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 witholding 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 2XXXX883W

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

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

5 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

adon Number

GBJ527X

SXXXX156F

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

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

Approximate Age

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

Page 3 of 16

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.
- 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
- 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") abid disclose and transfer such Personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers away imms, 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 dalms including the settlement of the dalms and any necessary investigations relating to the dalms.
 - (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.

Peg. Na. Pri (2) (154.288.XW)

Policyholder's Signature Oate & Time: Orbier's Strusture

Oriver's Signature
(If driver is not the policyholder)
Date & Time: 1-12-19.

23 DEC 20192 10 pm.



Reporting Centre Personnel's Signature Name:

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

KETCH PLAN 5-05	
	Title 1
	
	
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DECLARATION	Z2-03.7
DECHARATION :	A STATE OF THE STA
1) Reclare the foregoing particulars are true in every respect	PASESSARIE Z
We peciare the foregoing particulars are true in every respect	10/ 121
1) Reclare the foregoing particulars are true in every respect	
Policyholder's Signature	Reporting Centre Personnel Signature
Policyholder's Signature Control Control	Reporting Centre Personnell Signature (er) Name:
Policyholder's Signature Control Control	Reporting Centre Personnell Signature (er) Name:
Policyholder's Signature Date & Time: Description: Descr	Reporting Centre Personnal Signature Name: NRIC/FIN No.: NG WING KIN JAME
Policyholder's Signature Policyholder's Signature Policyholder's Signature If driver is not the policyholder's not	Reporting Centre Personnal Signature Name: NRIC/FIN No.: NG WING KIN JAME
Policyholder's Signature Date & Time: Date	Reporting Centre Personnell's Signature In Name: NRIC/FIN No.: NG WING KIN JAM

Sketch Plan #3 Pg. 1





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

No. of Pedestrians Injured: NIL

Report No. T/20191220/7020

		1 4 6 6 ID ENT									
Date/Time Report Made: 20/12/2019 16:36			Vide F	Report No.:	S	station Diary No.:					
Jil (Armani)	s Partici				ROSE EN MARIE			68 (10 2 3 5 (0) lint			
Informant's Particulars Name of Informant: YOONG WENG FAI VICTOR			Addre 52A T	Address: 52A TOH TUCK ROAD #09-11 SINGAPORE 596744							
ID Type / ID No.: NRIC NO / S1595554F				ct No.: /Office:		Mobile	: 81217747				
Nationality: SINGAPOR	RE CITIZ	EN	Email:	ng@gmail.co	m						
Sex: Male	Age: 56	Date of Birth: 27/11/1963	Type of Driver	of Informant:				-			
Race: Chinese			Langu Englis	h		Instituti	on / S	chool Name:			
Occupation Real Estate			Drivin Class:	g Licence Info	rmation:	Date of	Expir	у:			
General Inf	ormatio	n of the Accident									
Type of Accident: Injury Others				Drink Date/Time of Accident: No 20/12/2019 14:10			ļ	Type of Location: Bend			
Location:											
PAN ISLAN	ND EXPF	RESSWAY									
Weather: Clear			Road Dry	Road Surface:				Road Speed Limit: 25 Km/h			
Traffic Flow: One Way				Traffic Control: Not Controlled				fic Volume: t			
Type of Collision: Between Moving Vehicles - Head To Ro				Rear				Anyone conveyed by ambulance: No			
				 							
Details of	Vehicle	Involved					1111				
Vehicle No SMM409H		Make I		Model = V	Color 11	i Co	nditio	No of Passenger 0			
SMM409F1	Cai										
			No. of the last of		a sa da	arai e ni	i e				
Any Pedes		Involved :: 544 5 olved: No	496 d N. 120	orania dale President	es e le constant de la constant de	Maritan P. William		Paris and Committee of the Committee of			
		Injured: NIL		Use o	f Pedestria	n Crossi	ng: N/	Α			

Sketch Plan #4 Pg. 1





20191220/7020

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20191220/7020

CONTINUATION OF REPORT

Date Treatment NIL Date Discharge NIL					A STATE OF THE STA	Transit Con	
Related Vehicle SMM409H (Car) Ciass of Driving Licence & Expiry Date Date Treatment NIL Date Discharge NIL Date of Expiry: NIL Passinger Name YOONG CHUNG YAN JOSHUA ID No. T0118405A Related Vehicle SMM409H (Car) Contact No. 85228825 Hospital/Clinic MANDARIN MEDICAL & DENTAL CENTRE CENTRE ID No. S7304535E Related Vehicle SMM409H (Car) Contact No. S7304535E Date Treatment NIL Date Discharge NIL Date of Expiry: NIL Date of Expir	Drivers - see 178 A			September 1918			in the least of th
Hospital/Clinic NIL Date Treatment NIL No. of Days granted Medical Leave NIL Degree of Injury Name NONG CHUNG YAN JOSHUA Related Vehicle SMM409H (Car) Date Discharge NIL Date Official Septical November of Parking Licence & Expiry Date Centre MANDARIN MEDICAL & DENTAL CENTRE Date Discharge NIL Date Discharge NIL Date Official November of Name Class of Driving Licence & Expiry Date Driving Licence & Expiry Date Driving Licence & Expiry Date Date of Expiry: NIL Date Discharge NIL Date Official November of Name EUNICE GOH SAN SAN ID No. S7304535E Related Vehicle SMM409H (Car) Contact No. Class of Driving Licence & Expiry Date Driving Licence & Expiry Date Class of Driving Licence & Expiry Date Date Treatment NIL Date Discharge NIL Date Official November of Name YOONG GEE YAN ASAPH ID No. T0524029D Related Vehicle SMM409H (Car) Contact No. 85554139 Class: NIL Driving Licence & Expiry: NIL Class of Driving Licence & Expiry: NIL Date Treatment NIL No. of Days granted Medical Leave O2 Degree of Injury Slight Date of Expiry: NIL Class: NIL Date of Expiry: NIL Class: NIL Date of Expiry: NIL Date Treatment NIL Date Discharge NIL Date of Expiry: NIL Date Discharge NIL Date of Expiry: NIL Date Discharge NIL Date	Name	YOONG WENG FAI VICTOR			ID No.		S1595554F .
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Related Vehicle SMM409H (Car) Contact No. 85228825 Hospital/Clinic MANDARIN MEDICAL & DENTAL CENTRE CENTRE CIass of Driving Licence & Expiry Date of Expiry: NILL No. of Days granted Medical Leave 02 Degree of Injury Slight Related Vehicle SMM409H (Car) Contact No. 98410702 Hospital/Clinic MANDARIN MEDICAL & DENTAL CENTRE CIass of Driving Licence & Expiry Date State of Expiry: NILL No. of Days granted Medical Leave 02 Degree of Injury Slight Related Vehicle SMM409H (Car) Contact No. 98410702 Hospital/Clinic MANDARIN MEDICAL & DENTAL CENTRE CIass of Driving Licence & Expiry Date State of Expiry: NILL No. of Days granted Medical Leave 02 Degree of Injury Slight Name YOONG GEE YAN ASAPH ID No. T0524029D Related Vehicle SMM409H (Car) Contact No. 85554139 Hospital/Clinic MANDARIN MEDICAL & DENTAL CENTRE Ciass of Driving Licence & Expiry Date State of Expiry: NIL Date of E	Passenger 1				STATE OF	To see	Hard County County To Company
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Date Treatment NIL Date Discharge 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 Date Treatment NIL Date Discharge NIL	Related Vehicle	SMM409H (Car)	/	WI	Conta	ct No.	98410702
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Sketch Plan #5 Pg. 1





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

Report No. T/20191220/7020

CONTINUATION OF REPORT

Passengen						
Name	YOONG WAI YAN C			ID No		T0306390E .
Related Vehicle	SMM409H (Car)			Conta	ct No.	81977212
Hospital/Clinic	MANDARIN MEDICAL & DENTAL CENTRE			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	,
No. of Days gran	ted Medical Leave	02	Degree of		Sligh	

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.

Sketch Plan #6 Pg. 1





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

4 of 4 Report No. T/20191220/7020

CONTINUATION OF REPORT

Sketch Pla					
Informant	t able	to pro	vide	sketch	nl:

Signature Of Officer Rec o rding 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	•