

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	16/04/2020 14:23
Date Of Accident	07/04/2020 16:30
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9530M
Insured/Policyholder	
Name Of Registered Owner	J Y TRANSPORT SERVICE
Co Reg No	45491600X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96320312
Alternative Phone No	OFFICE-96320312

Vehicle Particulars

Manufacturer	ISUZU
Model	FVR34SUQD
Exact Purpose for which vehicle was being used at time of accident	WORK 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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA507124/1
Cover Note Number	

Driver

Name of Driver	CHAN YONG XIANG
NRIC No	S8570054E
Date Of Birth	14/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2012
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96320312
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 100 LORONG 1 TOA PAYOH #10-269
Postcode	310100
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	YQ222R
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 INJURED PERSON 1

Name	CHAN YONG XIANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YM9530M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	APT BLK 100 LORONG 1 TOA PAYOH #10-269
Postcode	310100

Sketch Plan Pg. 1

SKETCH PLAN

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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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/4 123048

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

Sketch Plan #2

SKETCH PLAN

A - YM9530M
B - YQ222R



AYE TOWARDS TUAS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200408/2022

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: 16/4 12:00 PM

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200408/2022

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No T/20200408/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2020 12:31	Vide Report No.: E/20200407/0171	Station Diary No.: 58
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Informant's Particulars

Name of Informant: CHAN YONG XIANG		Address: APT BLK 100 LORONG 1 TOA PAYOH #10-269 SINGAPORE. 310100	
ID Type / ID No.: NRIC NO / S8570054E		Contact No.:	Mobile: 96320312
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 14/02/1985	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: 3.4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/04/2020 16:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE towards Tuas at 6.3km				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YM9530M	Lorry					0
YQ222R	Lorry					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200408/2022

2 of 3

Report No. T/20200408/2022

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	CHAN YONG XIANG	ID No.	S8570054E
Related Vehicle	YM9530M (Lorry)	Contact No.	96320312
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	07/04/2020	Date Discharge	07/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 07/04/2020 at about 1630hrs, I was driving my company lorry YM9530M along AYE towards Tuas before Gillman Flyover. At that time, my lorry was travelling along the 3rd lane of a 4-lane road.

As I was driving, I felt a sudden impact from the rear of my lorry. I the stopped and alighted from my lorry to check and I discovered that there was a frozen lorry YQ222R collided onto the rear of my lorry. There is a driver and passenger in the frozen lorry and the driver trapped in the lorry due to the collision.

Police and SCDF arrived at the location (Ref: E/20200407/0171) and conveyed the frozen lorry driver, the passenger and me to National University hospital. On the same day, I was discharge from the hospital with 4 days medical leave.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20200408/2022

3 of 3

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No. 1800-2519999

Report No T/20200408/2022

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: E / Staff Sgt CHUA JUN JIE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2020 12:31
Officer In Charge Of Case: TP / GIT / Staff Sgt QHAIRIL BIN ZULKEFLIE Contact No.: 65476187	Classification Of Case: SN 168
Authentication Stamp UP168	  SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo





HOE HENG PTE LTD

No. 7 Pioneer Place

Singapore 627824

Tel: 6898 5566 Fax: 6898 6556

Chassis Number

JALFVR34787000172

Unladen Weight

6580

Kg

Max Laden Weight

16000

Kg

Passenger Capacity

1 Driver

2

Others

Tyre Size

F 275 x 70R x 225 (S)

R 275 x 70R x 225 (D)

Accident Photo



Accident Photo



Accident Photo

