

# 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 Submission ..... 27/10/2022 20:54 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 05/10/2022 10:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN8868R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHIN WAH PAINTS PTE LTD  
Company Reg No ..... 197000567W  
Email Address ..... TAIWEECHAN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-62533222  
Alternative Phone No ..... +65-98208443

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Policy Number / Cover Note Number ..... Z22VC05012830

### DRIVER

Name of Driver ..... YEO ENG KEID  
NRIC No ..... S1487115B  
Date Of Birth ..... 21/04/1961  
Occupation ..... Indoor

Date Of Driving Pass .....	22/07/1981
Driving experience .....	41 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84201934
Alt. Phone Number .....	-
Email Address .....	TAIWEECHAN@GMAIL.COM
Address .....	BLK 663 BUFFALO ROAD #06-12
Address complement .....	-
Postcode .....	210663
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 .....	DRIZZLING
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	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 SKETCH PLAN

#### 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 .....	XE5812E
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 .....	XE6167C
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 3

Vehicle Registration Number .....	GBH5627T
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 ENG KEID
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	YN8868R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

## IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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.

27/10 @  
1030AM



Policyholder's Signature / Date & Time

Sketch Plan

MR CHAN  
(ADMIN MGR)

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

27/10 @  
1030AM

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



A	YN 8868 R
B	XE 5812 E
C	XE 6167 C
D	GBH 5627 T

## Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT  
T/20221019/2033.

VEHICLE TOWED TO POLICE COMPOUND ON  
5.OCT. AS DRIVER CONVEYED TO HOSPITAL.

VEHICLE TOWED FROM POLICE COMPOUND  
TO K.KIM HIN AUTO ON 26.OCT.2022.

I DO NOT KNOW WHICH VEHICLE I HIT.  
BASED ON POLICE REPORT WRITTEN 3 VEHICLE.  
BASED ON INSURANCE LETTER INDICATED  
4 VEHICLES.

OWN DAMAGE CLAIM.

## Declaration

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

Policyholder's Signature / Date & Time

MR CHAN  
CADWIN  
MGR

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

27/10 @  
1030AM

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



























**SINGAPORE  
POLICE FORCE**



T/20221019/2033

1 of 3

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

Report No. T/20221019/2033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/10/2022 11:54	Vide Report No.: G/20221005/0073	Station Diary No.:
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**Informant's Particulars**

Name of Informant: Yeo Eng Keid	Address: APT BLK 663 BUFFALO ROAD #06-12 SINGAPORE 210663		
ID Type / ID No.: NRIC NO / S1487115B	Contact No.: Home/Office: 84201934      Mobile:		
Nationality: SINGAPORE CITIZEN	Email: taiweechan@gmail.com		
Sex: Male	Age: 61	Date of Birth:	
Race: Chinese		Language:	Institution / School Name:
Occupation: Lorry driver	Driving Licence Information: Class: 3      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/10/2022 10:50	Type of Location: expressway
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE5812E	Truck				Slightly Damaged	0
XE6167C	Truck				Slightly Damaged	0
YN8868R	Lorry				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221019/2033

2 of 3

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

Report No. T/20221019/2033

**CONTINUATION OF REPORT**

Driver			
Name	Yeo Eng Keid	ID No.	S1487115B
Related Vehicle	NIL	Contact No.	84201934
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 5 Oct 2022 at about 10.50 a.m., I was driving my company lorry YN8868R along PIE towards Airport. It was drizzling. I was travelling behind a tipper truck and I heard a bang. I could not manage to stop in time and collided onto the rear of the tipper truck. Due to the accident I was trapped in my lorry and the front portion is badly damaged. I was then being extracted by SCDF and was conveyed to the NUH. I was given 24 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20221019/2033

3 of 3

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

Report No. T/20221019/2033

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
TP /  
STAFF SGT SITI NORHAFIDAH  
BINTE HANAFI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMED FEROZ BIN HUSSEIN  
Contact No.: 65476206

Signature Of Informant:

Date/Time:  
19/10/2022 11:54

Classification Of Case:

NP168