

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 26/07/2021 19:42 (SGT)
Date of Accident 25/07/2021 12:15 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE (AYE) BEFORE BALESTIER EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP5026E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CCA LEASING PTE.LTD.
Company Reg No 2XXXXX720W
Email Address ykheep@hotmail.com
Mobile Phone No (Phone) +65-98787997
Alternative Phone No (Home) +65-98787997

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5112089465-01
Cover Note Number -

DRIVER

Name of Driver YEO KHEE PENG
NRIC No SXXXX324G

Date Of Birth	21/06/1972
Occupation	Outdoor
Date Of Driving Pass	23/08/1996
Driving experience	24 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98787997
Alt. Phone Number	-
Email Address	ykheep@hotmail.com
Address	BLK 317D ANCHORVALE ROAD
Address complement	#09-206
Postcode	544317
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	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	PASSENGER
Gender	Male

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 SKETCH PLAN AND POLICE REPORT ATTACHED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV125D
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)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ4026Z
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SH8323Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	4

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMS4331P
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) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YEO KHEE PENG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained 5 DAYS OF MEDICAL LEAVE
Injured person in which vehicle? SMP5026E
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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5. 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

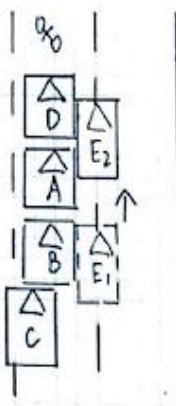
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

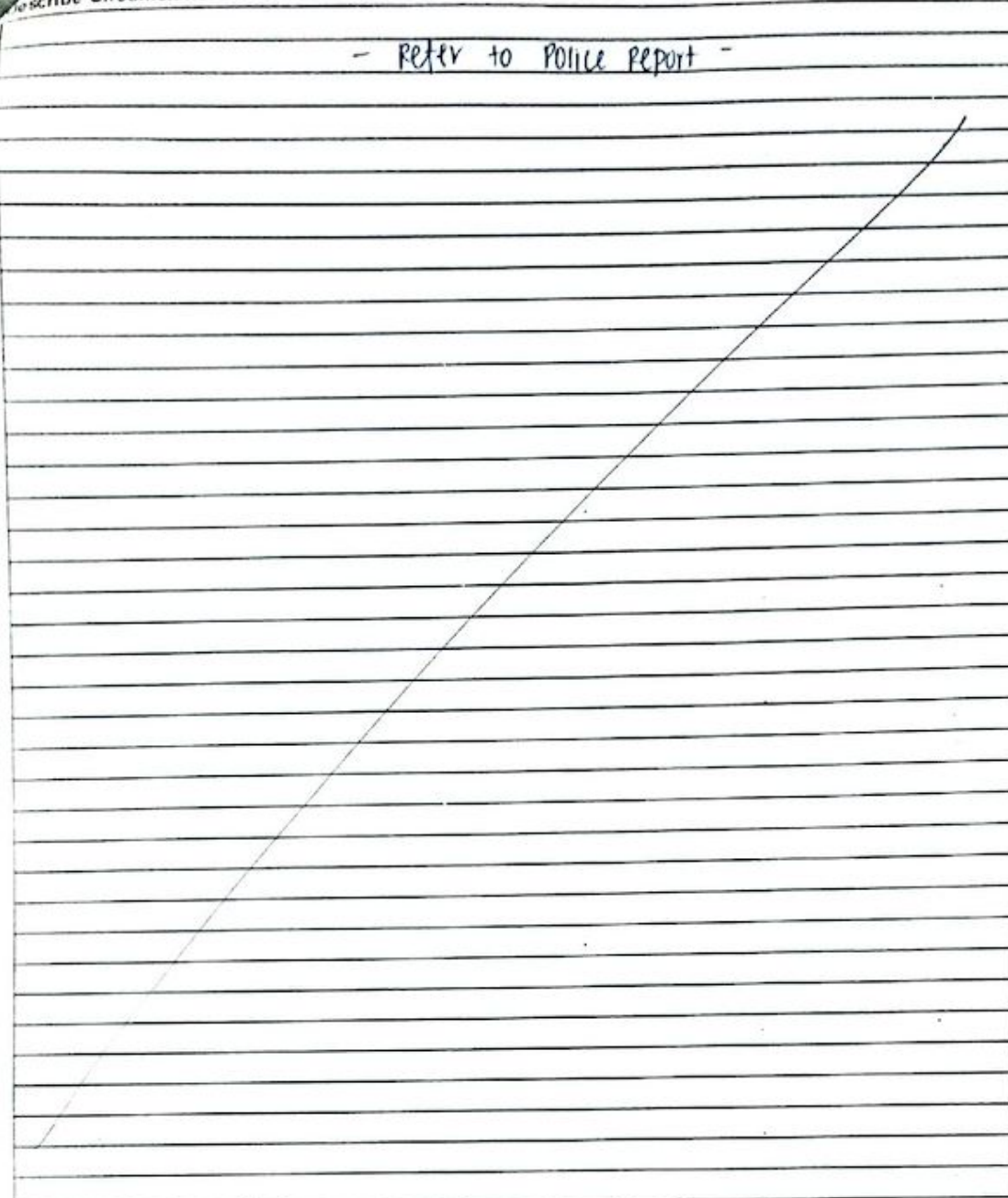
Vehicle A: SMP 5026E
Vehicle B: SMV125D
Vehicle C: GBJ4026Z
Vehicle D: SH8323Z
Vehicle E: EMS4331P

(TE/AYE) before Balestien



Describe Circumstances of the Accident

- Refer to Police Report -



Declaration

I/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

Scanned with CamScanner





















**SINGAPORE
POLICE FORCE**



T/20210726/7013

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

1 of 3
Report No. T/20210726/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2021 11:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEO KHEE PENG			Address: 317D ANCHORVALE ROAD #09-206 SINGAPORE 544317		
ID Type / ID No.: NRIC NO / S7223324G			Contact No.: Home/Office: Mobile: 98787997		
Nationality: SINGAPORE CITIZEN			Email: ykheep@hotmail.com		
Sex: Male	Age: 49	Date of Birth: 21/06/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Project Manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/07/2021 12:15	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	Conditio	No of
GBJ4026Z	Lorry				Slightly Damaged	0
SH8323Z	Car				Seriously Damaged	3
SMP5026E	Car	HONDA	VEZEL	White	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210726/7013

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

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Report No. T/20210726/7013

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMS4331P	Car				Seriously Damaged	0
SMV125D	Car	LEXUS		White	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP5026E	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO KHEE PENG		ID No. S7223324G
Related Vehicle	SMP5026E (Car)		Contact No. 98787997
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	25/07/2021		Date 25/07/2021
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 25/07/2021 AT ABOUT 12:15HR, I WAS DRIVING MY VEHICLE - SMP5026E, ALONG WITH A MALE PASSENGER IN MY VEHICLE. WE WERE TRAVELLING ALONG CTE IN THE DIRECTION OF AYE, BEFORE BALESTIER EXIT WHEN THE FRONT VEHICLE STOPPED DUE TO A MOTORCYCLIST ON LANE 2. I STOPPED MY VEHICLE AND WAS STATIONARY FOR ABOUT 4 SECONDS WHEN I FELT THE FIRST IMPACT, SHORTLY FOLLOWED BY A SECOND AND THIRD IMPACT. SUBSEQUENTLY, WHEN I ALIGHTED THE VEHICLE, I THEN REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION OF 5 VEHICLES.

I THEN SEEK MEDICAL ATTENTION AT INTEMEDICAL KOVAN AND WAS GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20210726/7013

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

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Report No. T/20210726/7013

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 / TPHQ /
QHAIRIL BIN ZULKEFLEE
Contact No.: 65476187

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:
26/07/2021 11:34

Classification Of Case:

