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 witholding 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.

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 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

Honda

Vehicle Registration Number SMH5288H

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

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 Regisration 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 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? 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) 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? Nο 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 0	

INJURED 2

INJURED 2	
Name of injured person Gender	UNKNOWN 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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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. 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)

lunderstand, 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' law yers/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;

& Time

- (iv) administering my claims (including the malling 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes pre LT

Policyholder's Signature / Date &

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

CITY AUTO PTE LTU BIK 8 Sin Ming Road BIK 8 Sin Ming Ind Est #01-58/60/62 Sin Ming Ind Est Singapore 575/643 Singapore 575/643 Tel: 6453 1235 Fax: 6453 7944 (Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan



escribe	Circumstances of the Accident	
	REFER TO POLICE REPORT NUMBER: T/20240918/7041	
		725
		-
		3.01
		101
		791.00
	/	15 15
		55/040
		1
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-		

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

Declaration

We declare the foregoing particulars are true in every respect.

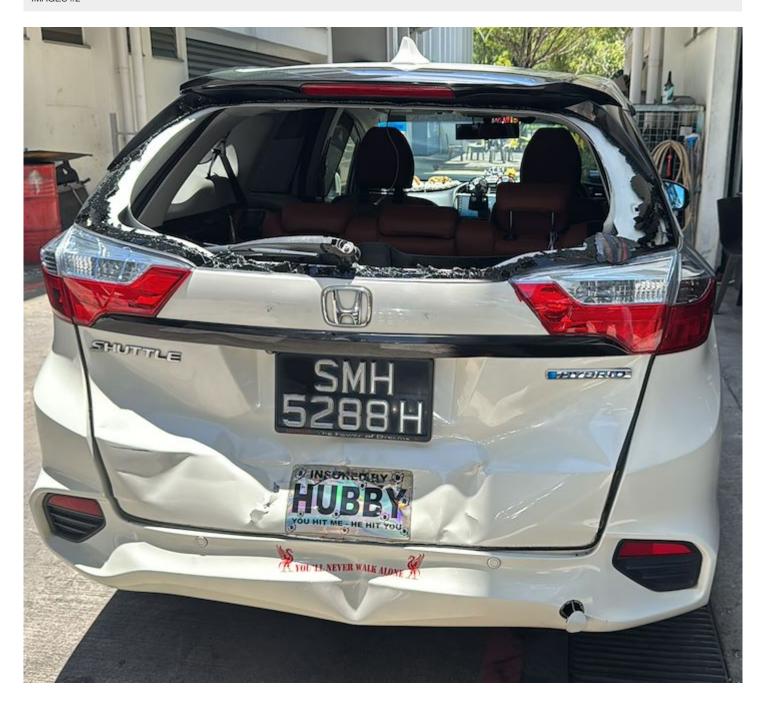


Policyholder's Signature / Date &

& 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
Witnes@blys.899000000Centre
Personnel



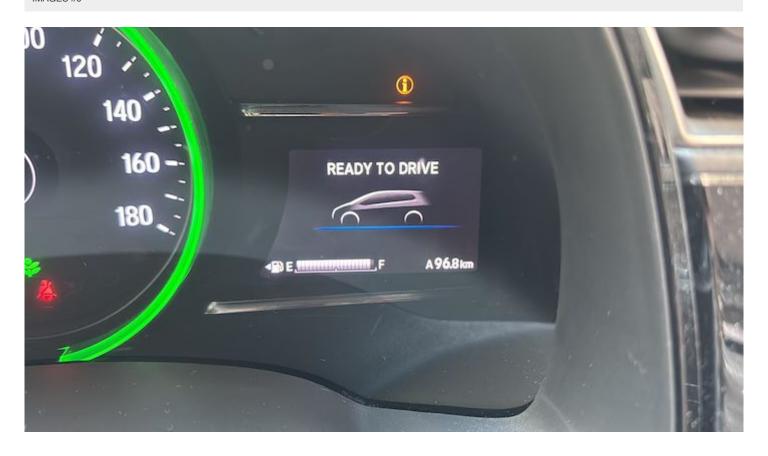




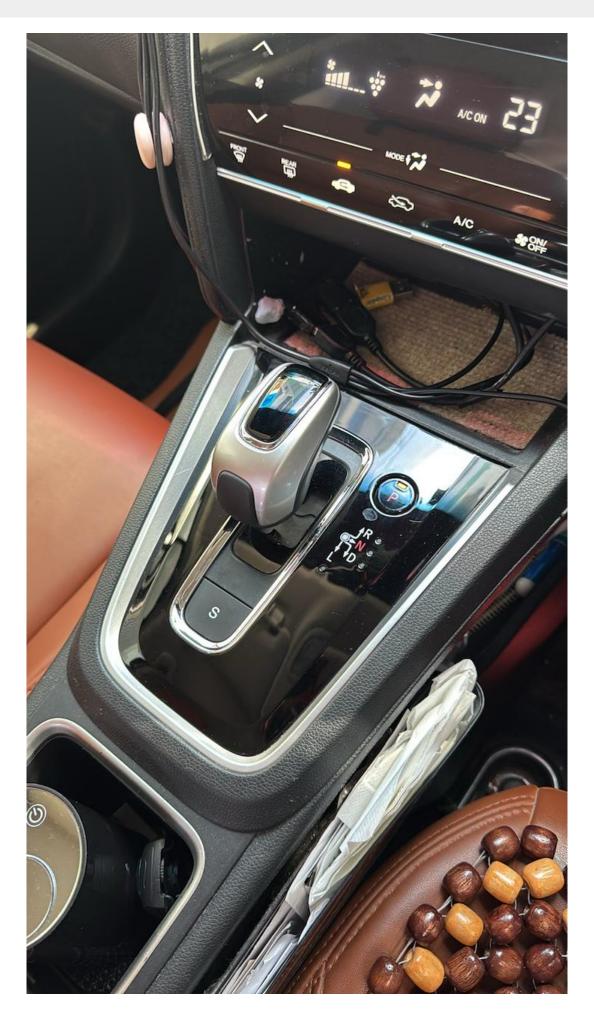




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240918/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2024 12:42		ide:	Vide Report No.:	Station Diary No.:	
Informan	r's Particular	8			
Name of Informant: JOSEPH PRINCE YOGANAND		Address: 663B PUNGGOL DRIVE #07-244 SINGAPORE 822663			
ID Type / NRIC NC	ID No.: / S8473038	BF	Contact No.: Home/Office:	Mobile: 81130227	
Nationali SINGAP	ty: ORE CITIZE	N	Email: JP.YOGANAND@GMAIL.	СОМ	
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:			

General Information	of the Accident			
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 EXPRE	SSWAY			
Weather:		Road Surface:		
Traffic Flow:		Dry Traffic Control:	ffic Volume:	
		Not Controlled	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	
Type of Collision: Between Moving Vehicles - Head To Rear		o Rear		yone conveyed by bulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF1865J	Lorry					0
SMH5288H	Motor car					0

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



T/20240918/7041

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

Z or 3 Report No. T/20240918/7041

CONTINUATION OF REPORT

Passenger		Blow W.		A 16 16 16 16 16 16 16 16 16 16 16 16 16	90 3D	
Name	UNKNOWN			ID No.		NIL
Related Vehicle	SMH5288H (Motor car)			Conta	ct No.	91189857
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave (MC) NIL			Degree of	fInjury	NIL	
Driver		ENDER OF			Epily .	
Name	JOSEPH PRINCE YOGANAND		ID No		S8473038F	
Related Vehicle	SMH5288H (Motor car)			Conta	ict No.	81130227
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL Date Di			charge	NIL	
No. of Days granted Medical Leave (MC) NIL			Degree o	ee of Injury Slight		t

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.



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



3 of 3 Report No. T/20240918/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2024 12:42
Officer In Charge Of Case: TP / AEIT / PHNG KAR SOON Contact No.: 65476439	Classification Of Case:
NP168	

