

# 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 .....	28/03/2022 16:55 (SGT)
Date of Accident .....	28/03/2022 07:40 (SGT)
Exact Location of Accident .....	BKE, Singapore
Additional Location Information .....	BKE TOWARDS CITY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMZ5348Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GUAN TRANSPORT
Company Reg No .....	5XXXX444D
Email Address .....	SHENGGUANYEO@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91265827
Alternative Phone No .....	(Home) +65-91265827

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Sienta
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 .....	0

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5121905507
Cover Note Number .....	-

### DRIVER

Name of Driver .....	YEO SHENG GUAN
NRIC No .....	SXXXX872G

Date Of Birth .....	03/09/1959
Occupation .....	Outdoor
Date Of Driving Pass .....	17/08/1977
Driving experience .....	44 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91265827
Alt. Phone Number .....	-
Email Address .....	SHENGGUANYEO@GMAIL.COM
Address .....	APT BLK 139 MARSILING ROAD #07-2040
Address complement .....	-
Postcode .....	730139
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	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) .....	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

#### REFER TO ATTACHED

#### 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 OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLG5850B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	TAN CHEE HEONG
Contact Number .....	(Phone) +65-91801230
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	AIG Asia Pacific Insurance 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 .....	SME5070J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KHAIRUL
Contact Number .....	(Phone) +65-87868921
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 .....	SLN808X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	DEREK
Contact Number .....	(Phone) +65-82008808
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 4

Vehicle Registration Number .....	PC1283M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	VISWANATHAN BABU
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 .....	YEO SHENG GUAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMZ5348Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



### Describe Circumstances of the Accident

Refer to the police report (T/20220328/7031) & (T/20220328/7038)

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

Shirley

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

MAC

Witnessed by Reporting Centre  
Personnel







































































**SINGAPORE  
POLICE FORCE**



T/20220328/7031

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

1 of 3

Report No. T/20220328/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/03/2022 13:37	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: YEO SHENG GUAN		Address: 139 MARSILING ROAD #07-2040 SINGAPORE 730139	
ID Type / ID No.: NRIC NO / S1342872G		Contact No.: Home/Office: Mobile: 91265827	
Nationality: SINGAPORE CITIZEN		Email: SHENGGUANYEO@GMAIL.COM	
Sex: Male	Age: 62	Date of Birth: 03/09/1959	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Supply and distribution/Logistics/Warehousing manager		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2022 07:40	Type of Location: Straight Road
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
PC1283M	Bus/Coach/Mi nibus					0
SLG5850B	Car					0
SLN808X	Car					0
SME5070J	Car					0



**SINGAPORE  
POLICE FORCE**



T/20220328/7031

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

2 of 3

Report No. T/20220328/7031

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMZ5348Z	Car	TOYOTA	SIENTA		Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG5850B	AIG MALAYSIA INSURANCE BERHAD			
SMZ5348Z	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 SHENG GUAN		ID No. S1342872G
Related Vehicle	SMZ5348Z (Car)		Contact No. 91265827
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date	28/03/2022		Date 28/03/2022
No. of Days granted Medical Leave	07	Degree of	Serious

**Brief Details.**

ON 28.03.2022 AT ABOUT 07:40AM, I WAS TRAVELLING ALONG BKE TOWARDS CITY (BEFORE EXIT 7). THE FRONT VEHICLE SLOWED DOWN AND STOPPED, I FOLLOWED. SUDDENLY I FELT AN IMPACT FROM MY REAR AND MY VEHICLE MOVED FORWARD TO HIT THE FRONT VEHICLE. I WAS INVOLVED IN A 5 VEHICLES CHAIN COLLISION.

I FELT DISCOMFORT AT THE BACK AND NECK ACHE. I PROCEED TO SEEK MEDICAL TREATMENT AT A LIFE CLINIC PTE. LTD. I HAVE 7 DAYS MEDICAL LEAVE.

Pls note this is <sup>an</sup> amendment for (T/20220328/7031)



**SINGAPORE  
POLICE FORCE**

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



T/20220328/7031

3 of 3

Report No. T/20220328/7031

**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 / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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

Date/Time:  
28/03/2022 13:37

Classification Of Case:

NP168





**SINGAPORE  
POLICE FORCE**



T/20220328/7038

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

1 of 3

Report No. T/20220328/7038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/03/2022 14:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: YEO SHENG GUAN			Address: 139 MARSILING ROAD #07-2040 SINGAPORE 730139	
ID Type / ID No.: NRIC NO / S1342872G			Contact No.: Home/Office: Mobile: 91265827	
Nationality: SINGAPORE CITIZEN			Email: SHENGGUANYEO@GMAIL.COM	
Sex: Male	Age: 62	Date of Birth: 03/09/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Supply and distribution/Logistics/Warehousing manager			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 28/03/2022 07:40	Type of Location: Straight Road
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
PC1283M	Bus/Coach/Mi nibus					0
SLG5850B	Car					0
SLN808X	Car					0
SME5070J	Car					0



**SINGAPORE  
POLICE FORCE**



T/20220328/7038

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

2 of 3  
Report No. T/20220328/7038

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMZ5348Z	Car	TOYOTA	SIENTA		Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ5348Z	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 SHENG GUAN	ID No.	S1342872G
Related Vehicle	SMZ5348Z (Car)	Contact No.	91265827
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date	28/03/2022	Date	28/03/2022
No. of Days granted Medical Leave	07	Degree of	Serious

## Brief Details.

ON 28.03.2022 AT ABOUT 07:40AM. I WAS TRAVELLING ALONG BKE TOWARDS CITY (BEFORE EXIT 7). THE FRONT VEHICLE SLOWED DOWN AND STOPPED, I FOLLOWED. SUDDENLY, I FELT AN IMPACT FROM MY REAR AND MY VEHICLE MOVED FORWARD TO HIT THE FRONT VEHICLE. I WAS INVOLVED IN A 5 VEHICLES CHAIN COLLISION.

I FELT DISCOMFORT AT THE BACK AND NECK ACHE. I PROCEED TO SEEK MEDICAL TREATMENT AT A LIFE CLINIC PTE. LTD. I HAVE 7 DAYS MEDICAL LEAVE.

PLEASE NOTE THIS IS AN AMENDMENT FOR (T/20220328/7031).



**SINGAPORE  
POLICE FORCE**

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



T/20220328/7038

3 of 3

Report No. T/20220328/7038

**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 / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
28/03/2022 14:32

Classification Of Case:



