

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	16/03/2020 10:41
Date Of Accident	16/03/2020 07:10
Exact Location Of Accident	SELETAR EXPRESSWAY TOWARDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3115M
Insured/Policyholder	
Name Of Registered Owner	YONG BIAO CONSTRUCTION PTE LTD
Co Reg No	2XXXX464W
Email Address	YONGBIAOCONSTRUCTION@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98261167
Alternative Phone No	OFFICE-64533683

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100383446-05
Cover Note Number	

Driver

Name of Driver	LIN YONGBIAO
NRIC No	SXXXX785J
Date Of Birth	17/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98261167
Fax Number	
Contact Number	
EEmail Address	YONGBIAOCONSTRUCTION@GMAIL.COM

Address	BLK 694B WOODLANDS DRIVE #10-38
Postcode	732694
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHMENT

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	GBH4529A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEN BIN
NRIC/Passport Number	
Contact Number	91220081
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJM9663R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHAMED SABIQ BIN MOHAMED ANWAR

NRIC/Passport Number

Contact Number 81397785

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number YN7282L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver JAMALLUDIN BIN MOHD AKIP

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PASSENGER IN VEHICLE C

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJM9663R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

MEMORANDUM

MEMORANDUM

Version No. 1.0

6/20/2017

1. The purpose of this memorandum is to provide information to the Board of Directors regarding the proposed acquisition of the company.
2. The proposed acquisition is a strategic move for the company and is expected to result in significant growth and expansion.
3. The acquisition is expected to be completed by the end of the year.
4. The acquisition is expected to result in significant growth and expansion.
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Sketch Plan #2

REPORT PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLATE NO. 2012560

VEHICLE NO. 2012560

ACCIDENT DATE

10/1/2020

TIME

7:15 AM

ACCIDENT TIME

10/1/2020

TIME

7:15 AM

ACCIDENT DATE

10/1/2020

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三、四、五、六、七、八、九、十、十一、十二、十三、十四、十五、十六、十七、十八、十九、二十、二十一、二十二、二十三、二十四、二十五、二十六、二十七、二十八、二十九、三十、三十一、三十二、三十三、三十四、三十五、三十六、三十七、三十八、三十九、四十、四十一、四十二、四十三、四十四、四十五、四十六、四十七、四十八、四十九、五十、五十一、五十二、五十三、五十四、五十五、五十六、五十七、五十八、五十九、六十、六十一、六十二、六十三、六十四、六十五、六十六、六十七、六十八、六十九、七十、七十一、七十二、七十三、七十四、七十五、七十六、七十七、七十八、七十九、八十、八十一、八十二、八十三、八十四、八十五、八十六、八十七、八十八、八十九、九十、九十一、九十二、九十三、九十四、九十五、九十六、九十七、九十八、九十九、一百。

RESULTS AND DISCUSSION

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION	Case Report No. 100-89674	Station Query No. IB
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THE UNIVERSITY OF CHICAGO

NAME OF COMPANY	NAME OF COMPANY	ADDRESS
CHONG CHONG	CHONG CHONG	APT BLK 654B WOODLANDS DRIVE ES #10, SINGAPORE

[illegible]

RECEIVED
JAN 10 1964
FBI - NEW YORK

NAME	52	17/12/1987	DATE		
BO			LANGUAGE		INSTITUTION / SCHOOL NAME

[illegible]

Information of the Applicant

Type of Incident	Injury	
	Attended by Police	
Type of Location	Date of Accident	08/07/2015
	Street Name	

THE UNIVERSITY OF CHICAGO
LIBRARY

ALSO AVAILABLE FROM THE

Time	Speed Sensor	Vehicle Speed
00:00	0.0	0.0
00:01	0.0	0.0
00:02	0.0	0.0
00:03	0.0	0.0
00:04	0.0	0.0
00:05	0.0	0.0
00:06	0.0	0.0
00:07	0.0	0.0
00:08	0.0	0.0
00:09	0.0	0.0
00:10	0.0	0.0
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00:57	0.0	0.0
00:58	0.0	0.0
00:59	0.0	0.0
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01:08	0.0	0.0
01:09	0.0	0.0
01:10	0.0	0.0
01:11	0.0	0.0
01:12	0.0	0.0
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01:14	0.0	0.0
01:15	0.0	0.0
01:16	0.0	0.0
01:17	0.0	0.0
01:18	0.0	0.0
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01:36	0.0	0.0
01:37	0.0	0.0
01:38	0.0	0.0
01:39	0.0	0.0
01:40	0.0	0.0
01:41	0.0	0.0
01:42	0.0	0.0
01:43	0.0	0.0
01:44	0.0	0.0
01:45	0.0	0.0
01:46	0.0	0.0
01:47	0.0	0.0
01:48	0.0	0.0
01:49	0.0	0.0
01:50	0.0	0.0
01:51	0.0	0.0
01:52	0.	

Don't Gamble With Type II Collection	Not Destroyed	Anytime completed by Heavy and Jane
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18

四庫全書

Vehicle no.	Vehicle type	Make	Model	Color	Condition	Year of purchase
GBD111EM	Van	NISSAN	NI200	Gray	Slightly Damaged	0
GBH45294	Van	TOYOTA	Hiace	Gray	Slightly Damaged	0
SJMS43R	Car	HONDA	Alto	Silver	Damaged	1
MT262L	Lorry	ISUZU			Damaged Slightly	0
					Damaged	

Police Report



Police Station Of Origin

River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No 1800-2789999

SINGAPORE
POLICE FORCE



120100162451

2 of 2

Report No. 120100162451

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No		Use of Pedestrian Crossing NA	
No. of Pedestrians Injured NIL			
Driver			
Name	LN YONGBIAO	ID No.	S2695786J
Related Vehicle	GBD3115M (Van)	Contact No.	96251167
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry NIL
Date Treatment NIL		Date Discharge NIL	
No. of Days granted Medical Leave NIL		Degree of Injury NIL	
Driver			
Name	CHEN BIN	ID No.	G34855260W
Related Vehicle	GBH4529A (Van)	Contact No.	91220081
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	MOHAMED SABIQ BIN MOHAMED ANWAR	ID No.	S8501176F
Related Vehicle	SLM9663R (Car)	Contact No.	81587185
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**

Police Station Of Origin
River Valley NPA
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-3759888



3 of 4

Report No: 720003160034

CONTINUATION OF REPORT

Driver Name	JAMALLUDIN BIN MOHD AKIP	ID No	S1724857Z
Related Vehicle	YN7282L (Lorry)	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 16/05/2020 at about 7:15am, I was driving my van (GBD3115M) along Seletar Expressway towards BKE near lamp post 625 on the middle lane. There were a total of three lanes. Traffic volume was heavy, as such traffic was slow moving and came to a stop several times. While my vehicle was stationary, suddenly, I felt an impact hit the rear of my vehicle. This caused my vehicle to surge forward and hit the van (GBH45284) in front of me. I then alighted and asked the driver of the vehicle behind me (SW9663R) why he collided into my van. He then told me that his vehicle had lurched forward when it was hit by a lorry (YN7282L) from behind him. He also told me that his wife, who was the passenger in his car, was injured.

The drivers of all four vehicles involved then exchanged particulars. Subsequently, ambulance and traffic police arrived. Ambulance then conveyed the female passenger who was in vehicle SW9663R to the hospital. Traffic Police then handed me a case card vide L/20200316/0034.

Police Report



15/03/2020 16:28:54

Report No. 100000162015



**SINGAPORE
POLICE FORCE**
Police Station Of Origin
Rural Valley NPT
4 Delta Avenue #01-02 SINGAPORE 161604
Tel No. 1800-2738469

CONTINUATION OF REPORT

Sketch Plot
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 6347-2465 using the report number as reference.

Signature Of Officer Recording The Report E/ Sgt 2 LAM YU FEI, DARYL <i>[Signature]</i>		Signature Of Informant <i>[Signature]</i>	
Signature Of Interpreter Not applicable		Date/Time 15/03/2020 12:59	
Officer in Charge Of Case TP / G/T SGT 3 MUHAMMAD AFIQ BIN HAFIZ T. <i>[Signature]</i> Contact No. 954793171		Classification Of Case 50.101	
Authentication Stamp 15/03		Authentication Stamp 15/03	

Addendum Sheet



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

ADDENDUM

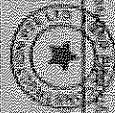
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. 92021014 Vehicle Registration No. 92021014
 Name of Insured Party YONG HO CHIAH KIN PING (NRIC/Passport No.)
 (Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address 270, Upper Macao Road, #04-01, Singapore 110001
 Contact (Tel) 92021014 Mobile No.
 Email Address YONGHOCHIAH@GMAIL.COM
 Date of Accident 16/03/2020 Time of Accident 04:50 PM
 Place of Accident Subway Tepecik, Towards BKE
 Insurance Company AGF

(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:

Agreed by you. Referenced



Policyholder's Signature
 Date: 16/03/2020

Reporting Centre's Signature
 Name: AGF
 NRIC/PTIN No.
 Contact: