

# 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 .....	20/09/2021 19:46 (SGT)
Date of Accident .....	18/09/2021 15:50 (SGT)
Exact Location of Accident .....	New Upper Changi Rd, Singapore
Additional Location Information .....	TOWARDS CHAI CHEE DRIVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBA3599R
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	EZY-1 LEASING PTE LTD
Company Reg No .....	2XXXXX333W
Email Address .....	dmbkrico60@gmail.com
Mobile Phone No .....	(Phone) +65-87780300
Alternative Phone No .....	+65-97212829

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Commercial vehicle
Transmission .....	Manual
CC .....	2754

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	DMCVSNA00092812000
Cover Note Number .....	-

### DRIVER

Name of Driver .....	VANN TAI YONG JI
NRIC No .....	SXXXX869B

Date Of Birth .....	27/09/1994
Occupation .....	Outdoor
Date Of Driving Pass .....	19/04/2016
Driving experience .....	5 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97212829
Alt. Phone Number .....	-
Email Address .....	vanntaiyj@gmail.com
Address .....	BLK 42 BEDOK SOUTH ROAD #12-747
Address complement .....	-
Postcode .....	460042
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 - Change/cross lane
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 vehicle 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 .....	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 SKETCH AND POLICE REPORT T/20210920/7037

#### 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 .....	SKX1974B
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 .....	VANN TAI YONG JI
Gender .....	Male
Phone No .....	(Phone) +65-97212829
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBA3599R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

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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.



*[Handwritten signature]*

*[Handwritten signature]* 20/09/2021

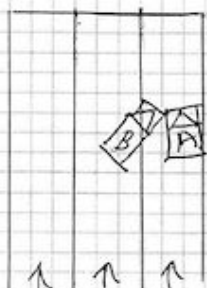
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

*XPRV UPPER CHANGI ROAD (TANJONG CHANGI CHURCH DR)*



A: GBA3599R  
B: SKX1974B

Describe Circumstances of the Accident

ON THE STATED VENUE, DATE AND TIME  
I VEHICLE A BEARING CARPLATE (CBA359R)  
WAS TRAVELLING STRAIGHT IN MY LANE  
ON LANE 1, SUDDENLY VEHICLE B BEARING  
CARPLATE (SKX1974B) CUT IN FROM LANE 2  
ABRUPTLY INTO MY LANE CAUSING ME TO COLLIDE INTO  
HIM.

POLICE REPORT 1/20210920/7037

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

Witnessed by Reporting Centre Personnel

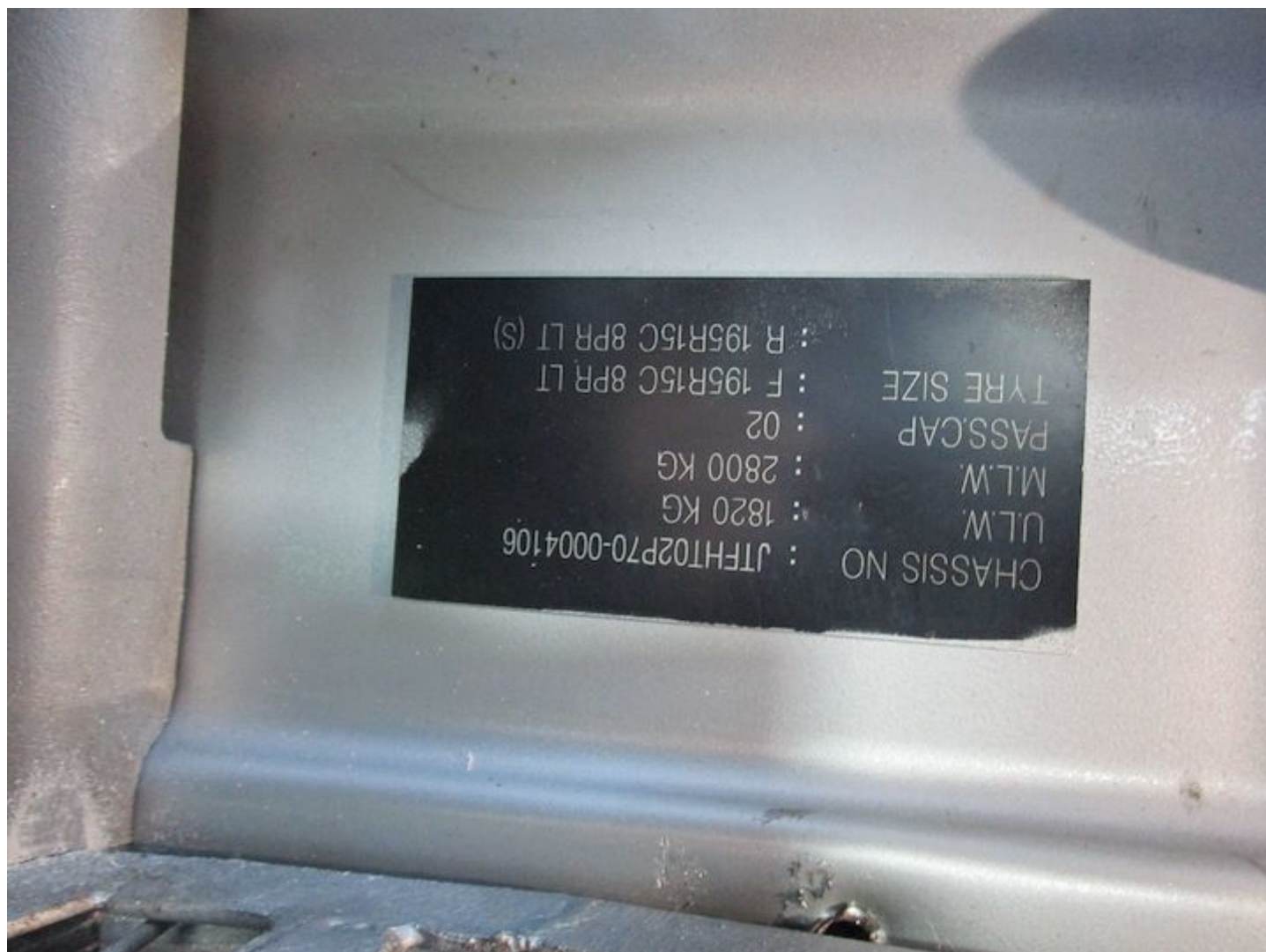
20/09/2021





















**SINGAPORE  
POLICE FORCE**



T/20210920/7037

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

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Report No. T/20210920/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/09/2021 16:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: VANN TAI YONG JIE			Address: 42 BEDOK SOUTH ROAD #12-747 SINGAPORE 460042		
ID Type / ID No.: NRIC NO / S9434869B			Contact No.: Home/Office: Mobile: 97212829		
Nationality: SINGAPORE CITIZEN			Email: VANNTAIYJ@GMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 27/09/1994	Type of Informant: Driver		
Race: Chinese			Language: English		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: 18/09/2021 15:50	Type of Location: Straight Road
Location:  NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBA3599R	Van				Seriously Damaged	0
SKX1974B	Car				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210920/7037

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

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Report No. T/20210920/7037

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VANN TAI YONG JIE	ID No.	S9434869B
Related Vehicle	GBA3599R (Van)	Contact No.	97212829
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	18/09/2021	Date	18/09/2021
No. of Days granted Medical Leave	02	Degree of	Slight

## Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE GBA3599R WAS TRAVELLING STRAIGHT IN MY LANE ON THE MOST RIGHT LANE, LANE 1.

SUDDENLY, VEHICLE B, BEARING CAR PLATE SKX1974B CUT INTO MY LANE FROM LANE 2.

HE CUTTED IN ABRUPTLY CAUSING ME TO COLLIDE INTO HIM.

AFTER THE ACCIDENT, I SUFFERED INJURIES ON MY HEAD, NECK, SHOULDER AND BACK. SO I WENT TO LIFEPLUS MEDICAL GROUP @ BEDOK TO CONSULT A DOCTOR AND RECEIVED 2 DAYS OF MC FROM 18-SEPT-2021 TO 19-SEPT-2021.

I LIKE TO STATE THAT I STILL SUFFERED THE CONTINUOUS PAIN AFTER THE 2 DAYS OF MC.



**SINGAPORE  
POLICE FORCE**

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



T/20210920/7037

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Report No. T/20210920/7037

**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 /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
20/09/2021 16:16

Classification Of Case: