINGAPORE
POLICE FORCE**


T/20230721/2073

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

1 of 3

Report No. T/20230721/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2023 16:19	Vide Report No.: T/20230720/2120	Station Diary No.: 32
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Informant's Particulars

Name of Informant: SOE THU LWIN		Address: [REDACTED]	
ID Type / ID No.: FIN NO / G: [REDACTED] 930M		Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]	
Nationality: MYANMAR		Email:	
Sex: Male	Age: 29	Date of Birth: 30/07/1993	Type of Informant: Driver
Race: Burmese		Language:	
Occupation: AIRCON TECHNICIAN		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	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: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
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	0
GBH236X	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

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



T/20230721/2073

2 of 3

Report No. T/20230721/2073

CONTINUATION OF REPORT

Driver			
Name	SOE THU LWIN	ID No.	G 1930M
Related Vehicle	GBF4436U (Van)	Contact No.	
Hospital/Clinic	KIRIN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/07/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I am the above mentioned person, and I have earlier lodge a Traffic Accident Police Report, Vide T/20230720/2120.

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**SINGAPORE
POLICE FORCE**



T/20230721/2073

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

3 of 3

Report No. T/20230721/2073

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 TAN PENG YEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/07/2023 16:19

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

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09237L0005 Vehicle Registration No: GBF 44364
 Name (as shown in NRIC): See thuy twin NRIC/FIN/Passport No: G 930M
 (*=Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore (400016)
 Contact (Tel): _____ Mobile No.: _____
 Email Address: claims@mirze@mw.sg
 Date of Accident: 20/07/2023 Time of Accident: 14:58
 Place of Accident: Sime Way Junction towards (PIE)
 Insurance Company: Tokio Marine

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend police Report - Add amended police Report
Amend sketch plan
Amend passenger name - chook Nain Fatt
Add injured person 2 - Chook Nain Fatt
Add injury.

TAY KIA KOON TRADING

Signature
 Policyholder / Actual Driver's Signature
 Date:

Signature 24/7/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: