

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	22/10/2024 15:01 (SGT)
Reported by	Actual Driver
Date of Accident	21/10/2024 18:00 (SGT)
Exact Location of Accident	Keppel Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN1197U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUA YANG ENTERPRISE PTE LTD
Company Reg No	199001086G
Email Address	INSURANCEHY@HUAYANG.COM.SG
Mobile Phone No	(Phone) +65-92952171
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	HYBRID
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	Private hire
Transmission	Auto
CC	2500
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	5140993527-01

DRIVER

Name of Driver	GALEN LOH ENG HOCK
NRIC No	S7423804A
Date Of Birth	25/07/1974
Occupation	Outdoor
Driving Pass Date	02/11/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84986732
Alt. Phone Number	-
Email Address	VINCENTBSLU@GMAIL.COM
Address	401A NORTHSHORE DRIVE
Address complement	#12-32
Postcode	821401
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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNP5814K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHRISTOPHER MARTIN RODRIGUES
NRIC No	S7108792A
Contact Number	(Phone) +65-98599152
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	SNU1303T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIU YOON KIEW
NRIC No	S1488732F
Contact Number	(Phone) +65-91944006
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	GALEN LOH ENG HOCK
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	4 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SNN1197U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Sketch Plan of the Accident

Declaration
I/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

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

2

IMPORTANT NOTICE

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- 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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- This report will be forwarded by the insurers to 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.
- 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")

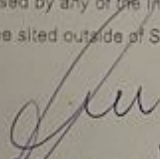
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 the Insurers' law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SKETCH PLAN

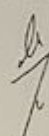


Policyholder's Signature / Date & Time



32/10/2024 / 1430

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



MUHAMMAD ZAK BIN SUPAIW

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

Sketch Plan

<p>A: SNN 1197U</p> <p>B: SNPS814 &</p> <p>C: SNU 1303T</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> </table> <div style="position: relative; height: 150px;"> <div style="position: absolute; right: 0; top: 0; text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">D P</div> <div style="font-size: 10px;">↑</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">D B</div> <div style="font-size: 10px;">↑</div> <div style="border: 1px solid black; padding: 2px;">D C</div> </div> </div>	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
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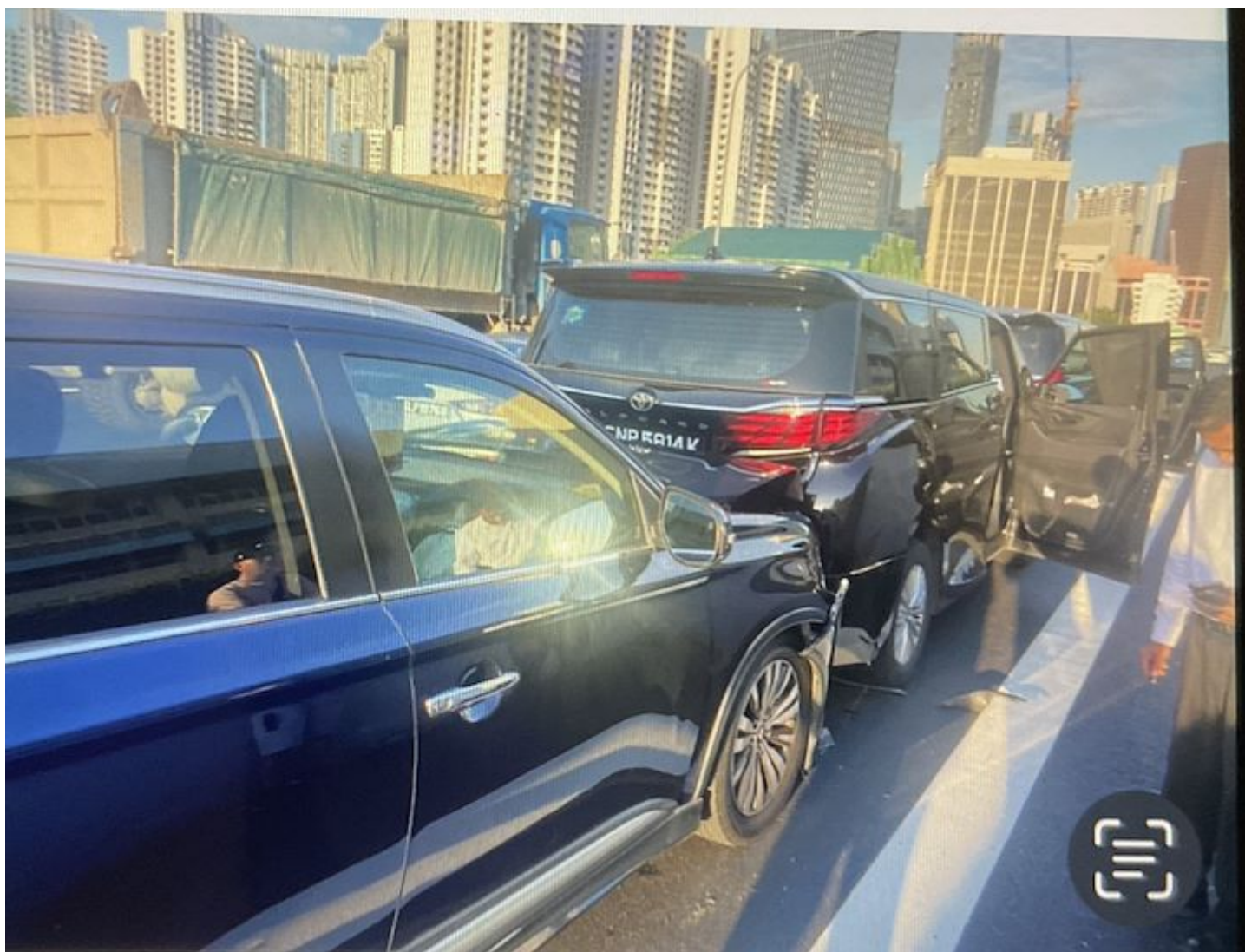


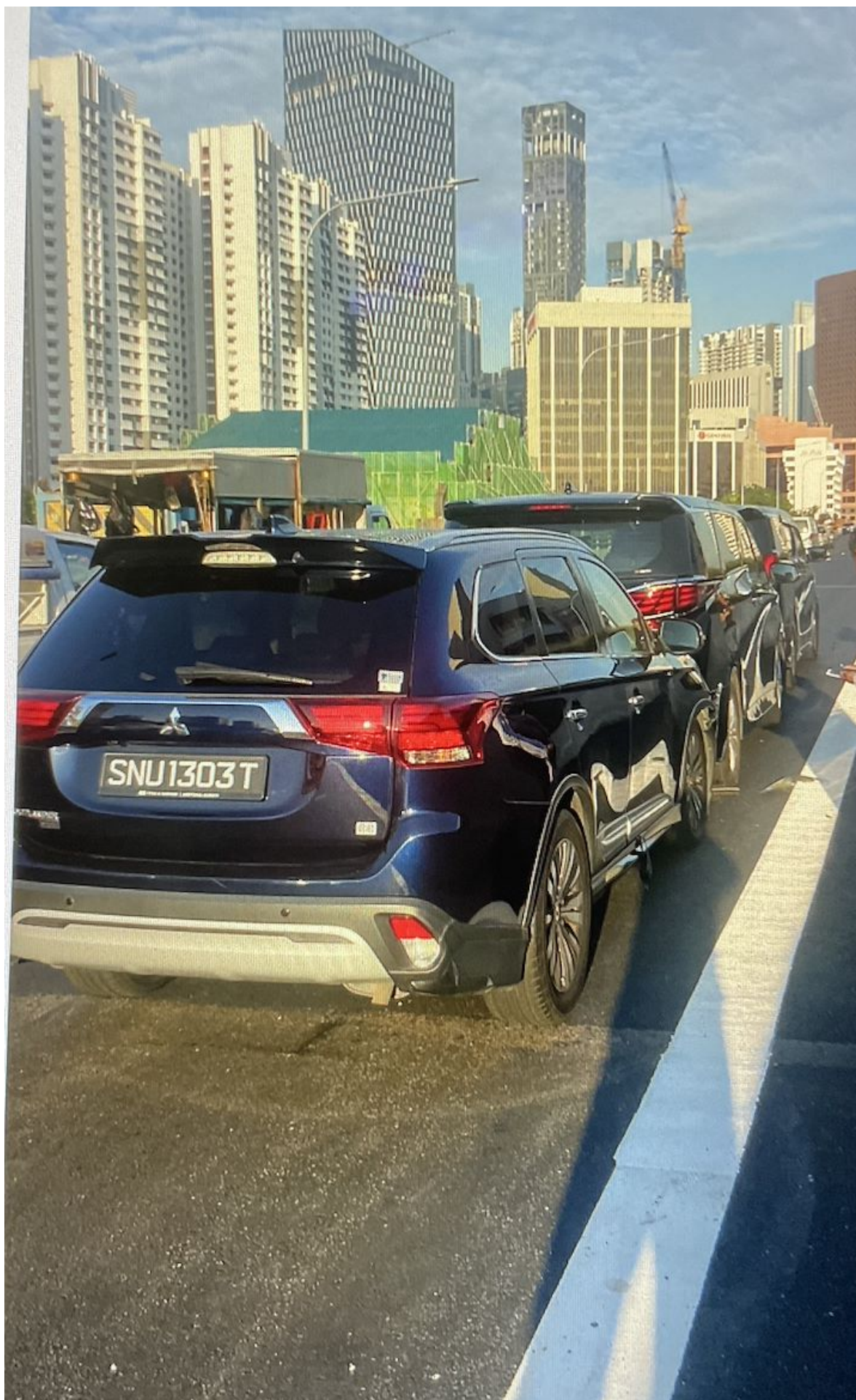


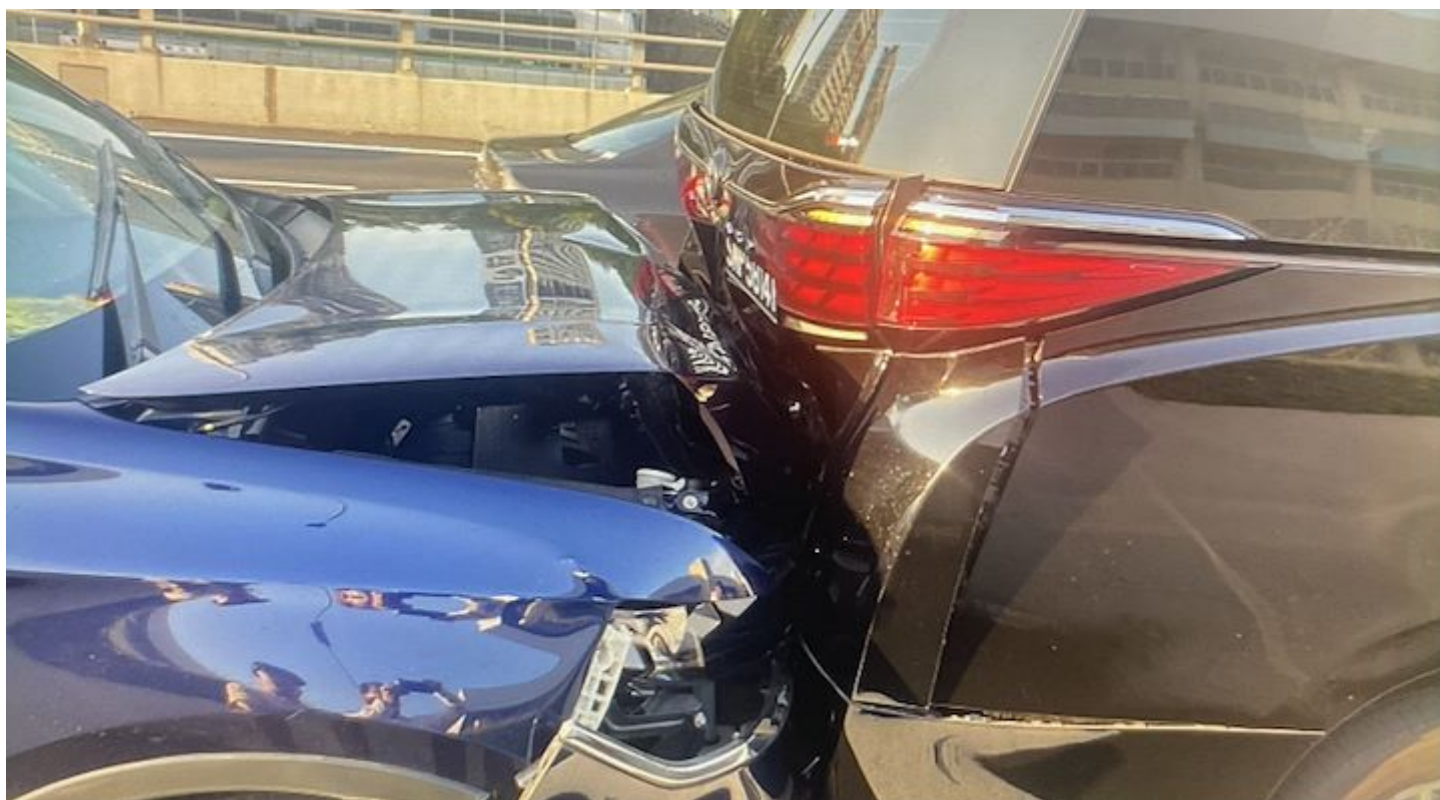


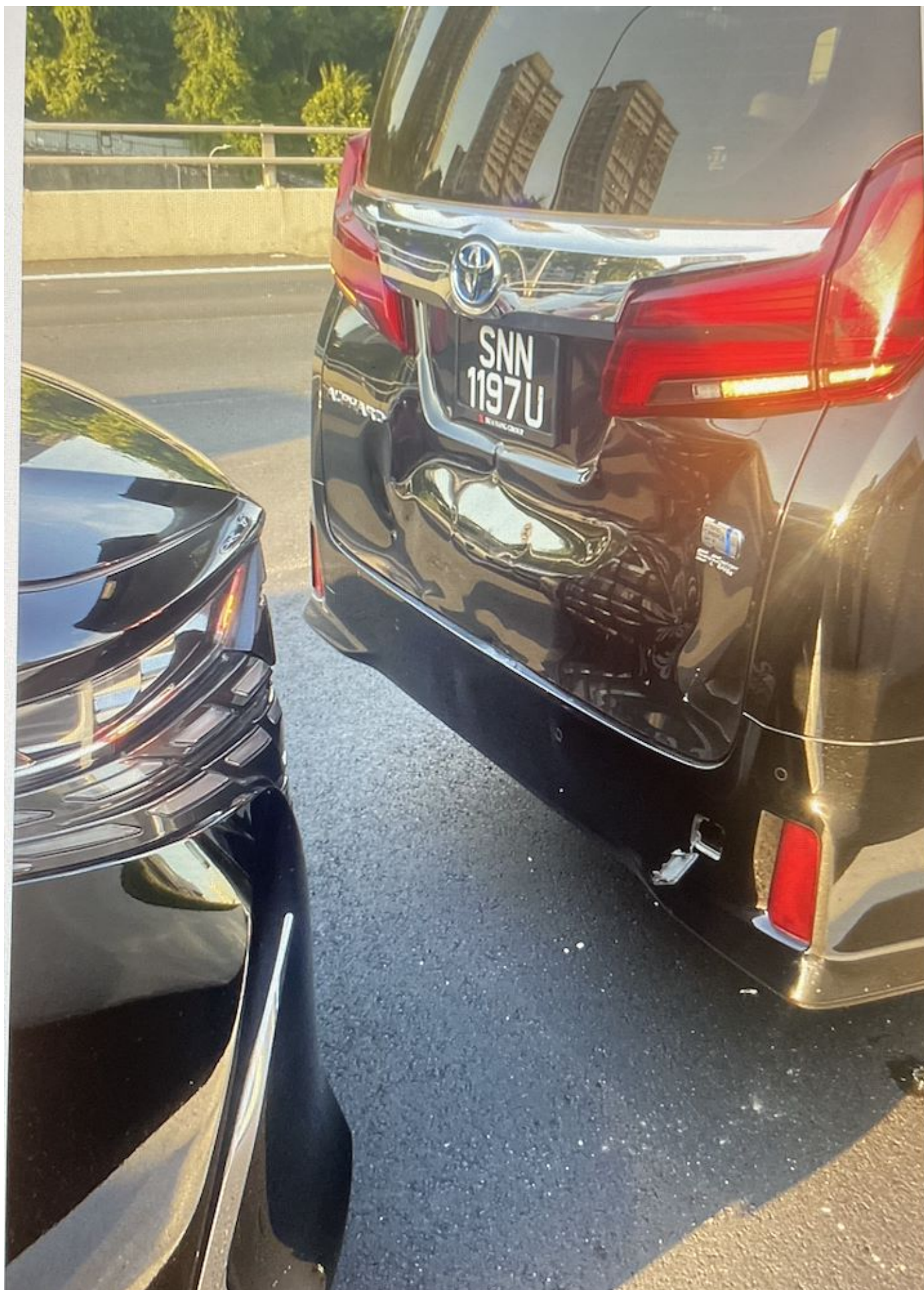


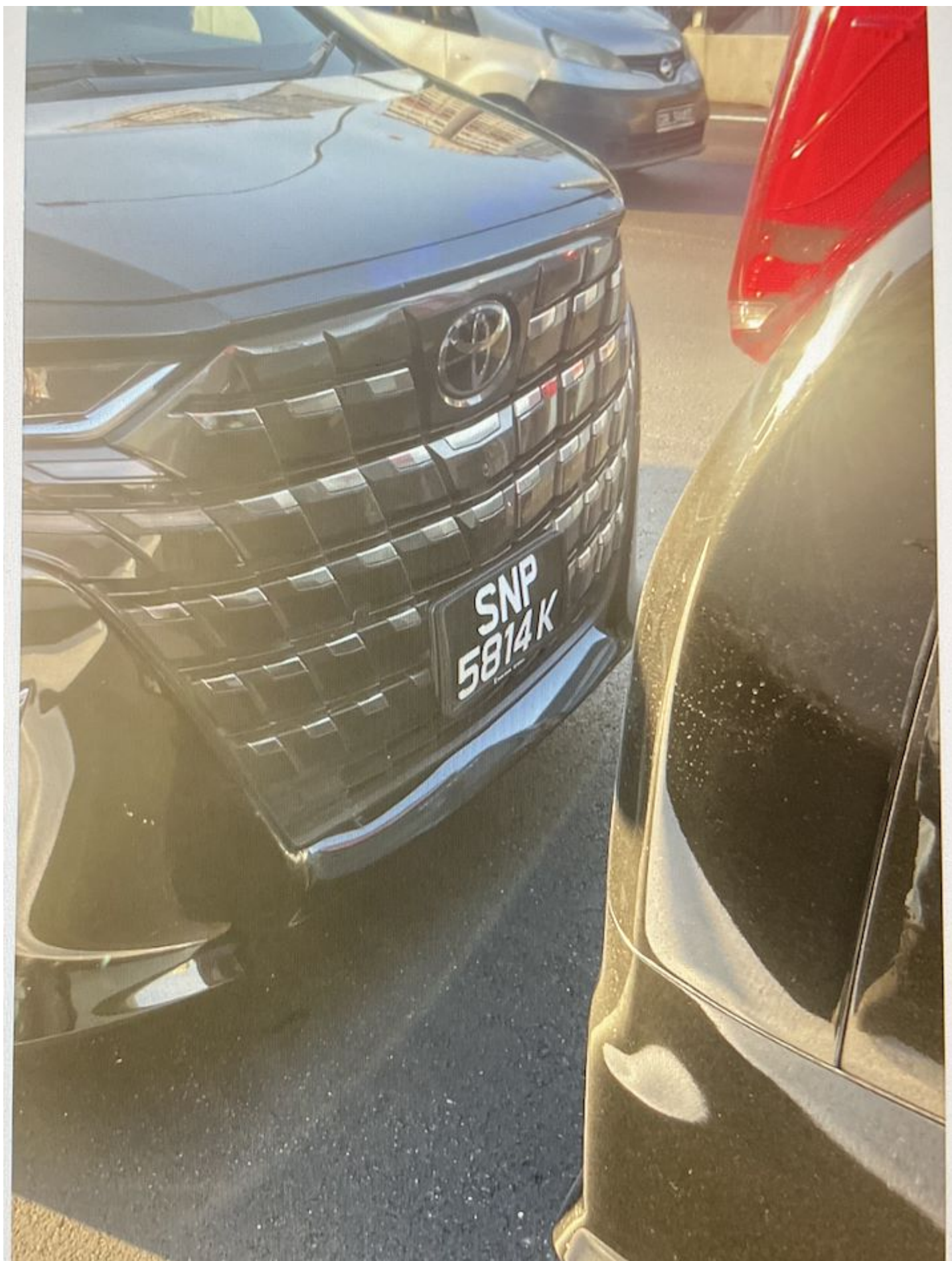


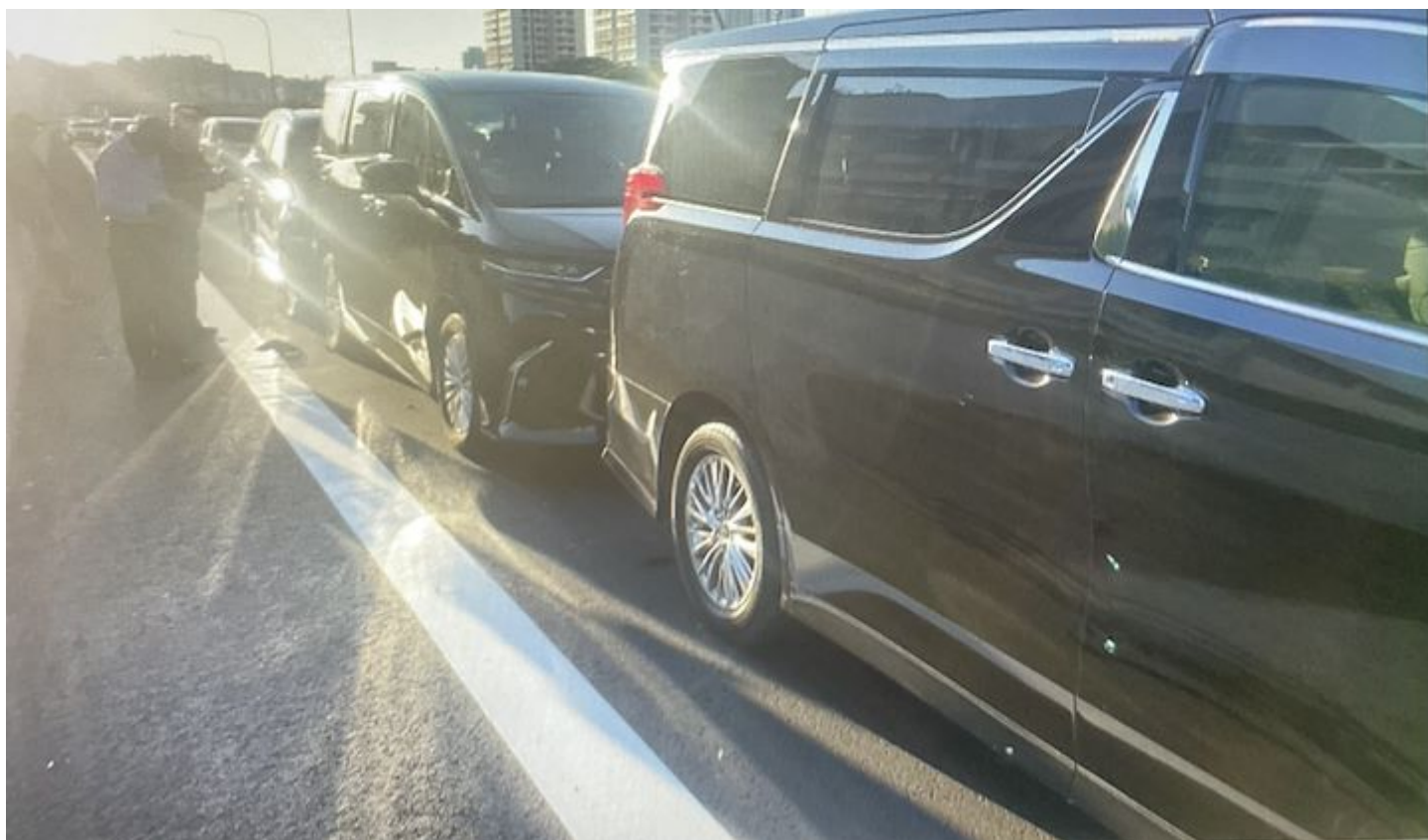














**SINGAPORE
POLICE FORCE**



T/20241022/2024

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

4 of 4

Report No. T/20241022/2024

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 2 DARREL CHOO YU WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

Date/Time:
22/10/2024 12:19

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20241022/2024

3 of 4

Police Station Of Origin:

Punggol N.P.C

151 Punggol Central SINGAPORE 828727

Tel No: 1800-6049999

Report No. T/20241022/2024

CONTINUATION OF REPORT

After which, one vehicle bearing SNP5841K had knocked onto the rear of my vehicle. After the collision, I observed that there is another vehicle bearing SNU1303T had knocked onto the vehicle behind mine which caused the behind vehicle to knock onto my vehicle again.

After the collision, all drivers including myself went down to exchange particulars and we were attended by paramedics and LTA enforcement officer after which, I went to Sengkang General Hospital to make a check as due to the collision my chest had hit onto the steering wheel and I just had heart surgery in March 2024.

I was also issued with a medical certificate of 4 days from 21/10/2024 to 24/10/2024 (EMD2024149849) by Sengkang General Hospital hence I am lodging this report.



**SINGAPORE
POLICE FORCE**



T/20241022/2024

2 of 4

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20241022/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GALEN LOH ENG HOCK	ID No.	S7423804A
Related Vehicle	SNN1197U (Motor car)	Contact No.	84986732
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	21/10/2024	Date Discharge	22/10/2024
No. of Days granted Medical Leave	04	Degree of	Slight
Driver			
Name	Christopher Martin Rodrigues	ID No.	S7108792A
Related Vehicle	SNP5814K (Motor car)	Contact No.	98599152
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	Liu Yoon Klew	ID No.	S1488732F
Related Vehicle	SNU1303T (Motor car)	Contact No.	91944006
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

Brief Details.

On the 21/10/2024 at about 1800hrs, I was driving my vehicle bearing SNN1197U belonging to my company (Downtown Travel Services) along Keppel viaduct towards Marina Coastal Expressway and I was driving at the most right lane at about 65km/h.

As I was driving, there was a motorcycle on the left lane and out of a sudden the said motorcycle had changed to the lane where my vehicle was at and I had stepped on the brake to slow down the vehicle.


**SINGAPORE
POLICE FORCE**


T/20241022/2024

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 4

Report No. T/20241022/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2024 12:19	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars

Name of Informant: GALEN LOH ENG HOCK			Address: 401A NORTHSORE DRIVE #12-32 SINGAPORE 821401	
ID Type / ID No.: NRIC NO / S7423804A			Contact No.:	Mobile: 84986732
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 50	Date of Birth: 25/07/1974	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: LIMO DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2024 18:00	Type of Location: Flyover
Location: KEPPEL ROAD				
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			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SNN1197U	Motor car				Seriously Damaged	0
SNP5814K	Motor car				Seriously Damaged	0
SNU1303T	Motor car				Seriously Damaged	1

