

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	15/07/2019 17:57
Date Of Accident	13/07/2019 15:00
Exact Location Of Accident	MACPHERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1148G
Insured/Policyholder	
Name Of Registered Owner	M/S SAFETY INNOVATORS (INTERNATIONAL) PTE LTD
Co Reg No	200312801G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65060111

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	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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1423831905
Cover Note Number	

Driver

Name of Driver	YEO CHOON GUAN
NRIC No	S0161466E
Date Of Birth	14/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90826379
Fax Number	
Contact Number	OFFICE-90826379
EEmail Address	NOEMAIL

Address	BLK 107 POTONG PASIR AVENUE 1 #08-462
Postcode	350107
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	COLLISION - HEAD TO REAR
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?	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	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

REFER TO POLICE REPORT - T/20190713/2115.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9466A
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)
Passenger 1

3
NAME: :
GENDER: :

Passenger 2

NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBF7473S
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) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name YEO CHOON GUAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD1148G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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. 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) in 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

Main Place 50m

A: 60D11486
B: 4P 9466A
C: 4BF-24735

A
C
A
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/21/2013/2115.

[A diagonal line is drawn across the remaining lines of this section.]

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:

[Handwritten signature]

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

[Handwritten signature]

Police Report



**SINGAPORE
POLICE FORCE**



T/20190713/2115

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

1 of 4

Report No. T/20190713/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2019 17:23	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: YEO CHOON GUAN			Address: APT BLK 107 POTONG PASIR AVENUE 1 #08-462 SINGAPORE 350107		
ID Type / ID No.: NRIC NO / S0161466E			Contact No.: Home/Office: Mobile: 90826379		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 14/03/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			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: 13/07/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1148G	Lorry				Seriously Damaged	0
GBF7473S	Lorry				Seriously Damaged	1
YP9466A	Lorry				Seriously Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20190713/2115

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

2 of 4

Report No. T/20190713/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO CHOON GUAN	ID No.	S0161466E
Related Vehicle	NIL	Contact No.	90826379
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
Name			
MOHAMED JAMIL BIN ALI	ID No.	S1199070C	
Related Vehicle	NIL	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 THE ABOVE MENTIONED DATE & LOCATION,
I WAS DRIVING MY LORRY ALONG THE STRAIGHT ON THE MIDDLE LANE OF 3 .

ALL THE VEHICLE WERE TRAVELLING IN A STRAIGHT ROW.

AS I WAS GOING STRAIGHT , SUDDENLY THE LORRY INFRONT JAMMED BRAKED AND STOPPED.I APPLIED TO MY E- BRAKES AND STOPPED ON TIME. I NEVER HIT THE LORRY BUT UNFORTUNATELY, THE LORRY BEHIND MY VEHICLE COLLIDED AT THE BACK OF MY LORRY.

DUE TO THE IMPACT, I MOVED FORWARD AND HIT THE LORRY INFRONT.

THE LORRY DRIVER INFRONT SUSTAINED INJURY AND WAS BROUGHT OVER TO THE HOSPITAL.

ALL THE VEHICLES WERE DAMAGED

THE LORRY DRIVER WAS CONVEYED STRAIGHT AFTER THE ACCIDENT.I ONLY MANAGED TO EXCHANGE PARTICULARS WITH THE LORRY DRIVER BEHIND MY VEHICLE.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190713/2115

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

3 of 4

Report No. T/20190713/2115

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20190713/2115

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

4 of 4

Report No. T/20190713/2115

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/07/2019 17:23

Classification Of Case:

 SINGAPORE
POLICE FORCE

Signature: 

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





CHASSIS NUMBER

13C2F24Z0855838

U.W : 1800 KG

M.L.W : 3500 KG

TYRE : (F) 80-15

SIZE : (R) 80-15

PASSENGER CAPACITY : 1 DRIVER 2 OTHERS