

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	17/09/2024 17:08 (SGT)
Reported by	Actual Driver
Date of Accident	16/09/2024 17:49 (SGT)
Exact Location of Accident	Near Mandai Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD5852P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	5852 TRANSPORT SERVICES
Company Reg No	53445500W
Email Address	YEOYUKCHYE@GMAIL.COM
Mobile Phone No	(Phone) +65-89075582
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	Bus
Transmission	Auto
CC	2754
Vehicle Fuel	Diesel
First Registration Date	02/03/2022
Chassis no	GDH2111007107
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2009905216-01

DRIVER

Name of Driver	YEO YUK CHYE
NRIC No	S1725517G
Date Of Birth	10/11/1965
Occupation	Outdoor
Driving Pass Date	31/08/1987
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	37 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-89075582
Alt. Phone Number	-
Email Address	YEOYUKCHYE@GMAIL.COM
Address	BLK 275 BANGKIT ROAD 04-84 SINGAPORE 670275
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	GBG1844P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH4055A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	YEO YUK CHYE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

veh A: PD5852D
veh B: GBG1844P
veh C: GBH40SSA

Describe Circumstances of the Accident

Refer to police report. Report number: T/2024091612098.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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

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Witnessed by Reporting Centre
Personnel



























**SINGAPORE
POLICE FORCE**



T/20240916/2098

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20240916/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2024 23:46		Vide Report No.:		Station Diary No.: 136
Informant's Particulars				
Name of Informant: YEO YUK CHYE		Address: 275 BANGKIT ROAD #04-84 SINGAPORE 670275		
ID Type / ID No.: NRIC NO / S1725517G		Contact No.: Home/Office: Mobile: 89075582		
Nationality: SINGAPORE CITIZEN		Email: yeoyukchye@gmail.com		
Sex: Male	Age: 58	Date of Birth: 10/11/1965	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: BUS DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2024 17:50	Type of Location: Straight Road
Location: MANDAI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG1844P	Motor van	TOYOTA	HIACE	Silver	Slightly Damaged	0
GBH4055A	Motor van	NISSAN	NV350	Silver	Slightly Damaged	0
PD5852P	Motor van	TOYOTA	HIACE	White	Slightly Damaged	0



**SINGAPORE
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T/20240916/2098

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20240916/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KALIYAPPAN MANIKANDAN	ID No.	G2605901T
Related Vehicle	GBG1844P (Motor van)	Contact No.	85022591
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	SURENDHARAN SAKKARA VARTHI	ID No.	S9141891F
Related Vehicle	GBH4055A (Motor van)	Contact No.	98525114
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	YEO YUK CHYE	ID No.	S1725517G
Related Vehicle	PD5852P (Motor van)	Contact No.	89075582
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	16/09/2024	Date Discharge	16/09/2024
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

On 16th September 2024 at about 1748hrs, I was driving my van (White Toyota Hiace, PD5852P), along Mandai Road towards Bukit Timah Expressway near L/P 289 and met with a road accident involving 2 other vehicles.

I was travelling on the first lane from the left of the 3 laned road. The van (Silver Nissan, GBH4055A) ahead of me had made an emergency brake, which caused me to also hit on my brakes and come to a complete stop behind it. I was able to stop on time and did not collide onto the said van. However, there was another van which was on my rear, then rear ended my



**SINGAPORE
POLICE FORCE**



T/20240916/2098

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Report No. T/20240916/2098

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

van, and the impact from it caused my van to be pushed forward and results in my van to rear end the van which was ahead of me.

Thereafter, all the drivers from the 3 vehicles then exited our vehicles to make a check on ourselves and also our vehicle. My van had sustained dents and scratches on the front and rear bumper, and the rear door glass window shattered. The van ahead of me had dents and scratches on its rear bumper and the van behind me had dents and scratches on the front bumper. Shortly after, a police car came by to assist and advised all of us to lodge a police report on the accident. The other driver and I then made an exchange of particulars and discussed on the repair damages. We have chosen to settle the repairs through insurance claim. I am unsure of the extend of the injuries suffered from the other drivers.

I had sustained back pain and also chest pain due to the accident. I visited Mount Elizabeth Hospital to seek treatment and was given 7 days of MC from 16th September 2024 to 22nd September 2024. I have an in-cam camera installed in my vehicle and I have the footage of the accident. I affirm that no there are no passengers in my vehicle during the time of accident. No government property was damaged.



**SINGAPORE
POLICE FORCE**



T/20240916/2098

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1 Segar Road #01-05 SINGAPORE 677738
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Report No. T/20240916/2098

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT 3 DINIE SYAKIR BIN
RAZALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
INSP (2) LOW MENG FATT
Contact No.: 97577566

NP168

Signature Of Informant:

Date/Time:
16/09/2024 23:46

Classification Of Case: