

# 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 .....	19/09/2024 10:28 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	18/09/2024 11:28 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE TWDS PIE BEFORE BRADDELL RD EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMH5288H
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	L&N SERVICES
Company Reg No .....	5XXXX724B
Email Address .....	jp.yoganand@gmail.com
Mobile Phone No .....	(Phone) +65-81130227
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1500
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5107194397-05

### DRIVER

Name of Driver .....	JOSEPH PRICE YOGANAND
NRIC No .....	SXXXX038F
Date Of Birth .....	25/06/1984
Occupation .....	Indoor
Driving Pass Date .....	04/05/2016
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	8 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81130227
Alt. Phone Number .....	-
Email Address .....	jp.yoganand@gmail.com
Address .....	APT BLK 663B PUNGGOL DRIVE #07-244
Address complement .....	-
Postcode .....	822663
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) .....	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 .....	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

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBF1865J  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... TAN KEE TIONG  
NRIC No ..... SXXXX734G  
Contact Number ..... (Phone) +65-98276269  
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 ..... JOSEPH PRICE YOGANAND  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SMH5288H  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

##### INJURED 2

Name of injured person ..... UNKNOWN  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SMH5288H  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

# 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.



Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre Personnel

## Sketch Plan

		CTE Tmb Vie (Changi) BA Bradden Rd EXIT		A ) S M H 5 2 8 8 H B ) G B F 1 8 6 5 J

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Tel: 6453 1235 Fax: 6453 7944  
Witnessed by Reporting Centre  
Personnel



































**SINGAPORE  
POLICE FORCE**



T/20240918/7041

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

1 of 3

Report No. T/20240918/7041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/09/2024 12:42		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: JOSEPH PRINCE YOGANAND		Address: 663B PUNGGOL DRIVE #07-244 SINGAPORE 822663		
ID Type / ID No.: NRIC NO / S8473038F		Contact No.: Home/Office: Mobile: 81130227		
Nationality: SINGAPORE CITIZEN		Email: JP.YOGANAND@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 25/06/1984	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: chauffeur		Driving Licence Information: Class: 2B,3A Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/09/2024 11:30	Type of Location: TOWARDS PIE BEFORE BRADDELL EXIT
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF1865J	Lorry					0
SMH5288H	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20240918/7041

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

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Report No. T/20240918/7041

CONTINUATION OF REPORT

<b>Passenger</b>			
Name	UNKNOWN		ID No. NIL
Related Vehicle	SMH5288H (Motor car)		Contact No. 91189857
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 (MC)	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	JOSEPH PRINCE YOGANAND		ID No. S8473038F
Related Vehicle	SMH5288H (Motor car)		Contact No. 81130227
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

**Brief Details.**

On 18.09.2024 at about 1128hrs, I was travelling along CTE Towards PIE (Changi) Before Braddell Road Exit. The traffic was on moderate move. Ahead of me, there's a vehicle slow and stop. I follow suit. While waiting, all of a sudden I felt an hard impact from the rear. I alight & realised a lorry GBF 1865J had collided onto my rear. My vehicle was badly damaged. The impact was great. I suffered from neck, back & shoulder pain. I consult a doctor and was given an mc. There's a passenger on my vehicle. A Chinese Male & his contact number was 91189857. That's all.





**SINGAPORE  
POLICE FORCE**

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



T/20240918/7041

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Report No. T/20240918/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
PHNG KAR SOON  
Contact No.: 65476439

NP168

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

Date/Time:  
18/09/2024 12:42

Classification Of Case:

