

MHYM18074439 / Hui Yang Motor Pte Ltd - HQ  
ENTRY DATE & TIME: 08/06/2018 12:48  
SUBMITTED BY: Loh Siang Chuan Marcus

Your NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 08/06/2018 16:23

### 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 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	08/06/2018 12:48
Date Of Accident	05/06/2018 16:00
Exact Location Of Accident	WOODLANDS ROAD BESIDE ESSO PETROL KIOSK.
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7710B
<b>Insured/Policyholder:</b>	
Name Of Registered Owner	ALLIANCE LEASING PTE LTD
Co Reg No	201706503M
Email Address	ALLIANCELEASING168@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98181311

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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?	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	5088870343-01
Cover Note Number	

#### Driver

Name of Driver	CHIN KIT YONG, JOEY
NRIC No	S9313305F
Date Of Birth	13/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96981304
Fax Number	
Contact Number	

Address BLK 722 JURONG WEST AVENUE 5  
#08-118  
Postcode 640722  
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 SIDE SWIPE  
Weather Conditions CLEAR  
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? YES  
Foreign Vehicle Registration Number VAQ6200 (COMMERCIAL VEHICLE)  
Number of vehicles involved in the accident  
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) 2  
Passenger 1  
NAME: : CLARISSA ANG YING HUI  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
POLICE STATION NAME [OTHER] JURONG WEST N.P.C 700 CORPORATION ROAD SINGAPORE 649818  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO 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 VAQ6200  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHIN KIT YONG, JOEY
Approximate Age	25
Injuries Sustain	
Injured person in which vehicle?	SJM7710B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 722 JURONG WEST AVENUE 5 #08-118
Postcode	640722

**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.

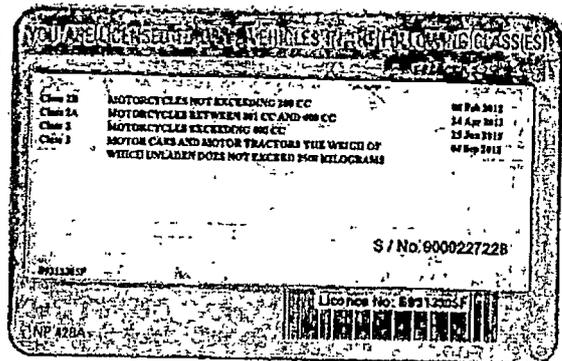
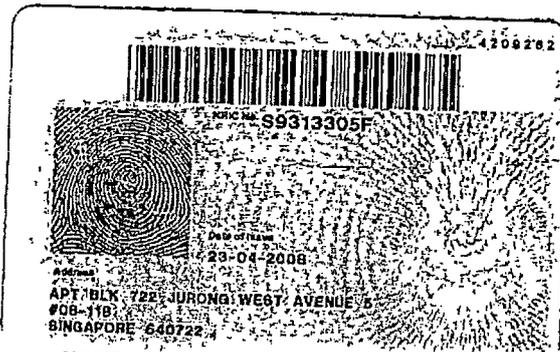
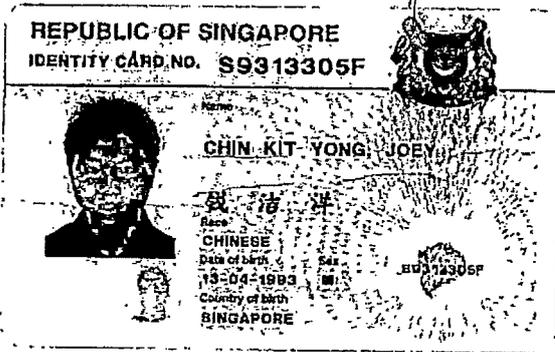
**ALLIANCE LEASING PTE LTD**  
**201706503M**

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: HEARCOB LEE  
NRIC/FIN No.: S78 3380210







**SINGAPORE  
POLICE FORCE**



T/20180606/2015

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20180606/2015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/06/2018 02:09		Vide Report No.:		Station Diary No.: 14	
<b>Informant's Particulars</b>					
Name of Informant: CHIN KIT YONG, JOEY			Address: APT BLK 722 JURONG WEST AVENUE 5 #08-118 SINGAPORE 640722		
ID Type / ID No.: NRIC NO / S9313305F			Contact No.: Home/Office: Mobile: 96981304		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 13/04/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2018 14:00	Type of Location: Straight Road	
Location: Along Road 1 WOODLANDS ROAD  WOODLANDS ROAD BESIDE ESSO PETROL KIOSK					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJM7710B	Car	TOYOTA	WISH 1.8 AUTO	White	Seriously Damaged	1
VAQ6200	TRAILER				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180606/2015

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3

Report No. T/20180606/2015

## CONTINUATION OF REPORT

Driver:			
Name	CHIN KIT YONG, JOEY	ID No.	S9313305F
Related Vehicle	SJM7710B (Car)	Contact No.	96981304
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver:			
Name	KAMSANI BIN YATIM	ID No.	740821016653
Related Vehicle	VAQ6200 (TRAILER)	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 5/6/2018 at 1400hrs, I was driving car bearing plate no. SJM7710B, with a passenger, coming out from Esso Petrol Kiosk and going into Woodlands Road after pumping petrol. Upon that time, there were a yellow box at the exit of the Esso Petrol Kiosk. However, as there was a heavy traffic during that time, I noticed there was a car in front of me and trailer behind stopping within yellow box.

Half body of my car went into the yellow box as I noticed there was enough space for me to get in, I sounded several times of horn to alert the driver for the trailer bearing plate no. VAQ6200. I then stopped the car in the yellow box and wait for the traffic. However, when the car in front started to move off, I felt there was an impact coming from the right of the car and my head was hit to the window. I immediately reversed my car, parked beside the trailer and came out the car to assess the damages. We then exchanged particulars with each other and proceed to workshop.

At about 1500hrs, I felt a pain from right shoulder and neck from the accident and thus I decided to go to Ng Teng Fong General Hospital to do a medical check-up. I was given 03 days of medical certificate from 6/6/2018 to 8/6/2018.

There is no CCTV inside my car. The purpose of lodging this report is for insurance claims.

Accident Photo



Accident Photo



Accident Photo



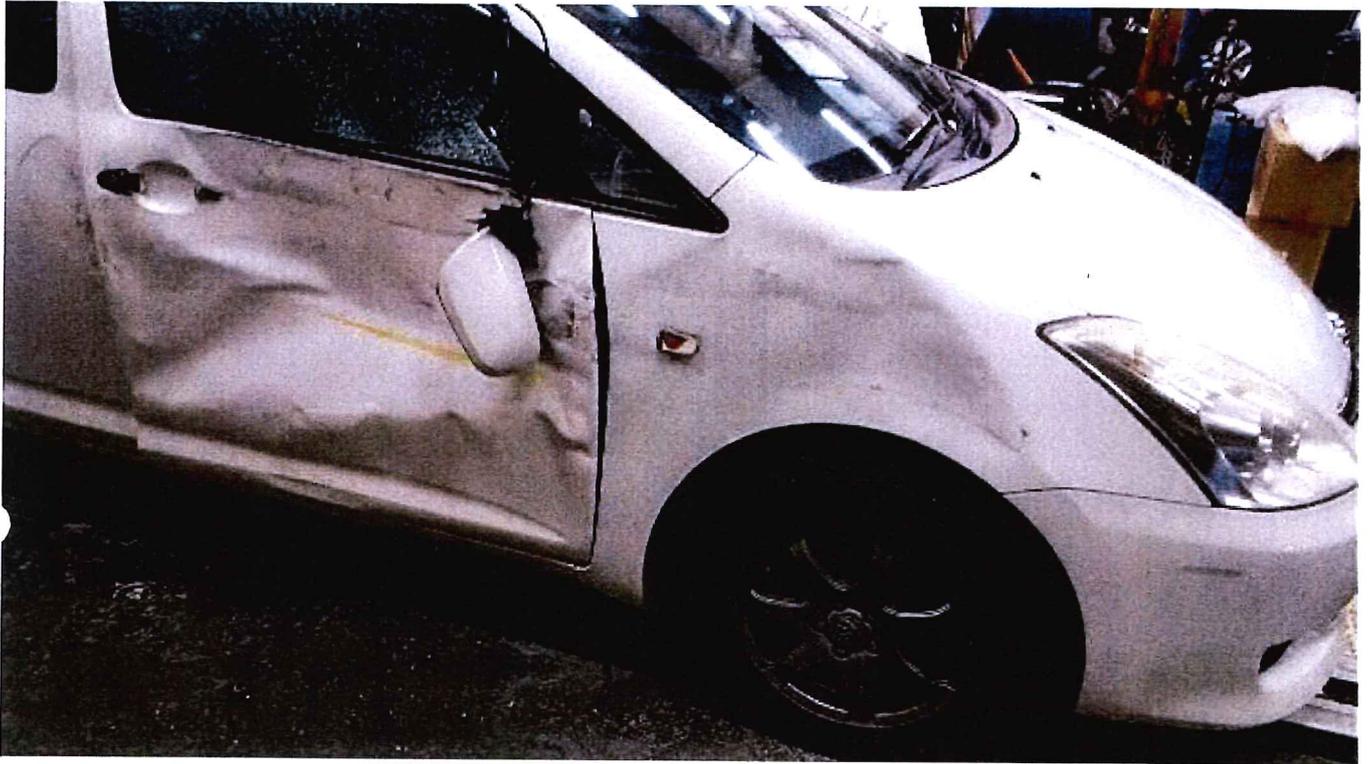
Accident Photo



Accident Photo



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