



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	08/05/2021 12:49 (SGT)
Date of Accident	07/05/2021 18:30 (SGT)
Exact Location of Accident	Near 203 Serangoon Central, Singapore 550203
Additional Location Information	SERANGOON CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4614B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YONG LIN FENG GARY
NRIC No	SXXXX022B
Email Address	YONG_IF@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82882156
Alternative Phone No	(Home) +65-82882156

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10084379R02
Cover Note Number	-

DRIVER

Name of Driver	YONG LIN FENG GARY
NRIC No	SXXXX022B



Date Of Birth	20/11/1982
Occupation	Indoor
Date Of Driving Pass	18/03/2002
Driving experience	19 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82882156
Alt. Phone Number	(Home) +65-82882156
Email Address	YONG_IF@HOTMAIL.COM
Address	APT BLK 288B PUNGGOL PLACE
Address complement	#05-821
Postcode	822288
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM PEI MIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	10UBI AVENUE 3 SINGAPORE 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN, PHOTO AND VIDEO FOOTAGE

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	SML2275T
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray

Vehicle Category	Private car
Name of Driver	QUEK CHEE KIAN (GUO ZHIJIAN)
NRIC No	SXXX930G
Contact Number	(Phone) +65-97670137
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	YONG LIN FENG GARY
Address	APT BLK 288B PUNGGOL PLACE
Address Complement	#05-821
Post Code	822288
Approximate Age Years Old	39
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SKW4614B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM PEI MIN
Address	APT BLK 288B PUNGGOL PLACE
Address Complement	#05-821
Post Code	822288
Approximate Age Years Old	37
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD
SINGAPORE 408513
TEL: 65 6 9966 FAX: 65 6 7483

Policyholder's Signature / Date & Time
8/5/2021

Sketch Plan 12-15

A - SKW4G14B
B - SML 2275T

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

Witnessed by Reporting Centre Personnel
E.M.P. A.T.O.W.

SERANGGON CENTRAL

B A

Describe Circumstances of the Accident

Please refer to police report

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time 8/5/2021

8/5/2021

12-15

Driver's Signature (If driver is not the policyholder) / Date & Time	
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AUTOLUTION INDUSTRIAL
19 UBI ROAD, 4
SINGAPORE 408623
TEL 640 6551 FAX 640 6552

Witnessed by Reporting Centre
Personnel **ELMER A**

Witnessed by Reporting Centre
Personnel **ELMER ALFONSO**



**SINGAPORE
POLICE FORCE**



T/20210508/7011

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

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Report No. T/20210508/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2021 11:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YONG LIN FENG GARY			Address: 288B PUNGGOL PLACE #05-821 SINGAPORE 822288		
ID Type / ID No.: NRIC NO / S8240022B			Contact No.: Home/Office: Mobile: 82882156		
Nationality: SINGAPORE CITIZEN			Email: yong_if@hotmail.com		
Sex: Male	Age: 38	Date of Birth: 20/11/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT business process consultant/business analyst			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/05/2021 18:30	Type of Location: Straight Road
Location: SERANGOON CENTRAL				
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	Conditio	No of
SKW4614B	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	White		0
SML2275T	Car	HYUNDAI	Avante	Grey		0



**SINGAPORE
POLICE FORCE**



T/20210508/7011

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

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Report No. T/20210508/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW4614B	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10084379R02	30/10/2020	29/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	YONG LIN FENG GARY		ID No.	S8240022B
Related Vehicle	SKW4614B (Car)		Contact No.	82882156
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	LIM PEI MIN		ID No.	S8405420H
Related Vehicle	SKW4614B (Car)		Contact No.	82003978
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Driver				
Name	QUEK CHEE KIAN		ID No.	S7239930G
Related Vehicle	SML2275T (Car)		Contact No.	97670137
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20210508/7011

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

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Report No. T/20210508/7011

CONTINUATION OF REPORT

Brief Details.

The car in front of me stopped and I stop behind. The car (SML2275T) behind me fail to stop in time and hit my rear.

The accident happen along Serangoon central after NEX pick up point.



**SINGAPORE
POLICE FORCE**

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



T/20210508/7011

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Report No. T/20210508/7011

CONTINUATION OF REPORT

Sketch 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:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476179

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:
08/05/2021 11:06

Classification Of Case: