

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	23/12/2019 14:24
Date Of Accident	20/12/2019 14:10
Exact Location Of Accident	PAN ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM409H
Insured/Policyholder	
Name Of Registered Owner	GEN CAPITAL PTE. LTD.
Co Reg No	2XXXXX883W
Email Address	GENCAPITAL89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87978998
Alternative Phone No	OFFICE-87978998

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5108973687 (TP)
Cover Note Number	

Driver

Name of Driver	YOON WENG FAI VICTOR
NRIC No	SXXXX554F
Date Of Birth	27/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1981
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81217747
Fax Number	
Contact Number	
EMail Address	VICYOONG@GMAIL.COM

Address	52A TOH TUCK ROAD #09-11
Postcode	596744
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	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	2
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: : GOH SAN SAN EUNICE (WIFE) GENDER: : FEMALE
Passenger 2	NAME: : YOONG CHUNG YAN JOSHUA (SON) GENDER: : MALE
Passenger 3	NAME: : YOONG WAI YAN CALEB (SON) GENDER: : MALE
Passenger 4	NAME: : YOONG GEE YAN ASAPH (SON) GENDER: : MALE

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
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 STATEMENT AND POLICE REPORT (ATTENDED BY: JAMES NG)

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	GBJ527X
Vehicle Make/Model/Colour	NISSAN NV350 URVAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD AZRI BIN ABDUL GHANI
NRIC/Passport Number	SXXXX156F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GOH SAN SAN EUNICE (WIFE)
Approximate Age	
Injuries Sustain	2 DAYS MC
Injured person in which vehicle?	SMM409H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	52A TOH TUCK ROAD #09-11
Postcode	596744

DETAILS OF INJURED PERSON 2

Name	YOONG CHUNG YAN JOSHUA (SON)
Approximate Age	
Injuries Sustain	2 DAYS MC
Injured person in which vehicle?	SMM409H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	52A TOH TUCK ROAD #09-11
Postcode	596744

DETAILS OF INJURED PERSON 3

Name	YOONG WAI YAN CALEB (SON)
Approximate Age	
Injuries Sustain	2 DAYS MC
Injured person in which vehicle?	SMM409H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	52A TOH TUCK ROAD #09-11
Postcode	596744

DETAILS OF INJURED PERSON 4

Name	YOONG GEE YAN ASAPH (SON)
Approximate Age	
Injuries Sustain	2 DAYS MC
Injured person in which vehicle?	SMM409H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	52A TOH TUCK ROAD #09-11

Postcode

596744

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:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 21-12-19.

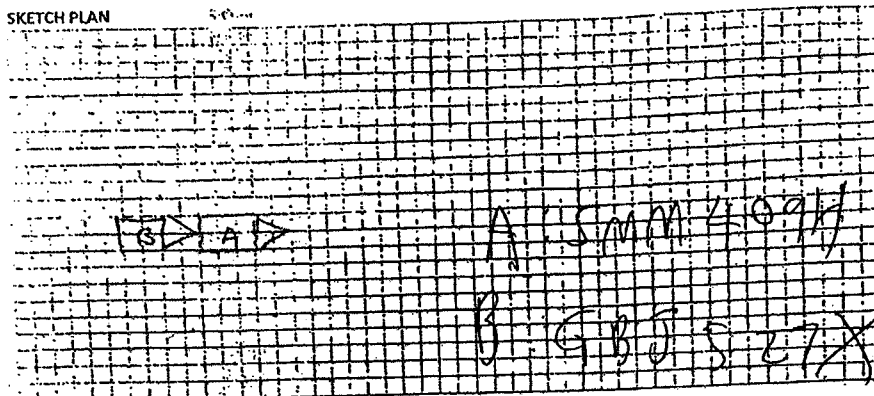


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

23 DEC 2019 10 pm.

NG WING KIN JAMES
admin.vac@vicom.com.sg

SKETCH PLAN

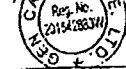


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20 Dec 2019, at around 210pm, I was driving my wife Goh San San Eunice S7304535E and my three sons Yeong Chung Yan Joshua T0118505A, Yeong Wai Yan Caleb T0306390E and Yeong Gee Yan Acaeph T0524029D along PIE towards Changi Airport and exiting Bukit Batok East Ave 3 (towards Toh Tuck Avenue) before Toh Tuck Flyover suddenly we felt a huge impact, when we got down the car, a van GBJ527X collided into us in the rear. After which, we visited the clinic and was given 2 days MC each.

DECLARATION

I 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: 21-12-19
1210 pm.

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

NG WING KIN JAMES
admin.vac@vicom.com.sg

23 DEC 2019



**SINGAPORE
POLICE FORCE**



T/20191220/7020

1 of 4

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

Report No. T/20191220/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2019 16:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YOONG WENG FAI VICTOR			Address: 52A TOH TUCK ROAD #09-11 SINGAPORE 596744		
ID Type / ID No.: NRIC NO / S1595554F			Contact No.: Home/Office: Mobile: 81217747		
Nationality: SINGAPORE CITIZEN			Email: vicyoong@gmail.com		
Sex: Male	Age: 56	Date of Birth: 27/11/1963	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Real Estate Agent		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2019 14:10	Type of Location: Bend
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 25 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SMM409H	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20191220/7020

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

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Report No. T/20191220/7020

CONTINUATION OF REPORT

Driver			
Name	YOONG WENG FAI VICTOR	ID No.	S1595554F
Related Vehicle	SMM409H (Car)	Contact No.	81217747
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	YOONG CHUNG YAN JOSHUA	ID No.	T0118405A
Related Vehicle	SMM409H (Car)	Contact No.	85228825
Hospital/Clinic	MANDARIN MEDICAL & DENTAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	EUNICE GOH SAN SAN	ID No.	S7304535E
Related Vehicle	SMM409H (Car)	Contact No.	98410702
Hospital/Clinic	MANDARIN MEDICAL & DENTAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	YOONG GEE YAN ASAPH	ID No.	T0524029D
Related Vehicle	SMM409H (Car)	Contact No.	85554139
Hospital/Clinic	MANDARIN MEDICAL & DENTAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20191220/7020

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

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Report No. T/20191220/7020

CONTINUATION OF REPORT

Passenger			
Name	YOONG WAI YAN CALEB	ID No.	T0306390E
Related Vehicle	SMM409H (Car)	Contact No.	81977212
Hospital/Clinic	MANDARIN MEDICAL & DENTAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 20 Dec 2019 at around 210pm, I was driving my wife Goh San San Eunice S7304535E and my three sons Yoong Chung Yan Joshua T0118405A, Yoong Wai Yan Caleb T0306390E and Yoong Gee Yan Asaph T0524029D along PIE towards Changi Airport and exiting Bukit Batok East Ave 3(towards Toh Tuck Avenue) before Toh Tuck flyover. suddenly we felt a huge impact. when we get down the car, a van(GBJ527X) collided onto us in the rear. After which, We visit the clinic and was given 2 days Mc each.



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T/20191220/7020

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20191220/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2019 16:36
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp

NP168