

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	31/07/2023 18:03 (SGT)
Reported by	Actual Driver
Date of Accident	29/07/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE-CHANGI BEFORE STEVEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8139B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DESTINY SOLUTION SERVICES PTE LTD
Company Reg No	2XXXXX231R
Email Address	KENNYKUBPOM99@GMAIL.COM
Mobile Phone No	(Phone) +65-91881302
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MCV0001080

DRIVER

Name of Driver	KHING THIAM CHAI
NRIC No	SXXXX469C
Date Of Birth	08/11/1970
Occupation	Outdoor

Date Of Driving Pass	06/09/2005
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88385252
Alt. Phone Number	-
Email Address	KENNYKUBPOM99@GMAIL.COM
Address	APT BLK 295A COMPASSVALE CRESCENT
Address complement	# 05-219
Postcode	541295
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	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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	8
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	KHING THIAM CHAI
Gender	Male

PASSENGER 2

Name	NEO KIM YAM
Gender	Male

PASSENGER 3

Name	CHEANG ZHI YI JORDAN
Gender	Male

PASSENGER 4

Name	LOH KANG JUN
Gender	Male

PASSENGER 5

Name	WENG RONG RONG
Gender	Male

PASSENGER 6

Name	CHIA YONG KHOON
Gender	Male

PASSENGER 7

Name	PHUA PIN SHEN
Gender	Male

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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230731/7072

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 SLN1237L
 Vehicle Manufacturer -
 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 KHING THIAM CHAI
 Gender Male
 Phone No (Phone) +65-88385252
 Address APT BLK 295A COMPASSVALE CRESCENT
 Address Complement # 05-219
 Post Code 541295
 Approximate Age Years Old -
 Injuries Sustained NECK AND BACK
 Injured person in which vehicle? YP8139B
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person LEE HUAN RONG NICK
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK AND BACK

Injured person in which vehicle?	YP8139B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	NEO KIM YAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	YP8139B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4	
Name of injured person	CHEANG ZHI YI JORDAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	YP8139B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 5	
Name of injured person	LOH KANG JUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	YP8139B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 6	
Name of injured person	CHIA YONG KHOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	YP8139B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 7	
Name of injured person	PHUA PIN SHEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	YP8139B

Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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.

6. 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 envelope/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: *[Signature]* Date: *31/7/23*

Driver's Signature (if driver is not the policyholder) / Date & Time: *[Signature]* Date: *31/7/23*

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): *[Signature]* Date: *31/7/23*

Sketch Plan

PIE - changi Before Shuren Road

PIE - CHANGI
BEFORE
CHANGI

VEH A:
YP 8139 B

VEH B:
SLN 1237 L

A

B

Describe Circumstance of the Accident

AS PER POLICE REPORT

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

[Signature] 31/7/23



**SINGAPORE
POLICE FORCE**



T/20230731/7072

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

4 of 5

Report No. T/20230731/7072

CONTINUATION OF REPORT

Passenger			
Name	PHUA PIN SHEN		ID No. NIL
Related Vehicle	YP8139B (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the 29th of July 2023 at around 1930HRS, I was traveling straight along PIE towards changi in my vehicle (YP8139B) when suddenly I felt a huge impact from the right hand side. I stopped my vehicle and came down to check and saw that a car bearing carplate number SLN1237L had collided into my vehicle rear right hand portion.







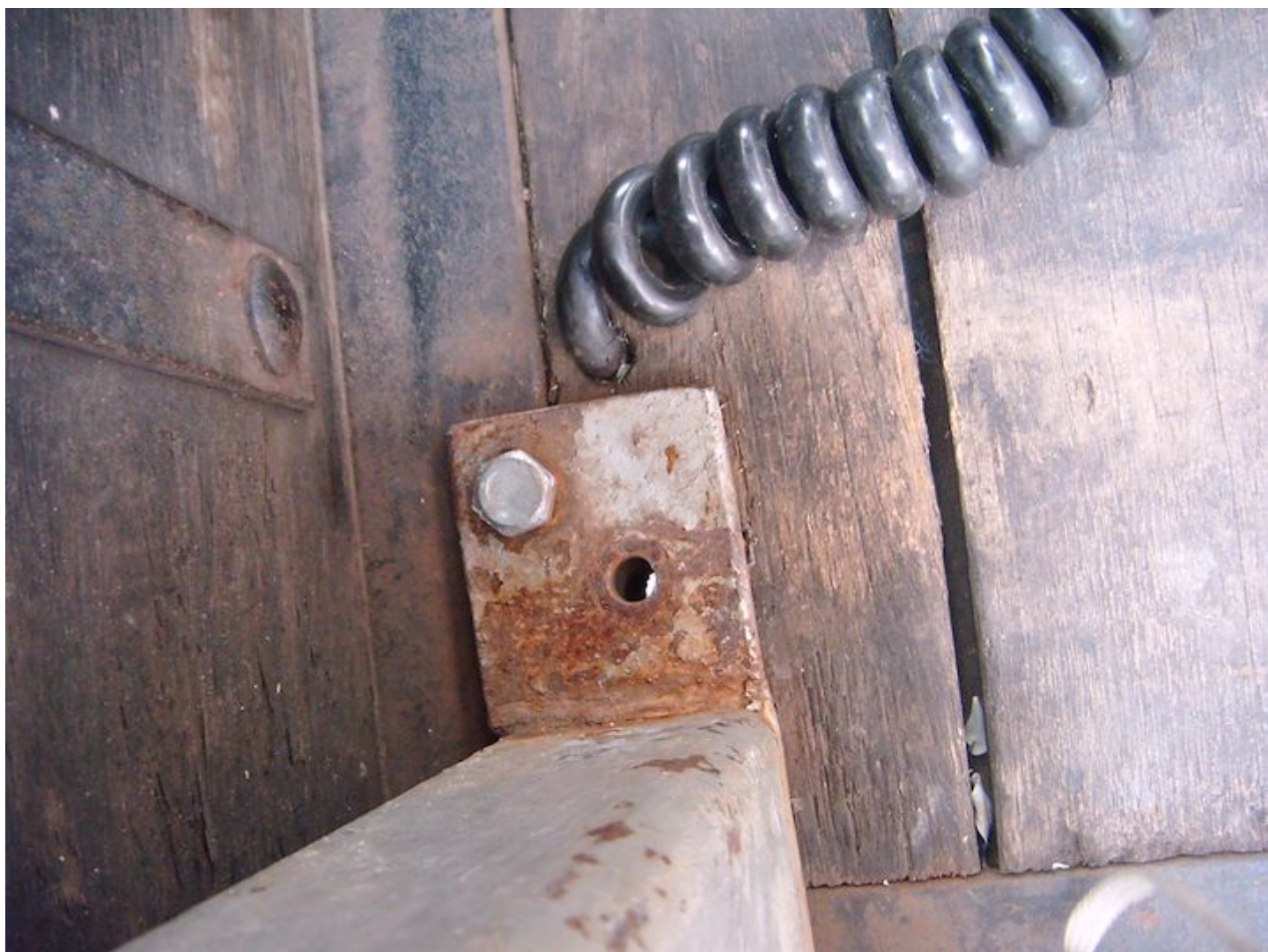


















**SINGAPORE
POLICE FORCE**



T/20230731/7072

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

1 of 5

Report No. T/20230731/7072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2023 15:57	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KHING THIAM CHAI	Address: 295A COMPASSVALE CRESCENT #05-219 SINGAPORE 541295
ID Type / ID No.: NRIC NO / S7039469C	Contact No.: Home/Office: Mobile: 91881302
Nationality: SINGAPORE CITIZEN	Email: ST.DATA@HOTMAIL.COM
Sex: Male Age: 52 Date of Birth: 08/11/1970	Type of Informant: Driver
Race: Chinese	Language: English
Occupation: Mobile machinery supervisor and general foreman	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2023 19:30	Type of Location: Straight Road
Location: ADAM PARK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLN1237L	Car				Seriously Damaged	2
YP8139B	Lorry				Slightly Damaged	0



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T/20230731/7072

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Tel No: 65470000

2 of 5

Report No. T/20230731/7072

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHING THIAM CHAI	ID No.	S7039469C
Related Vehicle	YP8139B (Lorry)	Contact No.	91881302
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Serious
Passenger			
Name	LEE HUAN RONG NICK	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	NEO KIM YAM	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 5

Report No. T/20230731/7072

CONTINUATION OF REPORT

Passenger			
Name	CHEANG ZHI YI JORDAN	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	LOH KANG JUN	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	WENG RONG RONG	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	CHIA YONG KHOON	ID No.	NIL
Related Vehicle	YP8139B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



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T/20230731/7072

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4 of 5

Report No. T/20230731/7072

CONTINUATION OF REPORT

Passenger			
Name	PHUA PIN SHEN		ID No. NIL
Related Vehicle	YP8139B (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

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T/20230731/7072

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5 of 5

Report No. T/20230731/7072

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

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

Date/Time:

31/07/2023 15:57

Classification Of Case:

NP168