

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 | 04/11/2020 15:59 |
| Date Of Accident | 04/11/2020 09:40 |
| Exact Location Of Accident | TAMPINES AVE 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--|
| Vehicle Registration Number | GBG2026C |
| Insured/Policyholder | |
| Name Of Registered Owner | JIA. YI (J.Y) FOOD INDUSTRIAL CO PTE LTD |
| Co Reg No | 2XXXXX910G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|------------------------------------|
| Manufacturer | TOYOTA |
| Model | TOYOTA HIACE VAN TURBO 5 DR MANUAL |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D19MCV0003221_01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LEE KIM KWEE |
| Passport No/FIN | GXXXX324M |
| Date Of Birth | 31/12/1984 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/03/2017 |
| Driving Experience | 3 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84821558 |
| Fax Number | |
| Contact Number | OFFICE-84821558 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 725 TAMPINES STREET 71 #14-173 |
| Postcode | 520725 |
| 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 | CHAIN COLLISION |
| Weather Conditions | RAINING |
| Road Surface | WET |

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? | 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TAMPINES NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5871999 - FAX NO: 65871699 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20201104/2034.

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 | SMK2900C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBK1063E

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) 2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBC8681S

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) 1

DETAILS OF INJURED PERSON 1

Name LEE KIM KWEE

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBG2026C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

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.

JIA (J.Y) FOOD INDUSTRIAL CO PTE. LTD.
H/P: 94751614 / C4821568
E-MAIL: jiaiyfood.co@gmail.com

Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DOA: 4/11/20

A: GBG 2026 C

B: SMK 2900 C

C: GBK 1063 E

D: GBC 8681 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh C stopped so I followed suit but veh B failed to brake in time hit onto my veh rear portion & due to the strong impact my car moved forward & hit veh C. Later I realised there was veh D involved.

DECLARATION

I/We declare that the information provided is true in every respect.
 H/P: 94751614 / 4821568
 EMAIL: jayiloodcb@gmail.com

Policyholder's Signature
 Date & Time:

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20201104/2034

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201104/2034

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 04/11/2020 12:32 | Vide Report No.: | Station Diary No.: 36 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|--|----------------------------|
| Name of Informant: LEE KIM KWEE | | | Address: APT BLK 725 TAMPINES STREET 71 #14-173 TAMPINES COURTVIEW SINGAPORE 520725 | | |
| ID Type / ID No.: FIN NO / G2854324M | | | Contact No.: Home/Office: Mobile: 84821558 | | |
| Nationality: MALAYSIAN | | | Email: | | |
| Sex: Male | Age: 35 | Date of Birth: 31/12/1984 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Service | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|-----------------------|---|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 04/11/2020 09:40 | Type of Location: Straight Road |
| Location: TAMPINES AVENUE 1 | | | | |
| Weather: Drizzling | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|--|--------|-----------|-----------------|
| GBC8681S | Van | NISSAN | URVAN MICROBUS 3.0 4DR 5M/T ABS AIRBAG | Silver | | 0 |
| GBG2026C | Van | TOYOTA | TOYOTA HIACE VAN TURBO 5 DR MANUAL | White | | 0 |

Police Report



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POLICE FORCE**



T/20201104/2034

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201104/2034

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|---------|------------------------------------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GBK1063E | Van | NISSAN | NV200 VANETTE DX 1.6 AUTO | Grey | | 0 |
| SMK2900C | Car | HYUNDAI | AD AVANTE 1.6 GLS (A) S | Red | | 0 |

| Details of Person Involved | | | | | |
|-----------------------------------|----------------------------------|--|--|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | | | | | |
| Driver | | | | Use of Pedestrian Crossing: NA | |
| Name | NG SWEE KIAT | | | ID No. | NIL |
| Related Vehicle | GBC8681S (Van) | | | Contact No. | 85758324 |
| 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 | LEE KIM KWEE | | | ID No. | G2854324M |
| Related Vehicle | GBG2026C (Van) | | | Contact No. | 84821558 |
| Hospital/Clinic | HEALTHWAY HOUGANG CENTRAL CLINIC | | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 04/11/2020 | | | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | | | Degree of Injury | Slight |
| Driver | | | | | |
| Name | JOE | | | ID No. | NIL |
| Related Vehicle | GBK1063E (Van) | | | Contact No. | 82079919 |
| 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**



T/20201104/2034

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201104/2034

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|--|-----------------------------------|
| Name | WONG | ID No. | NIL |
| Related Vehicle | SMK2900C (Car) | Contact No. | 96604722 |
| 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 4/11/2020 at about 0940hrs, I was driving along Tampines Avenue 1 in the left most lane. As I was approaching the junction to turn in Tampines Industrial, I had came to a stop as the traffic light was red.

The traffic light had turned green and the van ahead of me had moved off. Before I was able to move, I felt an impact to the rear of my vehicle. As the result of the impact, my vehicle had surged forward. I had applied my brakes but due to the slippery road surface, I was unable to prevent my vehicle from colliding into the van ahead of me.

I had then alighted to see what had happened. I saw that there were two vehicles behind me, a red saloon car and another van. There were no visible injuries on the parties involved. The ambulance had arrived shortly after and conveyed the driver of the red saloon car to the hospital.

After exchanging particulars, I had proceeded to my workshop to repair my vehicle. Subsequently, I had gone to Healthway Medical for outpatient treatment as I felt aches in my neck and upper back area.

I was given 3 days of medical leave (4/11/2020-6/11/2020)

Police Report



**SINGAPORE
POLICE FORCE**



T/20201104/2034

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201104/2034

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:
G /
Sgt 3 BRYAN LIM GHIM SONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
04/11/2020 12:32

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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