SY0A21C30002-01 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 03/12/2021 16:06 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 2 (06/12/2021 11:43 (SGT))



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 witholding 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 03/12/2021 16:06 (SGT) Date of Accident 02/12/2021 18:25 (SGT) Exact Location of Accident SLE, Singapore Additional Location Information

SLE TOWARDS CTE BEFORE MANDAI Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC7746B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHRISTOPHER CHIN TECK LOONG NRIC No SXXXX542G Email Address SAMUELFREDERICK18@GMAIL.COM Mobile Phone No (Phone) +65-92369684 Alternative Phone No (Home) +65-92369684

VEHICLE PARTICULARS

/lanufacturer Mitsubishi Model Lancer Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Private use

No - Claiming third party Private car Auto

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number 5119218179-01 Cover Note Number

DRIVER

Name of Driver SAMUEL CHIN KAI JIE NRIC No SXXXX975I

Date Of Birth 12/04/1997 Occupation Indoor Date Of Driving Pass 12/12/2018 Driving experience 3 YEARS Gender Mobile Number (Phone) +65-92369684 Alt. Phone Number Email Address SAMUELFREDERICK18@GMAIL.COM Address APT BLK 166 YISHUN RING ROAD #09-723 Address complement Postcode 760166 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent 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 Dry 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) 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 REFER TO ATTACHED 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 SMH8365Z Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMA569S -
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	Sompo Insurance Singapore Pte. Ltd.
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Will British I	
Vehicle Registration Number	SMY9979G
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	Tokio Marine Insurance Singapore Ltd
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
140. Of assenger (including briver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SAMUEL CHIN KAI JIE
Gender	
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	- <u>-</u>
Injured person in which vehicle?	SJC7746B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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)

Lunderstand, 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.

MAG Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre & Time Personnel Sketch Plan A SJC 7746B 8-SMH 8365Z C:SMA 5698 A D: SMY 99796 A AB

Please	refer to the	ne police report	(T/20211202/7031),	(T/20211204/7041)
	The state of			
Grant Control				
			70.00	
claration				
declare the fo	oregoing particul	ers are true in every re	spect.	
01				
Q.		M		may
yholder's Sign	ature / Date &	Driver's Signature (& Time	If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel





Report No. T/20211202/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2021 20:54		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: CHIN KAI		Address: 14 LENTOR PLAIN SINGAPO	ORE 786516	
ID Type NRIC NO	/ ID No.: D / S97119	751	Contact No.: Home/Office: Mobile: 92369684		
Nationali SINGAP	ty: ORE CITIZ	EN	Email: samuelfrederick18@hotmail.c	com	
Sex: Male	Age: 24	Date of Birth: 12/04/1997	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Aeronautical engineering technician		eering technician	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2021 18:2	Type of Location Straight Road
Location: SELETAR EX	(PRESSWAY			
Weather:		Road Surface:		Road Speed Limit:
Weather; Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJC7746B	Car					0
SMA569S	Car					0
SMH8365Z	Car					0





2 of 3 Report No. T/20211202/7031

CONTINUATION OF REPORT

Details of Perso	n Involved			No. of the last	Carlo B	CONTRACTOR DESCRIPTION
Any Pedestrian I	nvolved: No	KIND OF THE				
No. of Pedestrian	s Injured: NIL		Use of Peo	destrian (Cross	sing: NA
Driver			NEO LES MARIES	Deliver to	1223	TO SERVICE STATE OF THE SERVIC
Name	SAMUEL CHIN KAI	SAMUEL CHIN KAI JIE		ID No.		S9711975I
Related Vehicle	SJC7746B (Car)			Contact	No.	92369684
Hospital/Clinic	MOUNT ALVERNIA	HOSPITA	L	Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date	10	02/12	/2021
No. of Days gran	ted Medical Leave	NIL	Degree of		Serio	us

Brief Details.

i was driving vah A on the mention date n time. The veh in front stopped n i stopped a few second later i felt an impact, when i alight i notice the veh (SMH8365Z) could not stop in time n hit the rear of my veh (SJC7746B) causing it to move forward n hit the veh (SMA569S) in front. I was given 4 days MC by mount alvernia hospital after i felt neck n shoulder pain.



3 of 3 Report No. 7/20211202/7031

CONTINUATION OF REPORT

Sketch	Plan
Ollowoll	T. HORY P.

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: 02/12/2021 20:54
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case;





Report No. T/20211204/7041

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 121 23:59	/lade:	Vide Report No.: T/20211201/7031	Station Diary No.:	
Informa	nt's Partice	ulars			
And the second	Informant: LCHIN KAI		Address: 14 LENTOR PLAIN SINGAPO	ORE 786516	
	/ ID No.: D / S971197	751	Contact No.: Home/Office: Mobile: 92369684		
National SINGAP	ity: ORE CITIZ	EN	Email: Samuelfrederick18@hotmail.e	com	
Sex: Male	Age: 24	Date of Birth: 12/04/1997	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Aeronautical engineering technician			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2021 18:30	Type of Location Straight Road
Location: SELETAR EX	PRESSWAY			
Weather:		Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow: One Way		Road Surface: Dry Traffic Control: Not Controlled		Road Speed Limit: 70 Km/h Traffic Volume: Moderate

Details of V	ehicle Invo	ived	sa the military as bed			
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJC7746B	Car					0
SMA569S	Car					0
SMH8365Z	Car					0
SMY9979G	Car					0





Report No. T/20211204/7041

CONTINUATION OF REPORT

Details of Perso	on Involved					THE RESERVE OF THE PARTY OF THE
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	NAME OF TAXABLE PARTY.		A MINISTER OF THE PARTY OF THE		1000	Manufacture and the second
Name	SAMUEL CHIN KAI JIE			ID No.		S9711975I
Related Vehicle	SJC7746B (Car)			Conta	ct No.	92369684
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		02/12	/2021
No. of Days gran	ted Medical Leave	NIL	Degree of		Serio	

Brief Details.

I would like to add on that it was a 4 veh chain accident involved instead of 3 chain accident veh. 1st veh SMA569S 2nd SJC 7746B 3rd veh SMH8365Z 4th veh SMY9979G respectively. I was shock by the incident n did not take





3 of 3 Report No. T/20211204/7041

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: 04/12/2021 23:59
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Ge Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 5665500206 / GST Reg. No.: N400017735

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 : SYOA21 C30002 ___Vehicle Registration No: _SIC +14613 Name (as shown in NRIC): Christopher Chin Teck Loong NRIC/FIN/Passport No : 316095426 ("Vehicle Driver/Vehicle Owner)(") Please delete as appropriate Blk 640 Choo Chu Kana Street 64 #09-79 Address Singapore(690642) Contact (Tel) Mobile No.: 9105 9542 : samuelfrederick 18 @ hotmail. com **Email Address** Date of Accident : 02.12.2021 Time of Accident: SLE towards CTE Before Mandai Place of Accident Insurance Company: NTUC (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: other vehicle property 3: SMY 9979G amendment police report Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date:

Name: NRIC/FINNo.: Date:

GLASIMC addendumform_V3