

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 Submission 19/12/2020 13:51 (SGT)
Date of Accident 18/12/2020 13:05 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information twds aye
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS7035A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARZ WORLD PTE LTD
Company Reg No 2XXXXX222Z
Email Address info@carzworld.com.sg
Mobile Phone No (Phone) +65-96437773
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5112384358-01
Cover Note Number -

DRIVER

Name of Driver YUEN PENG KEEN
NRIC No SXXXX588C
Date Of Birth 02/11/1968
Occupation Outdoor

Date Of Driving Pass	10/11/1994
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98482249
Alt. Phone Number	-
Email Address	info@carzworld.com.sg
Address	BLK 113 SERANGOON NORTH AVENUE 1
Address complement	#02-577
Postcode	550113
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

PASSENGER 2

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201218/2070.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG4824C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YUEN PENG KEEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMS7035A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


Describe Circumstances of the Accident

Refer to police report - 7/22/218/2070.

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



























SINGAPORE POLICE FORCE



T/20201218/2070

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201218/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2020 14:52		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: YUEN PENG KEEN		Address: APT BLK 113 SERANGOON NORTH AVENUE 1 #02-577 HWI YOH VILLE SINGAPORE 550113		
ID Type / ID No.: NRIC NO / S6842588C		Contact No.: Home/Office: Mobile: 98482249		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 52	Date of Birth: 02/11/1968	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: OTHERS		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2020 13:05	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBG4824C	Lorry					0
SMS7035A	Car					2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201218/2070

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201218/2070

CONTINUATION OF REPORT

Driver			
Name	CHIA NGAK KWANG	ID No.	S1155961A
Related Vehicle	GBG4824C (Lorry)	Contact No.	91175769
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	YUEN PENG KEEN	ID No.	S6842588C
Related Vehicle	SMS7035A (Car)	Contact No.	98482249
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 18/12/2020 AT AROUND 1300HRS, I WAS DRIVING ALONG CTE TOWARDS AYE. I WAS AT THE RIGHT SECOND LANE OF 5 LANE. THE FRONT VEHICLES WERE SLOWING DOWN AND SO DID I. THEN I SAW MY REAR MIRROR THE LORRY BEHIND ME WAS DRIVING VERY FAST AND WAS NOT SLOWING DOWN. THE LORRY THEN HIT THE REAR OF MY CAR. MY PASSENGERS ON BOARD GOT INJURED AND SCARED. 1 OUT OF 2 PASSENGER HAD A BLUEBLACK BRUISE ON HER RIGHT KNEE. THE REAR GLASSES ALL SCATTERED ON THE PASSENGER SEAT AND THE FLOOR MAT. THEN WE WENT OUT TO EXCHANGE PARTICULARS. LTA (MOTORBIKE) OFFICER THEN CAME AND TOLD US TO MAKE A POLICE REPORT. THEN I WENT OFF TO DROP OFF MY PASSENGER BEFORE COMING TO TRAFFIC POLICE HQ TO LODGE A TRAFFIC ACCIDENT REPORT. I HAVE AN IN-CAR FOOTAGE AND TOOK SOME PICTURES OF THE ACCIDENT AT SCENE. I AM NOT PRESENTLY INJURED BUT MY NECK FEELS STIFF ON THE RIGHT SIDE. I AM A "GRAB" DRIVER. THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20201218/2070

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201218/2070

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:
TP /
SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/12/2020 14:52

Classification Of Case:

Signature:

SINGAPORE
POLICE FORCE

