

# 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 ..... 07/09/2021 15:00 (SGT)  
Date of Accident ..... 06/09/2021 18:10 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... AYE AFTER BUONA VISTA EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK796E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ABWIN LEASING PTE LTD  
Company Reg No ..... 201223082Z  
Email Address ..... paulinekoh@abwinleasing.sg  
Mobile Phone No ..... (Phone) +65-67499699  
Alternative Phone No ..... (Office) +65-67499699

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... DMCVSNA00069252101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOH YONG JIE  
NRIC No ..... S9329460B

Date Of Birth .....	12/08/1993
Occupation .....	Outdoor
Date Of Driving Pass .....	19/08/2016
Driving experience .....	5 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-83233020
Alt. Phone Number .....	-
Email Address .....	Brendonkyj@gmail.com
Address .....	BLK 92 HENDERSON ROAD #10-186
Address complement .....	-
Postcode .....	150092
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JHL8119
Vehicle Category .....	Private car

#### PASSENGER 1

Name .....	AMANDA YEO HUI JUAN
Gender .....	Female

#### 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

PLEASE REFER TO THE ATTACHED POLICE REPORT NO: T/20210907/7010.

#### 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 .....	WITH POLICE
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XE410P
Vehicle Manufacturer .....	Volvo
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 2

Vehicle Registration Number .....	GBC361T
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Fuso
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	AMANDA YEO HUI JUAN
Gender .....	Female
Phone No .....	(Phone) +65-83233020
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN, SHOULDER PAIN, BACK PAIN, LEFT KNEE PAIN.
Injured person in which vehicle? .....	GBK796E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	KOH YONG JIE
Gender .....	Male
Phone No .....	(Phone) +65-83233020
Address .....	BLK 92, HENDERSON ROAD #10-186
Address Complement .....	-
Post Code .....	150092
Approximate Age Years Old .....	28
Injuries Sustained .....	NECK PAIN, SHOULDER PAIN, BACK PAIN, RIGHT CALF PAIN.
Injured person in which vehicle? .....	GBK796E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

Describe Circumstances of the Accident

Please refer to the attached police report no. : T/20210907/7010

Declaration

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

Policyholder's  
Signature/Date & Time

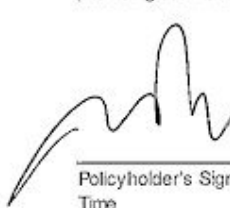

Driver's Signature(if driver is  
not the  
policyholder)/Date&Time


Witnessed by Reporting Centrer  
Personnel


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

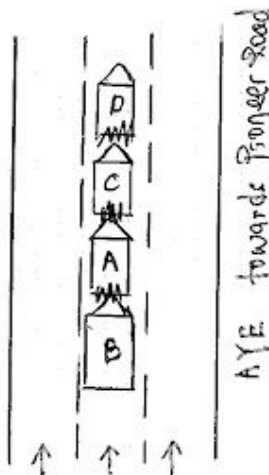
   
Policyholder's Signature / Date & Time

 7/9/2011 1407hrs  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

## Sketch Plan

A: GBK 796 E  
B: XE 410 P  
C: JHL 8119  
D: GBC 3617













































































**SINGAPORE  
POLICE FORCE**



T/20210907/7010

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

Report No. T/20210907/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2021 11:47		Vide Report No.: D/20210906/0097		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH YONG JIE			Address: 92 HENDERSON ROAD #10-186 SINGAPORE 150092		
ID Type / ID No.: NRIC NO / S9329460B			Contact No.: Home/Office: Mobile: 83233020		
Nationality: SINGAPORE CITIZEN			Email: BRENDONKYJ@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 12/08/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry: 19/08/2016

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/09/2021 18:10	Type of Location: Expressway
Location:  AYE EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Chain				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC361T	Lorry	MITSUBISHI	FUSO	White		0
GBK796E	Van					0
JHL8119	Malaysian car			Brown		1
XE410P	TIPPER TRUCK	VOLVO	FMX	Green		0





**SINGAPORE  
POLICE FORCE**



T/20210907/7010

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

Report No. T/20210907/7010

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH YONG JIE	ID No.	S9329460B
Related Vehicle	GBK796E (Van)	Contact No.	83233020
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: 19/08/2016
Date	06/09/2021	Date	06/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	YEO HUI JUAN AMANDA	ID No.	S9507363H
Related Vehicle	GBK796E (Van)	Contact No.	92740733
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	06/09/2021	Date	06/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	CHEW WEI JACK	ID No.	G2303406P
Related Vehicle	JHL8119 (Malaysian car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3C Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE  
POLICE FORCE**



T/20210907/7010

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

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Report No. T/20210907/7010

**CONTINUATION OF REPORT**

Driver			
Name	KARUPPAIYA RAMANATHAN	ID No.	G8009116N
Related Vehicle	XE410P (TIPPER TRUCK)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

My girlfriend, Amanda Yeo Hui Juan, and myself were travelling towards pioneer road along AYE around 6.10pm when the accident occurred. It was peak hour and the sign board indicated that the exit at clementi Ave 6 were heavy so I drove on the second lane. After buona vista exit, GBC 361T slow down and subsequently came to a hard stop, which resulted in the Malaysian car JHL 8119 and myself to do the same. All of us break in time even it was sudden, but the loaded Tipper truck XE410P was not able to and it collide with a huge impact to the back of my van. Which resulted in the chain collision. The impact was quite huge and my girlfriend and myself were in pain so I called the ambulance to convey her to the hospital while I stayed to run through the whole procedure of the accident before going to the hospital myself. My SD card for the dash cam was taken by a police officer and I have photos of the particulars of the drivers at the back and front of my vehicle with the photos of the damages.





**SINGAPORE  
POLICE FORCE**

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



T/20210907/7010

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Report No. T/20210907/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2021 11:47
Officer In Charge Of Case: TP / TPIB / MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case:

NP168