

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.

- 4. The issue and acceptance of this is form by instrained 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

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 Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy 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 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? Nο If No. Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο 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? Nο 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SLG5850B**

Accident report SY0A223S0003

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

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

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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;
- (ii) 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.

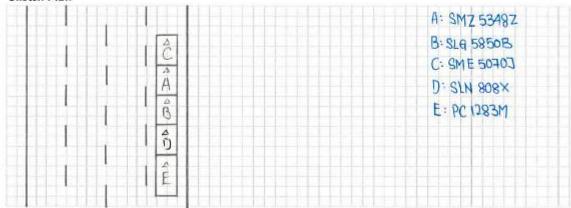


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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neset	70	THE	Volice	TEWIT	(T 20220328 7031) & (T 20220328 7038)
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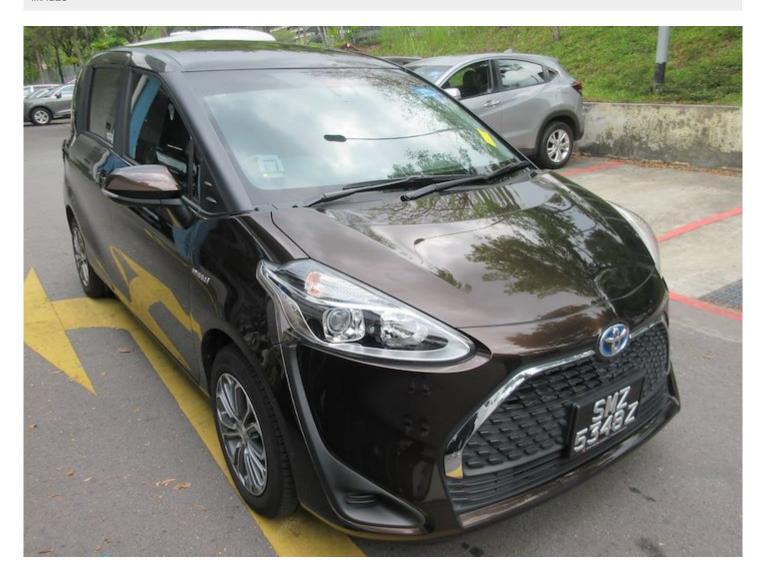
Declaration

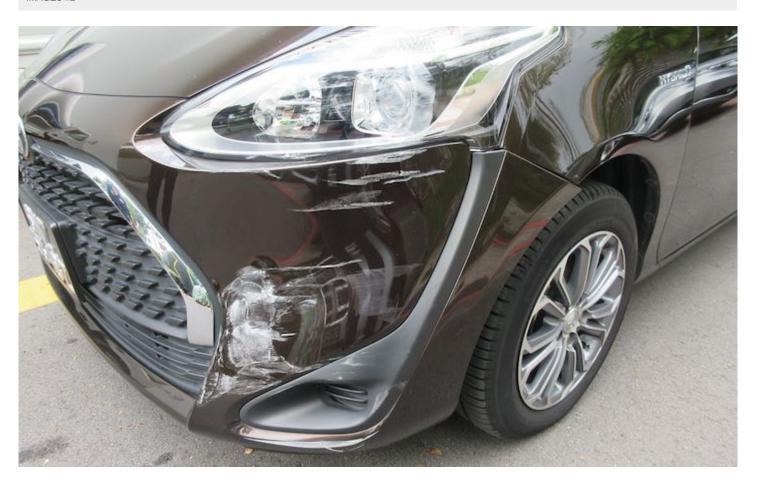
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel









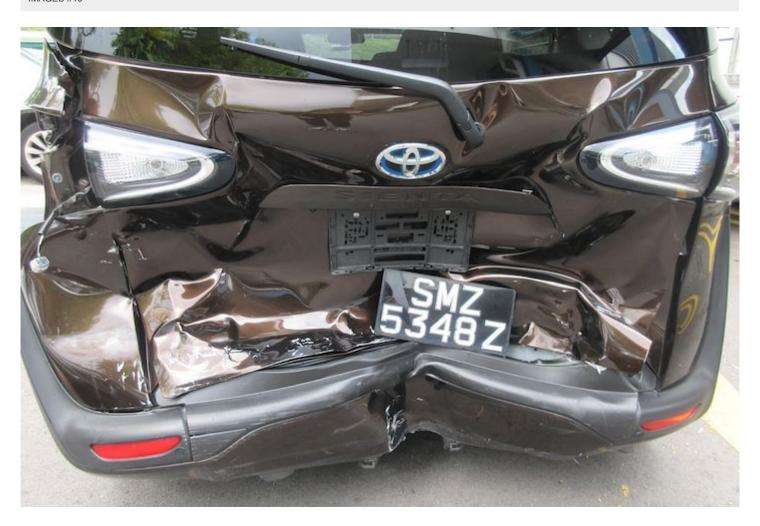




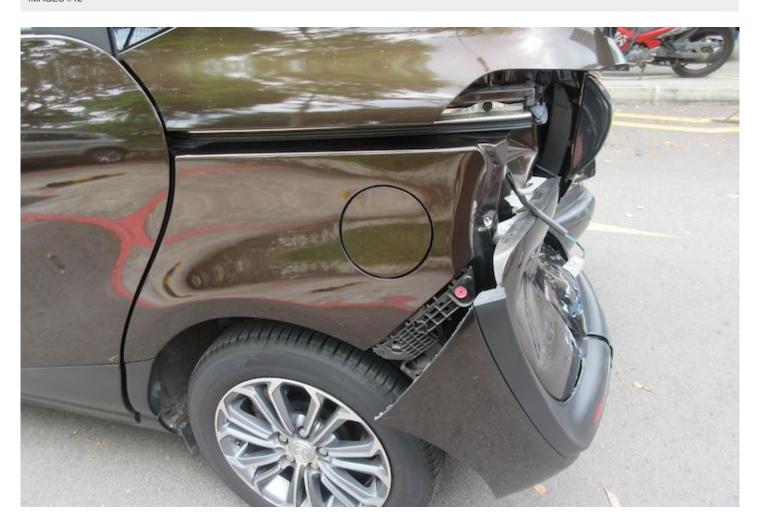


















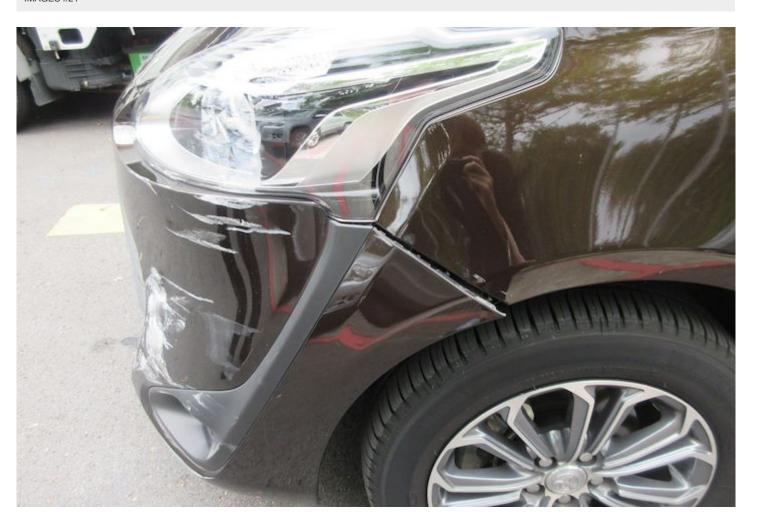


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220328/7031

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 122 13:37	/lade;	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	Informant: ENG GUA		Address: 139 MARSILING ROAD #07-2	2040 SINGAPORE 730139
	/ ID No.: D / S13428	72G	Contact No.: Home/Office:	Mobile: 91265827
National SINGAP	ity: ORE CITIZ	ΈN	Email: SHENGGUANYEO@GMAIL.	СОМ
Sex: Male	Age: 62	Date of Birth: 03/09/1959	Type of Informant: Driver	1Å
Race: Chinese			Language: English	Institution / School Name:
Occupat Supply a distributi manager	ind on/Logistic	s/Warehousing	Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

Type of Accident;	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2022 07:40	Type of Location Straight Road
Location: BUKIT TIMAI Weather:	H EXPRESSWAY	Road Surface:	[1	Road Speed Limit:
Trouding.				town opens within.
Clear		Dry		90 Km/h
		Dry Traffic Control; Not Controlled		

Details of Vehicle Involved						
Туре	Make	Model	Color	Conditio	No of	
Bus/Coach/Mi nibus					0	
Car					0	
Car					0	
Car					0	
	Type Bus/Coach/Mi nibus Car	Type Make Bus/Coach/Mi nibus Car Car	Type Make Model Bus/Coach/Mi nibus Car Car	Type Make Model Color Bus/Coach/Mi nibus Car Car	Type Make Model Color Conditio Bus/Coach/Mi nibus Car Car	





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.	Туре	Make	Model	Color	Conditio	No of
SMZ5348Z	Car	TOYOTA	SIENTA		Seriously Damaged	

Details of V	ehicle Insurance			MALINE
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG5850B	AIG MALAYSIA INSURANCE BERHAD	Vi		
SMZ5348Z	NTUC Income Insurance Co-Operative			

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian Cro	ssing: NA	
Driver		and said				
Name	YEO SHENG GUAN	YEO SHENG GUAN		ID No.	S1342872G	
Related Vehicle	SMZ5348Z (Car)	SMZ5348Z (Car) A LIFE CLINIC PTE LTD		Contact No	91265827	
Hospital/Clinic	A LIFE CLINIC PTE			Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date	28/03/2022	1990.70	Date	28/	03/2022	
No. of Days gran	ted Medical Leave	07	Degree of	f Ser	ious	

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 TREAMENT AT A LIFE CLINIC PTE, LTD. I HAVE 7 DAYS MEDICAL LEAVE.

Pla note this is immendment for (7/2022 03 28/7031)





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 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 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: 28/03/2022 13:37
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:





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

	ne Report M 122 14:32	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	HOME MORE DESCRIPTION	HELD OF THE STORY
300000000000000000000000000000000000000	Informant: ENG GUAI		Address: 139 MARSILING ROAD #07-2	2040 SINGAPORE 730139
	D Type / ID No.: NRIC NO / S1342872G		Contact No.: Home/Office:	Mobile: 91265827
National SINGAP	ity: ORE CITIZ	EN .	Email: SHENGGUANYEO@GMAIL.	сом
Sex: Male	Age: 62	Date of Birth: 03/09/1959	Type of Informant: Driver	
Race: Chinese		**	Language: English	Institution / School Name:
Occupat Supply a distributi manage	ind on/Logistic	s/Warehousing	Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 28/03/2022 07:40	Type of Location Straight Road
BUKIT TIMAH	EXPRESSWAY			
Weather: Clear		Road Surface; Dry		Road Speed Limit: 90 Km/h
		The state of the s		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
PC1283M	Bus/Coach/Mi nibus					0
SLG5850B	Car					0
SLN808X	Car					0
SME5070J	Car					0





2 of 3

Report No. T/20220328/7038

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

CONTINUATION OF REPORT

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMZ5348Z	Car	ТОУОТА	SIENTA		Seriously Damaged	C-0/12 C

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ5348Z	NTUC Income Insurance Co-Operative Limited			

Details of Perso	n Involved	Carrie Marine	= 6, 72/08	
Any Pedestrian I	nvolved: No			
No. of Pedestrian	s 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		28/0	3/2022
No. of Days gran	ted Medical Leave 07	Degree of	Serie	ous

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 TREAMENT AT A LIFE CLINIC PTE. LTD. I HAVE 7 DAYS MEDICAL LEAVE.

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 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 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: 28/03/2022 14:32
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
NP168	

