

## 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	05/08/2019 09:56
Date Of Accident	02/08/2019 17:30
Exact Location Of Accident	ALONG JURONG WEST AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4923R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YU KEE MANAGEMENT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90930926

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28631269 MKC
Cover Note Number	-

### Driver

Name of Driver	LIM YEOK CHING
NRIC No	S1557331G
Date Of Birth	30/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	09/01/1986
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90930926
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 265 YISHUN ST 22 #02-206
Postcode	760265
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	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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	GBF9184M
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK6805T
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)	

#### DETAILS OF INJURED PERSON 1

Name	LIM YEOK CHING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBD4923R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

- 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

Jurong West Ave 2



A - GSD4923R  
B - GIBF9184M  
C - SMK6805T

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report

### 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/20190802/2167

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3  
Report No. T/20190802/2167

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2019 19:39	Vide Report No.:	Station Diary No.: 189
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### Informant's Particulars

Name of Informant: LIM YEOK CHING			Address: APT BLK 265 YISHUN STREET 22 #02-206 SINGAPORE 760265	
ID Type / ID No.: NRIC NO / S1557331G			Contact No.:	Mobile: 90930926
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 57	Date of Birth: 30/07/1962	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5	
			Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/08/2019 17:30	Type of Location: Straight Road
Location:  JURONG WEST AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GBD4923R	Van	NISSAN	NV350 PANEL VAN 2.5 5AT 5DR EURO V	White	Seriously Damaged	0
GBF9184M	Lorry	TOYOTA	DYNA 150 5MT	Silver	Seriously Damaged	1
SMK6805T	Car	TOYOTA	NOAH HYBRID 1.8X CVT	White	Seriously Damaged	0

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2 of 3

Report No. T/20190802/2167

### CONTINUATION OF REPORT

#### Brief Details.

On 8/2/19 at about 1730hrs, I was driving my van ( GBD4923R) along Jurong west ave 2 towards Jurong east. The traffic light slowly turned red and the two vehicles in front of me slowly stopped. I approached them and slowly came to a stop then the Lorry ( GBF9184M) behind me crashed into my rear. Apparently the car (SMK6805T) have also collided with the lorry behind me. The passenger in the lorry was sent to hospital. Police and ambulance was called to scene



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700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20190802/2167

## 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:

J /

Sgt 1 JERAL THIO YU XIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROZ BIN HUSSEIN

Contact No.: 65476206

Signature Of Informant:

Date/Time:

02/08/2019 19:39

Classification Of Case:

Authentication Stamp

NP168



# DRIVING DOC

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1557331G



Name  
LIM YEOK CHING

林育正

Race  
CHINESE

Date of Birth  
30-07-1962

Sex  
M

Country of Birth  
SINGAPORE

6450589

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1557331G

Name  
LIM YEOK CHING

Birth Date: 30 Jul 1962

Issue Date: 06 Sep 2006

601442844H

6450589



SPIC No. S1557331G



Date of Issue  
06-08-2009

Address  
APT BLK 265 YISHUN STREET 22  
#02-206  
SINGAPORE 750265

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles <= 200 cc	30 Aug 1986
Class 2A Motorcycles between 201 cc and 400 cc	30 Aug 1986
Class 2 Motorcycles > 400 cc	11 Jul 1992
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	09 Jan 1988
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	11 Sep 1988
Class 5 Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	18 Dec 1988
Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

NP 438A

License No: S1557331G

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

