

## 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 Authorised 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 ability.
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 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 Report	16/11/2017 17:39
Date Of Accident	16/11/2017 10:30
Exact Location Of Accident	WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4511L
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#### Insured/Policyholder

Name Of Registered Owner	CHIANG KANG ENTERPRISES COMPANY PTE LTD
Co Reg No	198304039K
Email Address	JASONLOW2003@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97479535
Alternative Phone No	Office-62981936

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999995013/100738251-00000
Cover Note Number	20/06/2017 TO 19/06/2018

#### Driver

Name of Driver	YEO SWEE KIAT
NRIC No	S1727987D
Date Of Birth	11/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1985
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98621420
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	APT BLK 542 HOUGANG AVE 8 #05-1291 (S) 530542

Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer with police report.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP1110D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SULUKI BIN JAMID
NRIC/Passport Number	S1741071G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	YEO SWEE KIAT / S1727987D
Approximate Age	
Injuries Sustain	NG TENG FONG GENERAL HOSPITAL - 4 DAYS OF MC

Injured person in which vehicle?	GBA4511L
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	APT BLK 542 HOUGANG AVE 8 #05-1291 (S) 530542
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	SULUKI BIN JAMID / S1741071G
Approximate Age	
Injuries Sustain	NG TENG FONG GENERAL HOSPITAL
Injured person in which vehicle?	YP1110D
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16/11/17  
4-45PM



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Yeo Swee Kiat  
VEHICLE NUMBER : G8A 4511 L  
DATE/TIME OF ACCIDENT : 16/11/17 @ 1030hr.  
PLACE OF ACCIDENT : West Coast Highway  
THIRD PARTY VEHICLE (IF ANY) : YP 1110D.

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from Marine Parade back office

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

head on

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

driver - Yeo Swee Kiat.

Name:



I Affirmed The Above Information Is Given To My Best Knowledge.



**SINGAPORE  
POLICE FORCE**



T/20171117/2047

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20171117/2047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/11/2017 12:49		Vide Report No.: D/20171116/0041		Station Diary No.: 33	
<b>Informant's Particulars</b>					
Name of Informant: YEO SWEE KIAT			Address: APT BLK 542 HOUGANG AVENUE 8 #05-1291 SINGAPORE 530542		
ID Type / ID No.: NRIC NO / S1727987D			Contact No.: Home/Office: Mobile: 88686215		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 11/11/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/11/2017 10:30	Type of Location: Straight Road
Location: Along Road 1 WEST COAST HIGHWAY west coast highway towards Pandan Loop				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: moving vehicles - stationary vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA4511L	Lorry				Seriously Damaged	0
YP1110D	Lorry				Slightly Damaged	0

**Details of Person Involved**

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

police report



**SINGAPORE  
POLICE FORCE**



T/20171117/2047

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20171117/2047

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	YEO SWEE KIAT	ID No.	S1727987D
Related Vehicle	GBA4511L (Lorry)	Contact No.	88686215
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	SULUKI BIN JAMID	ID No.	S1741071G
Related Vehicle	YP1110D (Lorry)	Contact No.	NIL
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	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/11/17 at about 1030hrs, I was driving a company Lorry alone, (GBA4511L) on the left lane from West Coast Highway towards Pandan Loop.

While driving, suddenly I did not realise there was stationary vehicle (YP1110D) in front of me. To avoid the collision, I then have to emergency brake however I did not manage to do it and then collided with the said vehicle.

My front side of the vehicle hit the rear part of the said vehicle. I was injured on my left knee. Subsequently, the ambulance came and I was conveyed to Ng Teng Fong hospital. The other driver did not sustain any injury. Police was also at scene and I was given a report number, vide report number D/20171116/0041, IO Nor Faisal.

I was treated as outpatient and was given 4 days MC from 16/11/17 to 19/11/17.

**police report**





**SINGAPORE  
POLICE FORCE**



T/20171117/2047

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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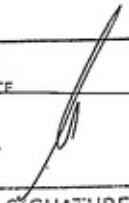
Report No. T/20171117/2047

**CONTINUATION OF REPORT**

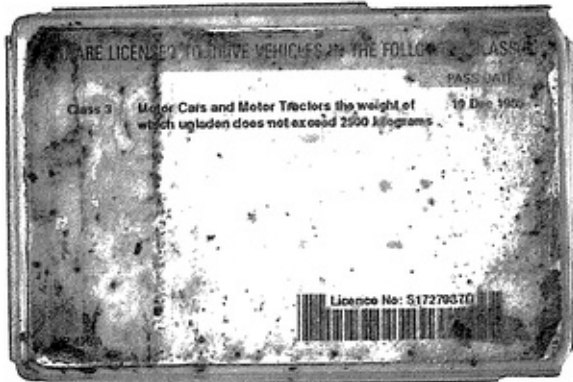
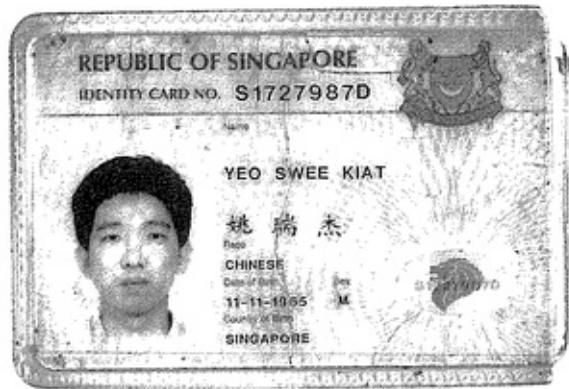
**Sketch Plan**

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: D / Sgt 1 NUR WIRDAH BINTE MUHAMMAD WAZIR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/11/2017 12:49
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP168 	SN 37
SIGNATURE 	

driver's nric & license



certificate of insurance



HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ 400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	SS\$1,500.00 (I & II)
CERTIFICATE NO. 999995013/100738251-00000	WINDSCREEN EXCESS	SS\$100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	SS\$1.00
	INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	GBA4511L	
2) NAME OF INSURED	CHIANG KANG ENTERPRISES COMPANY PTE LTD	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	20 Jun 2017	
4) DATE OF EXPIRY OF INSURANCE	19 Jun 2018	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		

Any person who is driving on the Insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE \*

Use for the carriage of passengers or goods in connection with the Insured's business.  
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.  
The Policy does not cover  
1) Use for racing, pace-making, reliability trial or speed-testing.  
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.  
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY MayBank

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 6 Jul 2017

AIG ASIA PACIFIC INSURANCE PTE. LTD.

502806-000  
LIEW OOI LIN MAY  
AIG BUILDING  
78 SHENTON WAY #07-16  
SINGAPORE 079120

Authorised Representative

ORIGINAL

SSPTKY

POLICE DEPARTMENT

OFFICE NOTES

D | 20171116 | 0041

IO NOR Faisal

65476202

- Once driver is discharged,  
driver to lodge NP158.

NP 364(94)

Kew

medical



**TAX INVOICE**

Members of the NUHS

TO:  
MR. YEO SWEE KIAT  
BLK 542 #05-1291  
HOUGANG AVENUE 8  
SINGAPORE 530542

MRN/NRIC : S1727987D  
BILL NO : 11995942Z  
BILL DATE : 16.11.2017  
VISIT DATE : 16.11.2017  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : 200910555Z

PATIENT NAME: YEO SWEE KIAT

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 92180427451 Specialty / Class : Accident & Emergency / NA	
A&E Attendance Fee	114.00
Paracetamol 500MG Tablet	2.00
Codeine Tablet	1.80
Total Charges	117.80
Less: Government Subsidy	3.80-
Add: 7% GST	7.98
Less: GST Absorbed	7.98-
<b>Amount Payable</b>	<b>114.00</b>

Payer(s) Summary					
Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
Total Bill Amount	114.00				
YEO SWEE KIAT	114.00	114.00-	0.00	0.00	

Amount to be paid: \$0.00

**Receipt Information**

16.11.2017 Receipt No: J000588277 \$114.00 (CASH)

## Emergency Department Discharge Summary - Patient Copy

YEO SWEE KIAT | S1727987D | 52 years | Male | Chinese | 9218042745I

### REGISTRATION DETAILS

Registration Date : 16/11/2017 DOB : 11/11/1965  
 Registration Time : 10:39 Age : 52 yrs (as of admission)  
 Doctor In-Charge : WONG YEW NGIE(12542C), WONG YEW NGIE(12542C)

### DISCHARGE DETAILS

Discharge Date : 16/11/17 12:33  
 Discharge Status : Treated and Discharged  
 Condition at Discharge : Stable

### DIAGNOSIS

Primary Diagnosis : Pain In Limb  
 Secondary Diagnosis :

### DRUG ALLERGY

No Known Allergies

### DISCHARGE MEDICATIONS

#### Medication List

Take/Continue this Medication

#### codeine phosphate 30 MG tablet

Take 30 mg every 8 (eight) hours as needed for pain. Drowsy. Avoid driving while post ingestion.

#### paracetamol 500 MG tablet

Take 1 g every 6 (six) hours as needed for fever or pain.

### DISCHARGE PLAN

#### Medical Certificate Information

#### Outpatient Sick Leave

Start Date: 16/11/2017  
 End Date: 19/11/2017  
 Light Duty?: No

DISCLAIMER: This is computer generated letter. No signature is required.

medical



MEDICAL CERTIFICATE (Ref:34298695)

ORIGINAL

NAME: YEO SWEE KIAT

NRIC: S1727987D

Type of Medical Leave granted: OUTPATIENT SICK LEAVE


The above named is unfit for duty from 16/11/2017 to 19/11/2017 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 16/11/2017 10:39 to 16/11/2017 12:34.

16/11/2017  
Date

Dr. Wong YEOW NGIE (12542C)  
Issued by

  
Signature

Location: NTFGH EMERGENCY

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





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