

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	25/04/2019 09:29
Date Of Accident	24/04/2019 08:20
Exact Location Of Accident	ALONG KEPPEL ROAD TOWARDS VIVO CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM4276X
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	YUHANYONG123@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90902390
Alternative Phone No	OFFICE-82230457

Vehicle Particulars

Manufacturer	PEUGEOT
Model	P308
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29100055 MCY
Cover Note Number	

Driver

Name of Driver	YU HANYONG
NRIC No	S9504948F
Date Of Birth	24/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90902390
Fax Number	
Contact Number	OTHERS-82230457
E Mail Address	YUHANYONG123@GMAIL.COM

Address	BLK 3 BEACH ROAD #16-4819
Postcode	190003
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : EVELYNN GO JIA NI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190424/7018

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV3672H
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1

NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG3623D
Vehicle Make/Model/Colour TOYOTA WISH
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LIM ZHANGJUN
NRIC/Passport Number S8223607D
Contact Number 96668979

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name YU HANYONG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle?
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name EVELYNN GO JIA NI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle?
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? SLV3672H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES

Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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: 24/04/19 9:15

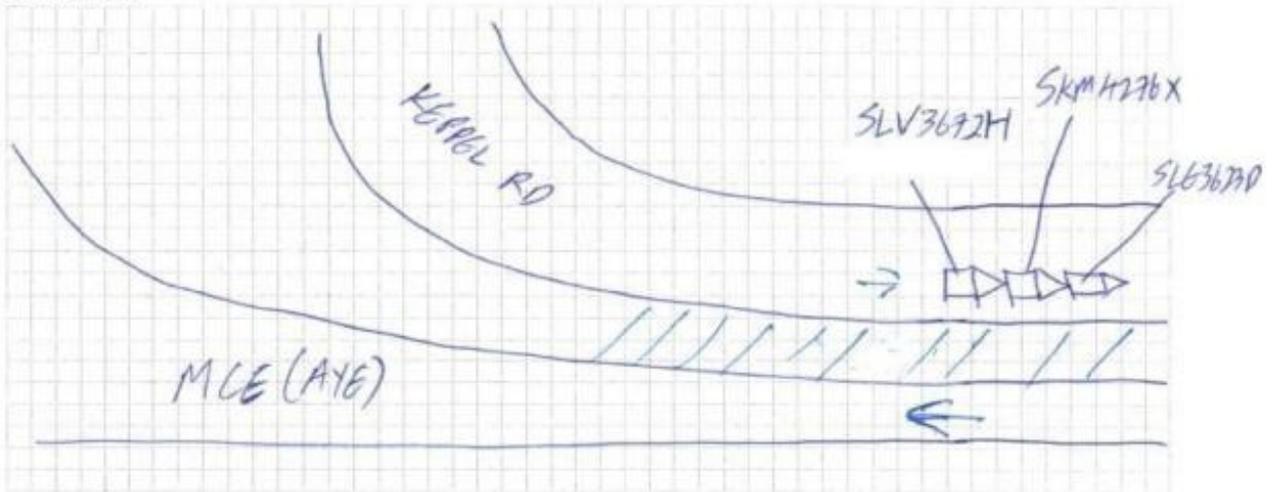
Reporting Centre Personnel's Signature

Name: Kap S. Chandra

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the right lane along Keppel Road to take my usual route via West Coast Highway to work. I was driving within a safe distance from the car in front of me - SLG3623D, as per shown in my front camera video.

The brake light for SLG3623D lit up so I follow suit within my safe distance. SLG3623D went into a jam brake suddenly and I was able to jam brake in time too. Suddenly I felt a huge impact from my rear which resulted in both the passenger and myself swinging forward. I took a while to get out of my vehicle, but when I came out, I realised the vehicle behind me - SLV3672H has smashed into the rear of my vehicle.

#A/20190424/0043

Police Report 7/20190424/7018

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: 24/04/19 9:15

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

CPD Form 50 (Rev 01/18)

Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9504948F**



Name

YU HANYONG

俞 韓 勇

Race

CHINESE

Date of birth

24-01-1995

Sex

M

Country of birth

SINGAPORE



Identification Card

4 5 4 1 2 1



NRIC No. **S9504948F**



Date of issue

08-03-2010

Address

**APT BLK 3 BEACH ROAD
#16-4819
SINGAPORE 190003**

Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S9504948F**
Name: **YU HANYONG**

Birth Date: **24 Jan 1995**
Issue Date: **20 Jun 2016**



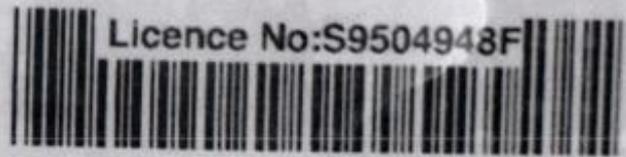
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Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 20 Jun 201



IP-428A

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190424/7018

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

1 of 4

Report No. T/20190424/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2019 20:08		Vide Report No.: A/20190424/0043		Station Diary No.:	
Informant's Particulars					
Name of Informant: YU HANYONG			Address: 3 BEACH ROAD #16-4819 SINGAPORE 190003		
ID Type / ID No.: NRIC NO / S9504948F			Contact No.: Home/Office: Mobile: 90902390		
Nationality: SINGAPORE CITIZEN			Email: YUHANYONG123@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 24/01/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and related associate professional nec			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2019 08:20	Type of Location: Straight Road
Location: KEPPEL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against Stationary Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM4276X	Car	PEUGEOT	308	Grey	Seriously Damaged	2
SLG3623D	Car	TOYOTA	WISH	Grey	Slightly Damaged	1
SLV3672H	Car	HONDA	VEZEL	Silver	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190424/7018

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

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Report No. T/20190424/7018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKM4276X	MSIG INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	YU HANYONG	ID No.	S9504948F	
Related Vehicle	SKM4276X (Car)	Contact No.	90902390	
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	24/04/2019	Date Discharge	24/04/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Passenger				
Name	EVELYNN GO JIA NI	ID No.	S9703799Z	
Related Vehicle	SKM4276X (Car)	Contact No.	90916789	
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	24/04/2019	Date Discharge	24/04/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	LIM ZHANGJUN	ID No.	S8223607D	
Related Vehicle	SLG3623D (Car)	Contact No.	96668979	
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	

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190424/7018

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

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Report No. T/20190424/7018

CONTINUATION OF REPORT

Passenger			
Name	GWEE YING XIAN		ID No. S8530775D
Related Vehicle	SLV3672H (Car)		Contact No. 96620029
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	Unknown Driver		ID No. NIL
Related Vehicle	SLV3672H (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.

Chain collision involving 3 vehicles. Vehicle in front of me stopped, I stopped too and felt an impact on my rear. Yes, I have videos and pictures exceeding 2MB.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190424/7018

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

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Report No. T/20190424/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
24/04/2019 20:08

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



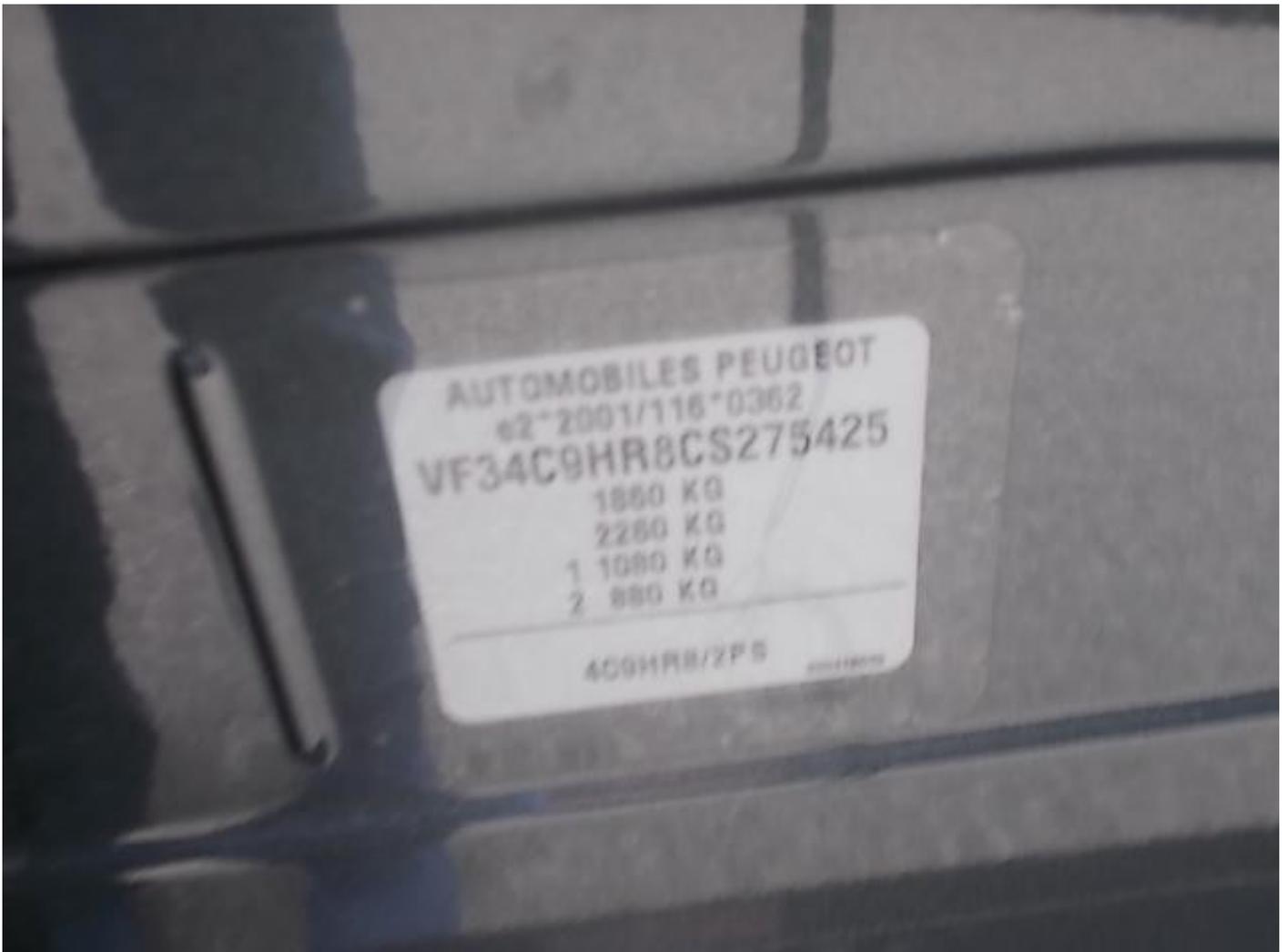
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UENI S665500200 / GST Reg. No. M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA415053354 Vehicle Registration No: SKM4276X
 Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 9090 2390
 Email Address : _____
 Date of Accident : 24/04/2019 Time of Accident : 08:20
 Place of Accident : ALONG KEPPEL ROAD TOWARDS JIVO CITY
 Insurance Company : M&Y

(B) ADDITIONAL INFORMATION (AMENDMENTS):

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① INSURED CAR NUMBER SKM4276X
- ② THIRD PARTY SV 3672R DRIVER CONVEYED TO HOSPITAL

 Policyholder / Driver's Signature
 Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name: Rosh Wadhvani
 NRIC/FIN No.: _____
 Date: _____