

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 First Submission	27/07/2023 10:51 (SGT)
Reported by	Actual Driver
Date of Accident	26/07/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANCHORVALE LANE PARKING LOT LOADING/UNLOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2794Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LV TRANSPORT SERVICES
Company Reg No	5XXXX423A
Email Address	rickky_lv@yahoo.com.sg
Mobile Phone No	(Phone) +65-92376774
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	D22MCV0008077

DRIVER

Name of Driver	LEI KIM HUAT
NRIC No	SXXXX795A
Date Of Birth	23/10/1962

Occupation	Outdoor
Date Of Driving Pass	20/11/1984
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92376774
Alt. Phone Number	-
Email Address	rickky_lv@yahoo.com.sg
Address	APT BLK 312A ANCHORVALE LANE
Address complement	# 06-52
Postcode	541312
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	DAUGHTER
Gender	Female

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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230726/2131

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	SMV896L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JACKSON TAN KHENG CHIONG
NRIC No	SXXXX904A
Contact Number	(Phone) +65-90707225
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

LV Transport Services:

Blk 312A Anchorvale Lane
#06-52
Singapore 541312

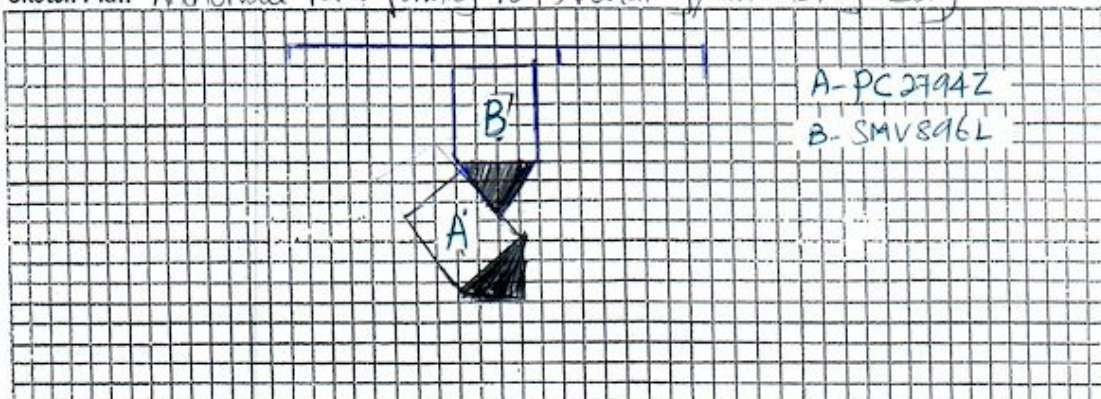
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Anchorvale Lane parking lot, loading/unloading Bay



Describe Circumstance of the Accident

Please refer to the attached police
Report - T/20230726/2131 -

Declaration

We declare the foregoing particulars are true in every respect.

LV Transport Service
Bik 312A Anchorvale Lane

Policyholder's Signature / Date & Time
Singapore 541312

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

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

v.1.1.2022

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**SINGAPORE
POLICE FORCE**

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



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Report No. T/20230726/2131

CONTINUATION OF REPORT

Driver				
Name	LEI KIM HUAT		ID No.	S1519795A
Related Vehicle	PC2794Z (Bus/Coach/Minibus)		Contact No.	92376774
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 26/07/2023 at about 1930hrs, I was driving my minibus out of a lot of blk 312A loading/unloading bay. I heard a sound coming from the left side of my minibus, I reverse back into the lot and went down to take a look. I realized that I had collided to a sports car (unknown vehicle registration plate number) which I believe the color of the car was grey. I waited around the area for the driver to return so that I could exchange details with him. However, he did not show up and I drove to park my minibus in another location. Upon my return back to the accident location about 10 minutes later, I noticed that the parked car was no longer present. I have both front and rear facing cameras installed in my minibus, however I believe that both cameras are not functioning.

























**SINGAPORE
POLICE FORCE**



T/20230726/2131

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

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Report No. T/20230726/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2023 23:11		Vide Report No.:	Station Diary No.: 138
Informant's Particulars			
Name of Informant: LEI KIM HUAT		Address: APT BLK 312A ANCHORVALE LANE #06-52 SINGAPORE 541312	
ID Type / ID No.: NRIC NO / S1519795A		Contact No.: Home/Office: Mobile: 92376774	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 23/10/1962	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Self Employed (Transport)		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2023 19:30	Type of Location: Loading/Unloading Bay
Location: ANCHORVALE LANE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
PC2794Z	Bus/Coach/Minibus	TOYOTA	HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB	Silver	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:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20230726/2131

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Report No. T/20230726/2131

CONTINUATION OF REPORT

Driver				
Name	LEI KIM HUAT		ID No.	S1519795A
Related Vehicle	PC2794Z (Bus/Coach/Minibus)		Contact No.	92376774
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	

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POLICE FORCE**

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20230726/2131

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Report No. T/20230726/2131

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 2 KANG YONG LER
JAMESONSignature Of Interpreter:
Not applicableOfficer In Charge Of Case:
TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:
26/07/2023 23:11

Classification Of Case:

NP168