

## 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 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 Report	12/03/2019 15:57
Date Of Accident	11/03/2019 15:00
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6419Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	ALOYSIUSCHEN15@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88089408
Alternative Phone No	OFFICE-88089408

### Vehicle Particulars

Manufacturer	BMW
Model	320I
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105948600
Cover Note Number	

### Driver

Name of Driver	CHEN YIRU, ALOYSIUS
NRIC No	S8539462B
Date Of Birth	14/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88089408
Fax Number	
Contact Number	OTHERS-88089408
Email Address	ALOYSIUSCHEN15@GMAIL.COM

Address	BLK 408 YISHUN AVENUE 6 #07-1274
Postcode	760408
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190312/2132

#### 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	SKH9551U
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD NAUFAL BIN MOHD YACOB
NRIC/Passport Number	S7908501D
Contact Number	98780679
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC8700X
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJA MOHAN S/O KIRUBEINATHAN
NRIC/Passport Number	S7345763G
Contact Number	85155162
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBC8499C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE KOK HING
NRIC/Passport Number	G7174354W
Contact Number	97687771
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHEN YIRU, ALOYSIUS
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJR6419Z
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:

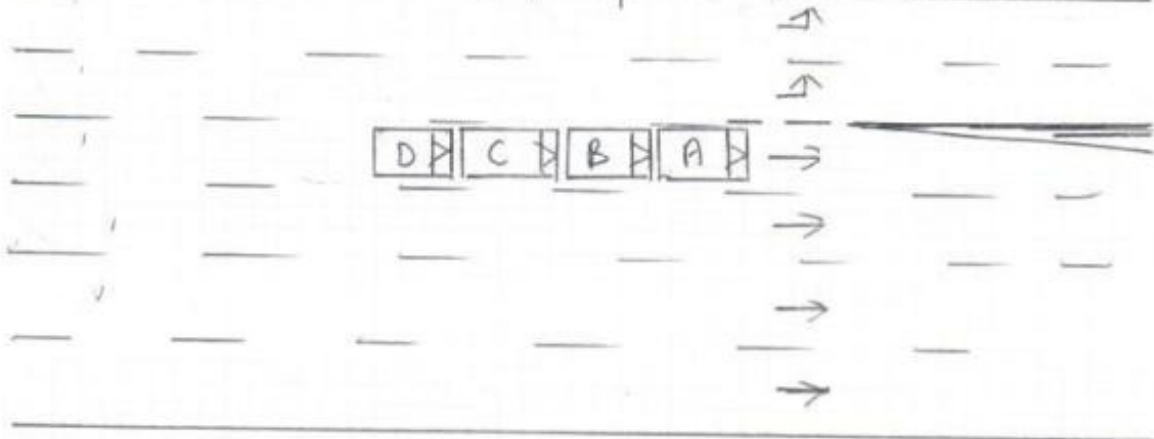
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

SKETCH PLAN

CIR TOWARDS CNY B/F BRADDELL EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- A) SJR 6419Z
- B) SKH 9551U
- C) GBC 8700X
- D) GBC 8499C

*PS Referral to Police Report*  
*7/20190312/2132*

## 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.:

*12/03/2019*

*Raf L. [Signature]*



# POLICE REPORT

Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190312/2132

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2019 16:04	Vide Report No.:	Station Diary No.: 125
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### Informant's Particulars

Name of Informant: CHEN YIRU, ALOYSIUS		Address: APT BLK 408 YISHUN AVENUE 6 #07-1274 SINGAPORE 760408	
ID Type / ID No.: NRIC NO / S8539462B		Contact No.: Home/Office:	Mobile: 88089408
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 14/11/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Delivery Driver		Driving Licence Information: Class: Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE before Exit 8B heading towards City				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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	Condition	No of Passenger
GBC8499C	Lorry				Slightly Damaged	0
GBC8700X	Lorry				Slightly Damaged	1
SJR6419Z	Car				Slightly Damaged	0
SKH9551U	Car				Seriously Damaged	0

# POLICE REPORT

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190312/2132

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>		<b>ID No.</b>	S8539462B
Name	CHEN YIRU, ALOYSIUS	Contact No.	88089408
Related Vehicle	SJR6419Z (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	SO'S CLINIC	Date Treatment	12/03/2019
		Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 11/03/2019 at about 1500hrs, I was driving alone in my BMW320 SJR6419Z along CTE towards City before Braddell Exit. I was travelling on the extreme left lane bound for Exit 8B. The traffic volume was moderate and I was starting to move off from a stationary position. Suddenly, I was hit from behind by another vehicle SKH9551U. I did not feel any pain at the point of time however I felt a shock. I then realized that I was involved a 4 vehicle collision. I made a check and discovered that my vehicle sustained a dent to the rear bumper and a crack to left rear light. I then exchanged particulars with all the drivers involved in the accident (Mohamed Naufal Bin Mohd Yacob, S7908501D, SKH9551U, Blk 526 Bedok North Street 3 #02-454, HP: 98780679 Raja Mohan S/O Kirubeinathan, S7345763G, GBC8700X, HP: 85155162 Lee Kok Hing, G7174354W, GBC8499C, HP:97687771). I then felt pain to my right shoulder area and went to see a doctor thereafter. I was given 3 days MC from 12/03/2019 to 14/03/2019 at SO'S Clinic(Blk 413 Yishun Ring Road #01-1875) and was given medication for my muscle pain to the right shoulder.

I wish to state that I do not have in-car camera that was recording the accident.



## POLICE REPORT

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190312/2132

### 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.

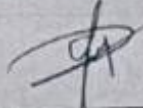
Signature Of Officer Recording The Report:

L/  
Sgt 2 BERNARD LAU MENG WAI



Signature Of Interpreter:  
Not applicable

Signature Of Informant:



Date/Time:  
12/03/2019 16:04

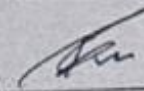
Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

SN 085

Authentication Stamp  
NP168



Signature: 

Singapore Police Force




**SO'S CLINIC**BLK 413, YISHUN RING ROAD  
#01-1875, SINGAPORE 760413  
TEL : 6755 9219

No. 179949

**MEDICAL CERTIFICATE**

This is to certify that Chen Yip, Haysin of  
I.C. No. S8539462B requires three day(s) sick leave/light duty  
on/from 12-3-2019 to 14-3-2019 inclusive.

This M/C may not be used as evidence of inability to attend Court/Legal appointments.

**SO'S CLINIC**  
BLK 413, YISHUN RING ROAD  
#01-1875, SINGAPORE 760413  
TEL: 67559219Date: 12-3-2019  
DR. DAVID SO WAI MING  
M.B.,B.S. (H.K.)

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

