

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	06/09/2021 19:25 (SGT)
Date of Accident	04/09/2021 19:12 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CITY B4 BUKIT TIMAH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC1683M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MR YIP TINN CHIE WESLEY
NRIC No	SXXXX098D
Email Address	yiptcw90059751@gmail.com
Mobile Phone No	(Phone) +65-90059751
Alternative Phone No	+65-90059751

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	21-MT000086-R03
Cover Note Number	-

DRIVER

Name of Driver	MR YIP TINN CHIE WESLEY
NRIC No	SXXXX098D

Date Of Birth	09/05/1971
Occupation	Indoor
Date Of Driving Pass	24/12/1999
Driving experience	21 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90059751
Alt. Phone Number	+65-90059751
Email Address	yiptcw90059751@gmail.com
Address	BLK 183 TOA PAYOH CENTRAL
Address complement	#03-272
Postcode	310183
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

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 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	PAULINE ANG AI LEEN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210904/2104

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	SKD3530R
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAVIER ENG TZE KAI
Contact Number	(Phone) +65-8939469
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	UNKNOWN
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
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	MR YIP TINN CHIE WESLEY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJC1683M
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person	PAULINE ANG AI LEEN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJC1683M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

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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/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.

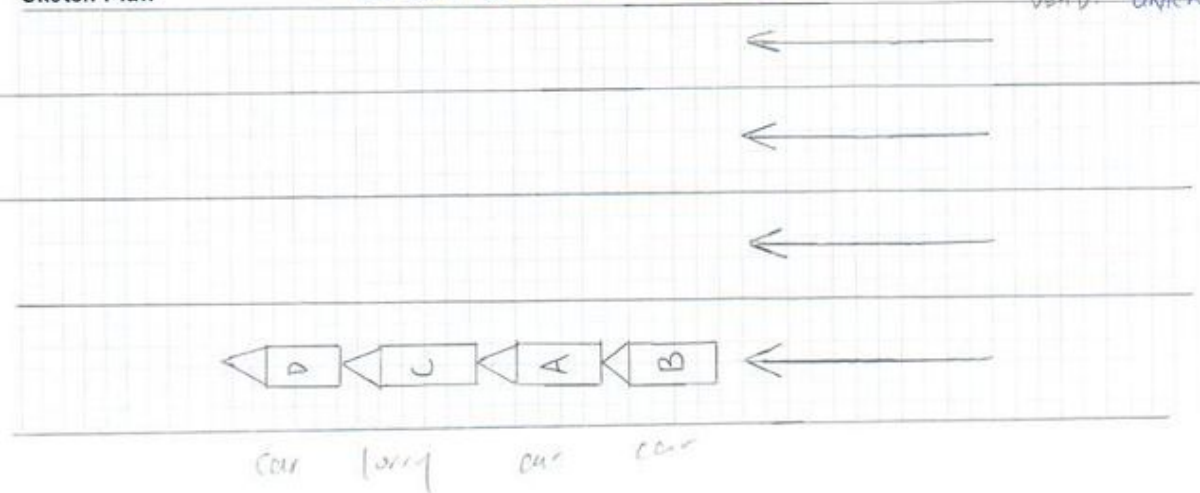
* 
Policyholder's Signature / Date & Time

Sketch Plan

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

CITY BEFORE BUKIT TIMAH EXIT

 06/09/21
Witnessed by Reporting Centre Personnel
VEH A: 53L 1633 M
VEH B: SK03530 R
VEH C: - UNKNOWN
VEH D: - UNKNOWN




Describe Circumstances of the Accident


PLEASE REFER TO POLICE REPORT

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

 06/09/21
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210904/2104

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

2 of 4

Report No. T/20210904/2104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Passenger		Use of Pedestrian Crossing: NA	
Name	PAULINE ANG AI LEEN		ID No. S7600077H
Related Vehicle	SJC1683M (Car)		Contact No. 91763254
Hospital/Clinic	INTEMEDICAL KOVAN		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	03	Date Discharge	NIL
Driver			Degree of Injury NIL
Name	YIP TINN CHIE WESLEY		
Related Vehicle	SJC1683M (Car)		ID No. S7115098D
Hospital/Clinic	INTEMEDICAL KOVAN		Contact No. 90059751
Date Treatment	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
No. of Days granted Medical Leave	03	Date Discharge	NIL
Driver			Degree of Injury NIL
Name	JAVIER ENG TZE KAI		
Related Vehicle	SKD3530R (Car)		ID No. S8939469D
Hospital/Clinic	NIL		Contact No. NIL
Date Treatment	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
Driver			Degree of Injury NIL

Brief Details.

On the 04/09/2021 at about 1912hrs, I was travelling in my vehicle (SJC1683M) together with my wife along Central Expressway(CTE) exit Rangoon Road.

I was traveling at the most left lane. It was raining heavily and the traffic was heavy at the point of time. My speed was about 50km/h. There was one lorry traveling in front of me stopped. As such, I stopped my vehicle behind the lorry. However, after I stopped behind the lorry, my wife and I felt a strong impact from the rear. The impact caused my vehicle to move in front and hit on the lorry's rear.



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Tel No: 1800-2519999

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Report No. T/20210904/2104

CONTINUATION OF REPORT

After the collision, I came down from my vehicle and discovered a vehicle (SKD3530R) which was traveling behind my car, had hit onto my vehicle. No one was injured and required immediate medical attention. We then exchanged our particulars. Subsequently, Traffic police came down to scene.

Both my vehicle's front bonnet and car boot area sustain dent marks. My wife and I went to consult a doctor, we were given 3 days of MC dated from 04/09/2021 to 06/09/2021.

My vehicle do not have In-car camera.

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SINGAPORE POLICE FORCE



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Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 310104
Tel No: 1800-2510999

1 of 4

Report No: 11202100000000000000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2021 23:10		Video Report No.:		Station Entry No: 116	
Informant's Particulars					
Name of Informant: YIP TINN CHIE WESLEY			Address: APT BLK 183 TOA PAYOH CENTRAL #03-212 SINGAPORE 310183		
ID Type / ID No.: NRIC NO / S7115098D			Contact No.: Home/Office: Mobile: 90059751		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 09/05/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/09/2021 19:10	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulances: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC1683M	Car	HYUNDAI	HD AVANTE 1.6 A	Silver		1
SKD3530R	Car	BMW	523I A	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJC1683M	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT000086	01/02/2018	31/01/2022

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T/20210904/2104

4 of 4

Report No. T/20210904/2104

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

E /
Sgt 3 XIA XUESignature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
04/09/2021 23:16Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476232

Classification Of Case:

Authentication Stamp
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POLICE FORCE

SN 168



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