

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 09/02/2021 10:23 (SGT)
Date of Accident 08/02/2021 14:35 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD6041Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SIN YIN TRADING COMPANY
Company Reg No 0XXXXX-00A
Email Address SINYINTRADING@GMAIL.COM
Mobile Phone No (Phone) +65-67449764
Alternative Phone No +65-67449764

VEHICLE PARTICULARS

Manufacturer Kia
Model 2500
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00004142100
Cover Note Number -

DRIVER

Name of Driver LEE YIN HOONG
NRIC No SXXXX381I
Date Of Birth 21/12/1945
Occupation Outdoor

Date Of Driving Pass	22/11/1963
Driving experience	57 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97955088
Alt. Phone Number	-
Email Address	SINYINTRADING@GMAIL.COM
Address	BLK 813 TAMPINES ST 81 #09-538
Address complement	-
Postcode	520813
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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/20210208/7036

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	SKA6910Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME6963D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMG2959E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	LEE YIN HOONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBD6041Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 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.

SIN YIN TRADING CO.
105, SIMS AVENUE #03-03
CHANCER LODGE COMPLEX
SINGAPORE 387429
TEL: 8744 9764, 6744 9765
FAX: 6748 0229

[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE	△					A: GBP6041Y B: SKA6910Z C: SME6963D D: SMG2959E
	D					
	L					
	△					
	A					
	△					
	B					

Describe Circumstances of the Accident

Refer to Police Report
T/20210208/7036

Declaration

We declare the foregoing particulars are true in every respect.

SIN YIN TRADING CO.
105, SIMS AVENUE #03-03
CHANCER LODGE COMPLEX
SINGAPORE 387429
TEL: 6744 9764, 6744 9765
FAX: 6748 0229

[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel















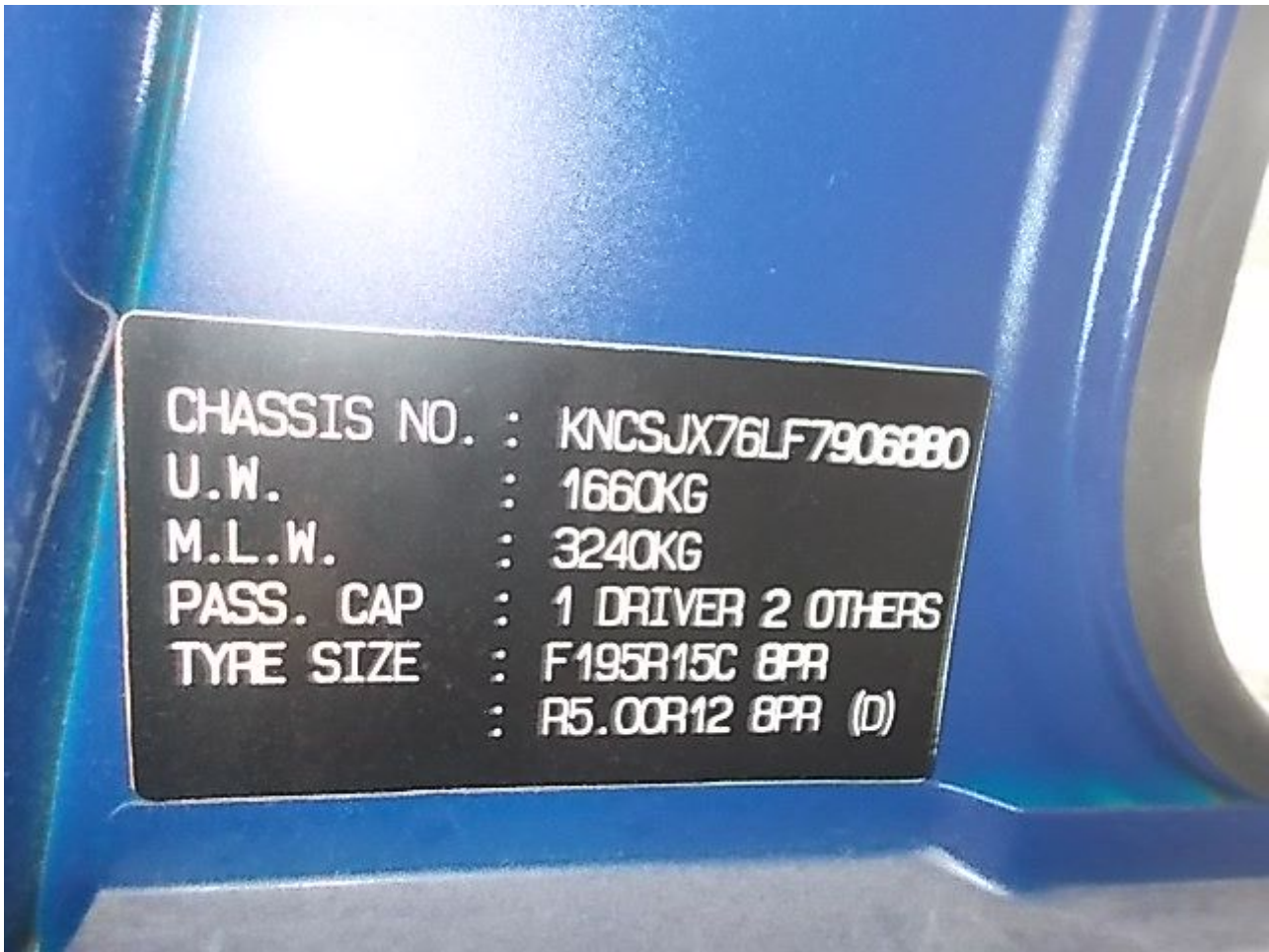














**SINGAPORE
POLICE FORCE**



T/20210208/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 409865
Tel No: 65470000

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Report No. T/20210208/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2021 16:22		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: I FF YIN HOONG		Address: 813 TAMPINES STREET 81 #09-538 SINGAPORE 520813	
ID Type / ID No.: NRIC NO / S25073611		Contact No.: Home/Office: Mobile: 97955066	
Nationality: MALAYSIAN		Email: sinyintrading@gmail.com	
Sex: Male	Age: 75	Date of Birth: 21/12/1945	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Delivery		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/02/2021 14:35	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
GRD6041Y	Lorry					0
SKA6910Z	Car					0
SME6963D	Car					0
SMG2959E	Car					0



**SINGAPORE
POLICE FORCE**



T/20210208/7036

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

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Report No. T/20210208/7036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE YIN HOONG	ID No.	S25073811
Related Vehicle	GBD6041Y (Lorry)	Contact No.	97955088
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was travelling along CTE towards AYE before Braddell Road Exit on the most left hand lane. As the vehicle in front of me stop, I follow to stop as well with a safe distance. All of a sudden, I felt an huge impact from my vehicle rear portion and the impact caused my car to swerve forward and collided onto the front vehicle. Total 4 vehicle involved.

After the incident I felt pain and went to consult a doctor and was given MC.

First Vehicle - SMG2959E
Second Vehicle - SME6963D
Third Vehicle - GBD6041Y
Fourth Vehicle - SKA6910Z

**SINGAPORE
POLICE FORCE**

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



T/20210208/7036

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Report No. T/20210208/7036

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/02/2021 16:22

Classification Of Case: