



49

MHYM17050263 / Hui Yang Motor Pte Ltd - HQ
ENTRY DATE & TIME 17/04/2017 15:40

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 17/04/2017 16:00

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 ability.
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 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	17/04/2017 15:40
Date Of Accident	12/04/2017 06:15
Exact Location Of Accident	ALONG TPE TOWARDS TAMPINES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH5820H
Insured/Policyholder	
Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Co Reg No	201320561K
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-83336725
Alternative Phone No	OFFICE-64515752

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.4Z G-EDITION 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	PRIVATE HIRE
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Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD16V10234 /VPZ /R00
Cover Note Number	

Driver

Name of Driver	HSU CHEN TAN, WINSON (XU ZHENDAN)
NRIC No	S7802149G
Date Of Birth	24/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1995
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97558168
Fax Number	
Contact Number	
EMail Address	WINELIMO@GMAIL.COM

Address BLK 880 YISHUN STREET 81
#03-263
Postcode 760880
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 UNKNOWN - INS HIT BIKE AT LANE1 THEN TP HIT INS REAR PORTION
Weather Conditions CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES
Foreign Vehicle Registration Number JPX4074 (PRIVATE CAR)
Was any body injured in the Accident? 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) 3

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACHED 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 JPX47074
Vehicle Make/Model/Colour NISSAN
Details Of Properties
Name of Driver CHOW SIEW MANN
NRIC/Passport Number G8093408X
Contact Number 93397589
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

HSU CHEN TAN, WINSON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

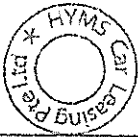
Address

Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.
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.

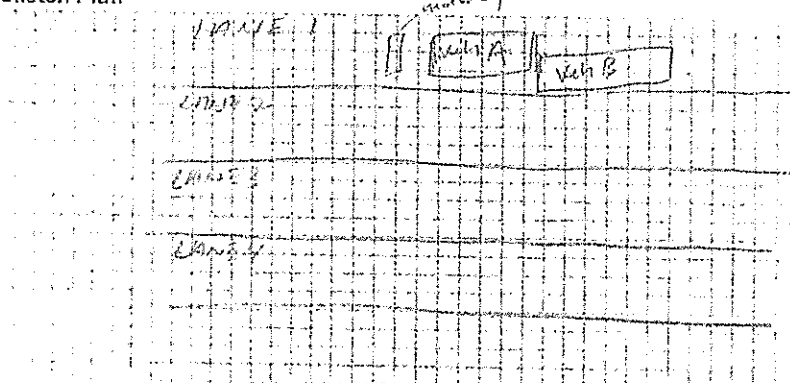


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

Please refer to the attached police report

Declaration

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

Witnessed by Reporting Centre Personnel

POLICE REPORT 1 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170413/2093

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 766456
Tel No: 1800-8522999

1 of 3

Report No. T/20170413/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2017 14:51		Vide Report No.:		Station Diary No.: 66
Informant's Particulars				
Name of Informant: HSU CHEN TAN, WINSON		Address: APT BLK 880 YISHUN STREET 81 #03-263 SINGAPORE 760880		
ID Type / ID No.: NRIC NO / S7802149G		Contact No.: Home/Office: Mobile: 97558168		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 39	Date of Birth: 24/01/1978	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: PRIVATE CAR DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/04/2017 06:15	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY				
Along Tampines expressway before Punggol exit				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 90 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: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JPX4074	Car				Seriously Damaged	5
SLH5820H	Car				Seriously Damaged	2

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

POLICE REPORT 2 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170413/2093

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20170413/2093

CONTINUATION OF REPORT

Driver			
Name	HSU CHEN TAN, WINSON		ID No. S7802149G
Related Vehicle	SLH5820H (Car)		Contact No. 97558168
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	12/04/2017	Date Discharge	12/04/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	JPX4047		ID No. G8093408X
Related Vehicle	NIL		Contact No. 93397589
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		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 12/04/2017 at about 0615hrs while I was driving on lane one of Tampines expressway as its was dark in the morning and the blinker of NTUC Bike light was not very bright while I was driving at a speed of 80 - 90km/h there was no time for me to react as its was already too near the bike by then. Subsequently I collide with the NTUC bike as he park his vehicle at lane one and the owner of the vehicle is at road shoulder and no one was attending to this vehicle. Shortly after that the said vehicle JPX4074 knock in to the rear of my vehicle. Subsequently I alighted from my vehicle and make a check and took photos and I make a check on the vehicle on the rear that collided into me. After that ambulance and Traffic police arrive and I was conveyed to Khoo Teck Phuat Hospital.

I was injured on my back of my body and my head.

I was given 3 days of MC by the hospital and I was advised by the traffic police to lodge a police report.

POLICE REPORT 3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170413/2093

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-6522999

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Report No. T/20170413/2093

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: F / LUM JUN KAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2017 14:51
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



