

# 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 .....	25/05/2021 15:44 (SGT)
Date of Accident .....	25/05/2021 11:15 (SGT)
Exact Location of Accident .....	Bedok South Ave 1, Singapore
Additional Location Information .....	LAMP POST 5/2
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF2788S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	UNIVERSAL FOOD SUPPLY PTE. LTD.
Company Reg No .....	2XXXXX654Z
Email Address .....	IRENECHENGLY@GMAIL.COM
Mobile Phone No .....	(Phone) +65-69777100
Alternative Phone No .....	(Office) +65-69777100

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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
Transmission .....	Manual
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMCVSNW00070052003
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SOH YOKE JOO PATRICK
NRIC No .....	SXXXX452H

Date Of Birth .....	23/11/1974
Occupation .....	Outdoor
Date Of Driving Pass .....	05/07/2002
Driving experience .....	18 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90089941
Alt. Phone Number .....	-
Email Address .....	IRENECHENGLY@GMAIL.COM
Address .....	52 LORONG K TELOK KURAU
Address complement .....	#04-05
Postcode .....	425780
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 .....	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) .....	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 .....	Joo Chiat Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18003459999
Alt. Police Station Phone No .....	(Fax) +65-64474181
Police Station Address .....	267 Onan Road Singapore 424773
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	FRT ONLY WITH DRIVER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLB3125B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	LIAN CHIH CHYUN,MAURICE
NRIC No .....	SXXXX736A
Contact Number .....	(Phone) +65-82003817
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 .....	SOH YOKE JOO PATRICK
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK
Injured person in which vehicle? .....	GBF2788S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan





## Describe Circumstances of the Accident

I was travelling along Bodak South Ave. I, there was a vehicle that slowed down to turn into Panason's warehouse. I slowed down, just after the front vehicle turned completed the left turn. The white vehicle rear-ended into me. The back of my head hit the seat & I did told the driver that my head was painful.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time  
 AS Management Fund 809-04,  
 Singapore 40009  
 Tel: 3092 2121

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



























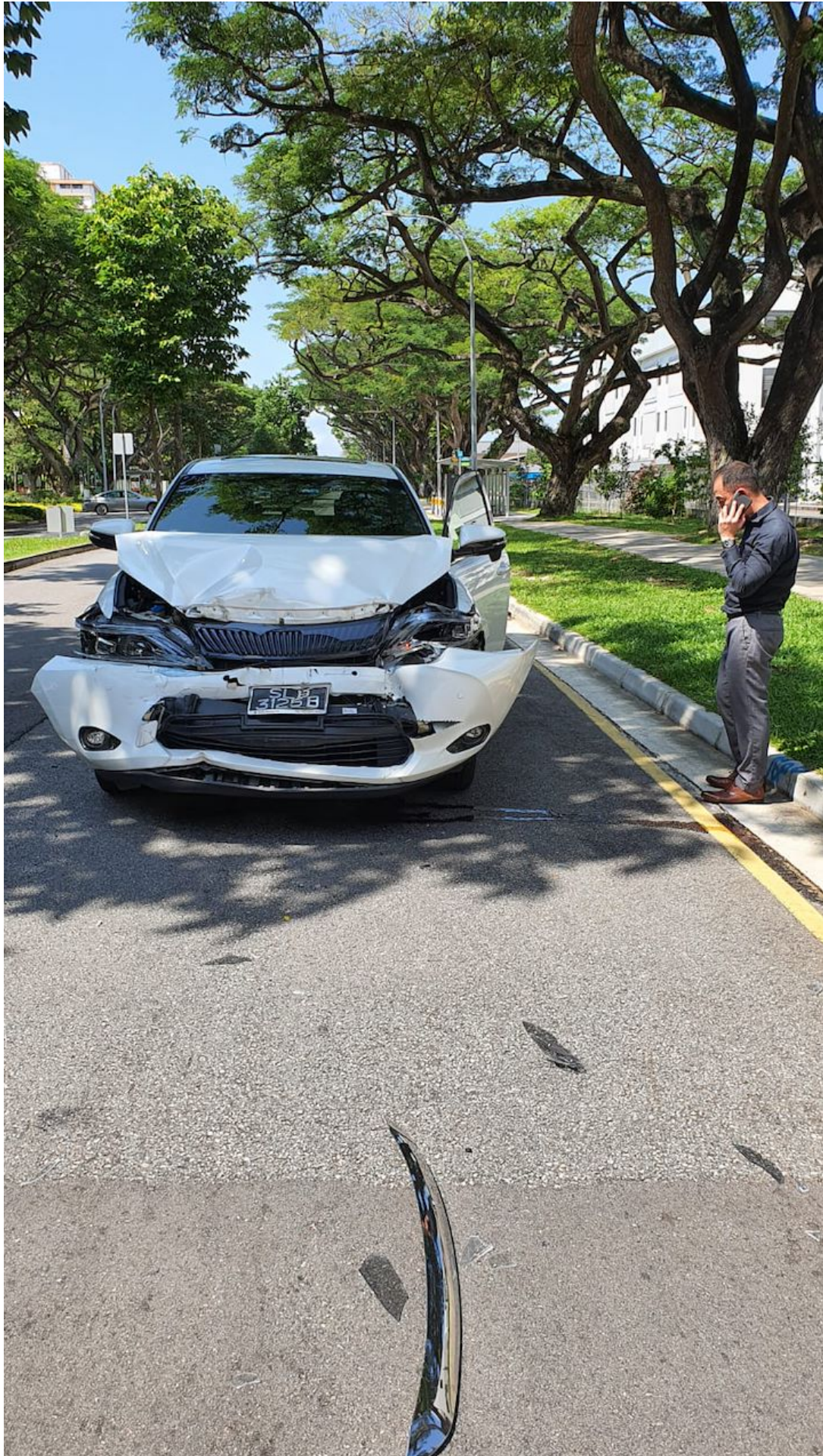



















**SINGAPORE  
POLICE FORCE**


T/20210526/2026

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

1 of 3

Report No. T/20210526/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/05/2021 14:08	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: SOH YOKE JOO PATRICK	Address: 52 LORONG K TELOK KURAU #04-05 SINGAPORE 425780		
ID Type / ID No.: NRIC NO / S7438452H	Contact No.: Home/Office: Mobile: 90089941		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 46	Date of Birth: 23/11/1974	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: OPERATION MANAGER	Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2021 11:15	Type of Location:
Location:  BEDOK SOUTH AVENUE 1				
Weather:	Road Surface: Dry	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
GBF2788S	Lorry				Slightly Damaged	0
SLB3125B	Car				Seriously Damaged	0

**Details of Person Involved**

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

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**SINGAPORE  
POLICE FORCE**



T/20210526/2026

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

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Report No. T/20210526/2026

CONTINUATION OF REPORT

<b>Driver</b>			
Name	SOH YOKE JOO PATRICK		ID No. S7438452H
Related Vehicle	GBF2788S (Lorry)		Contact No. 90089941
Hospital/Clinic	KALLANG BAHRU FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2021	Date Discharge	25/05/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	Lian Chih Chyun Maurice		ID No. S7316736A
Related Vehicle	SLB3125B (Car)		Contact No. 82003817
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 25/5/2021 at about 1115hours, I was driving my lorry(GBF2788S) along Bedok South Avenue 1 towards New Upper Changi Road. There was a car in front that slowed down to turn into the Panasonic Warehouse as such I slowed down as well. Just after the car completed its turn into the warehouse and when I was about to step onto my accelerator, suddenly my lorry was hit from the back by another car (SLB3125B). The car driver and I came down from our vehicle to exchange particulars and took photo of the incident. During that time, no one was seriously injured. However, there was pain on the back of my head and neck.

I lodged a GIA report and seen a doctor. I was given 3 days mc. My lorry has front facing camera.

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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999



T/20210526/2026

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Report No. T/20210526/2026

## 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 ABDUL MATIN BIN ISMAIL

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
26/05/2021 14:08Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP158

SIGNATURE

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09215P0007 Vehicle Registration No: GBF2788S  
Name (as shown in NRIC) : SOH YOKE JOO PATRICK NRIC/FIN/Passport No : S74384524  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 52 LOR K TELOK KURAU #04-05 Singapore( 435780 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90089941  
Email Address : \_\_\_\_\_  
Date of Accident : 25/05/21 Time of Accident : 11:15  
Place of Accident : BEDOK SOUTH AVE 1 L/P 5/2  
Insurance Company: CHINA TAIPING

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN POLICE REPORT

Policyholder / Driver's Signature  
Date:

lyn 27/05/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



# Kallang Bahru Family Clinic Pte Ltd

Blk 66 Kallang Bahru #01-485 Singapore 330066  
Tel: 6295 0010 Fax: 6295 1189

## MEDICAL CERTIFICATE

No.: 146915

This is to certify that:

MR/MISS/MDM: Soh Yoke Joo Patrick

NRIC NO: S7438452H

(1) Is unfit for duty/school for 03 day(s) from 25/05 to 27/05 (inclusive).

(2) Unfit for physical exercise for \_\_\_\_\_ day(s) from \_\_\_\_\_ to \_\_\_\_\_ (inclusive).

(3) Fit for light duty only for \_\_\_\_\_ day(s) from \_\_\_\_\_ to \_\_\_\_\_ (inclusive).

(4) Attended and left the clinic at \_\_\_\_\_ am/pm Dr Joseph Teo Boon Leng  
MCR 059261  
Kallang Bahru  
Family Clinic Pte. Ltd.  
Blk 66 Kallang Bahru #01-485  
Singapore 330066  
Tel: 6295 0010 Fax: 6295 1189

Remarks: \_\_\_\_\_

Date: 25 MAY 2021

Doctor's Signature: \_\_\_\_\_

\* This certificate is not valid for absence from court attendance or other judicial proceedings unless specifically stated.

# Kallang Bahru Family Clinic Pte. Ltd.

Blk 66 Kallang Bahru #01-485 Singapore 330066  
Tel: 6295 0010 Fax: 6295 1189

## OFFICIAL RECEIPT

No.: 163452

Date: 25 MAY 2021

Received with thanks from Soh Yoke Joo Patrick

the Sum of Dollars sixty only

being payment of professional services rendered/medication.

Remarks: \_\_\_\_\_

\$60/-

Cash/ Cheque No. \_\_\_\_\_

Kallang Bahru  
Family Clinic Pte. Ltd.  
Blk 66 Kallang Bahru #01-485  
Singapore 330066  
Tel: 6295 0010 Fax: 6295 1189  
Authorised Signature: \_\_\_\_\_