

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	10/09/2018 10:46
Date Of Accident	07/09/2018 19:45
Exact Location Of Accident	LENTOR AVE TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9138B
Insured/Policyholder	
Name Of Registered Owner	LEE SHU SHYAN
Co Reg No	S1755587A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98324163
Alternative Phone No	OFFICE-98324163

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0016422-MVA
Cover Note Number	

Driver

Name of Driver	YEO CHIN HONG
NRIC No	S1772482G
Date Of Birth	21/11/1966
Occupation	INDOOR
Date Of Driving Pass	01/01/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96870440
Fax Number	
Contact Number	OFFICE-96870440
Email Address	NOEMAIL

Address	BLK 57 TAMPINES CENTRAL 7 #04-14
Postcode	528593
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	5
Passenger 1	NAME: : LEE SHU SHYAN GENDER: : FEMALE
Passenger 2	NAME: : YEO BING XUAN GENDER: : MALE
Passenger 3	NAME: : YEO JING XUAN GENDER: : FEMALE
Passenger 4	NAME: : LIM YING XUAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180908/2171.

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	GZ3107L
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JUMIZAT BIN DIFARI
NRIC/Passport Number	S9139573H
Contact Number	84982204
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE490T
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)	

DETAILS OF INJURED PERSON 1

Name	YEO CHIN HONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKW9138B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LEE SHU SHYAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKW9138B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	YEO BING XUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKW9138B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name YEO JING XUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKW9138B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name LIM YING XUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKW9138B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan


SKETCH PLAN


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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

Lentor Ave Towards Yio Chu Kang Rd



Ⓐ SKW9138B

Ⓑ G2310XL

Ⓒ GPE4907

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Lentor Ave towards Yio Chu Kang Rd. As the traffic was heavy, I stopped my vehicle and stationary. Suddenly vehicle B came from behind and hit onto my vehicle. When I came out to check my vehicle, I realised it was a three vehicles chain collision.

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:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180908/2171

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Report No. T/20180908/2171

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2018 22:03	Vide Report No.:	Station Diary No.: 112
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Informant's Particulars

Name of Informant: YEO CHIN HONG		Address: 57 TAMPINES CENTRAL 7 #04-14 SINGAPORE 528593	
ID Type / ID No.: NRIC NO / S1772482G		Contact No.: Home/Office: Mobile: 96870440	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 21/11/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Singapore Armed Forces personnel		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: 07/09/2018 19:45	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 2				
Along Yishun Avenue 2 traveling towards SLE near Khatib MRT				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between stationary and moving vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE490T	Van				Seriously Damaged	0
GZ3107L	Lorry				Seriously Damaged	0
SKW9138B	Car	HONDA	Vezel	Silver	Seriously Damaged	4

Details of Person Involved

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

Police Report



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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



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Report No. T/20180908/2171

CONTINUATION OF REPORT

Driver			
Name	JUMIZAT BIN DIFARI	ID No.	S9139573H
Related Vehicle	GZ3107L (Lorry)	Contact No.	97844449
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
Driver			
Name	YEO CHIN HONG	ID No.	S1772482G
Related Vehicle	SKW9138B (Car)	Contact No.	96870440
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	03	Degree of Injury	Slight
Passenger			
Name	LIM YING XUAN JOCELYN	ID No.	S9520622J
Related Vehicle	SKW9138B (Car)	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
Passenger			
Name	LEE SHU SHYAN	ID No.	S1755587A
Related Vehicle	SKW9138B (Car)	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	03	Degree of Injury	Slight

Police Report



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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



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Report No: T/20180908/2171

CONTINUATION OF REPORT

Passenger			
Name	YEO JING XUAN	ID No.	T0508519A
Related Vehicle	SKW9138B (Car)	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
Passenger			
Name	YEO BING XUAN	ID No.	T0403766E
Related Vehicle	SKW9138B (Car)	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 07/09/2018 at 7:45pm, I was driving on Yishun Avenue 2 heading towards SLE from Yishun North Point. My wife and three children were on-board with me in the car. We were in queue behind several cars at the traffic junction, we were just about to move forward when the light turned green when suddenly a lorry (GZ3107L) behind us knocked into our car from the rear. My car moved forward a little and I then came to a complete stop.

I then came down my car and made a check on what happened. I then saw that there were actually another vehicle involved in this accident. I questioned the lorry driver (Jumizat Bin Difari) on what happened. He then told me that the van behind him (GBE490T) knocked into him first from the rear. However, because the impact was too great, he was unable to stop his lorry in time before knocking into my car. I went to get his particulars and both the vehicle numbers but I did not managed to get the particulars of the person driving the van.

All three vehicles were damaged, my cars boot was badly dented in, whereas the lorry was badly damaged both front and rear and the van had the hood badly dented inwards towards the windscreen. I did not received any serious injuries nor did my wife and kids. However, my wife and I did receive some minor injuries. I did feel some pain in my neck area and my wife felt some pain in her left arm and neck as well. No ambulance or police came to the scene. After everyone got the information they wanted from each other, we all then proceeded on our separate ways.

On the next day, my wife, children and I all went to visit the doctor for a check up on our minor injuries, my wife and I received a 3 days medical leave for our injuries at the neck and arm. I am lodging this report for recording purposes and also for any insurance claims should I require it.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5552999



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Report No: T/20180908/2171


CONTINUATION OF REPORT




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Police Report

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T/20180908/2171

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

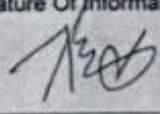
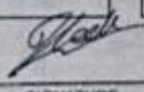

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Report No: T/20180908/2171

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: G1 SGT DANIEL LICK Staff Sgt MUHAMMAD AZLAN BIN ANEE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2018 22:03
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	 SIGNATURE

Accident Photo



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Accident Photo



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Accident Photo

