

## 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 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	21/04/2018 15:54
Date Of Accident	20/04/2018 19:20
Exact Location Of Accident	ALONG MCE (CHANGI AIRPORT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5476C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S REGIUS BUILDER PTE LTD
Co Reg No	200505920N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68443329

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1602631802
Cover Note Number	

### Driver

Name of Driver	YEO KIM LENG
NRIC No	S1299338B
Date Of Birth	08/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98537199
Fax Number	
Contact Number	OFFICE-98537199
Email Address	NOEMAIL

Address	BLK 418 WOODLANDS STREET 41 #09-119
Postcode	730418
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	6
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180421/2029.

#### 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 YN1223Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA7346G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 3

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLK8690E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name YEO KIM LENG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBE5476C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

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

# Accident Sketch Plan

## SKETCH PLAN

A: GBE547G  
B: YN1227Y  
C: SHA7346G  
D: SLK8690E


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180431/2029

## DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180421/2029

1 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 409676  
Tel No: 1800-2449999

Report No. T/20180421/2029

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2018 10:00	Vide Report No.:	Station Diary No.: 34
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### Informant's Particulars

Name of Informant: YEO KIM LENG	Address: APT BLK 418 WOODLANDS STREET 41 #09-119 SINGAPORE 730418		
ID Type / ID No.: NRIC NO / S1299338B	Contact No.:	Mobile: 98537199	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 59	Date of Birth: 08/09/1958	Type of Informant: Driver
Race: Chinese	Language: Mandarin	Institution / School Name:	
Occupation: Supervisor/general foreman of assemblers and quality checkers	Driving Licence Information: Class: 3	Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/04/2018 19:20	Type of Location: Straight Road
Location: Along Road 1 MARINA COASTAL DRIVE				
INSIDE TUNNEL OF MARINA COASTAL EXPRESSWAY (MCE)				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
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
GBE5476C	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver	Seriously Damaged	5
SHA7346G	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue	Seriously Damaged	2

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180421/2029

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20180421/2029

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK8690E	Car	HONDA	VEZEL 1.5X CVT	White	Slightly Damaged	0
YN1223Y	Lorry	ISUZU	NPR85LU4Y	White	Seriously Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO KIM LENG		ID No. S1299338B
Related Vehicle	GBE5476C (Lorry)		Contact No. 98537199
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	20/04/2018		Date Discharge 20/04/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

### Brief Details.

On the 20/04/2018 at about 1920hrs. I was driving my vehicle, GBE5476C, along Marina Coastal Expressway (MCE) towards Changi Airport, I had 5 passengers with me and they are all my workers. While inside the tunnel of MCE, the traffic was heavy, thus traffic movement was really slow. All of sudden, the front of vehicle, YN1223Y, collided onto the rear of my vehicle while I was driving at a slow speed. After the collision, vehicle YN1223Y tried to switch lane and overtake me, he collided onto me once more while doing this. After which, he parked his vehicle at the left side of the road. I wish to state that this collision caused a chain accident. My vehicle hit onto vehicle SHA7346G which was in front of me and SHA7346G hit onto vehicle SLK8690E which was in front of him. I was shocked due to the accident however everyone was conscious. Ambulance arrived shortly and I was conveyed to Singapore General Hospital (SGH) as I felt pain on my neck and stomach area. I was given a total of 4 days of MC. I wish to state that one of my passenger Bhupinder Singh was also conveyed to SGH together with me. He informed me that he felt pain on his arm and back. He is currently warded at SGH and had just finished a surgery. I did not take down any particulars as I was conveyed by ambulance. The other passengers also informed me that they suffered some pain due to the accident, hence, I advised them to seek medical treatment and they acknowledged. Therefore, I am lodging this report.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180421/2029

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20180421/2029

**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:

G /

Sgt 2 KOH WEN RUI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
21/04/2018 10:00

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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