



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	11/05/2022 18:59 (SGT)
Date of Accident	29/04/2022 21:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KALLANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7593P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KOUFU PTE LTD
Company Reg No	199602661M
Email Address	ruth.tee@koufu.com.sg
Mobile Phone No	(Phone) +65-65060166
Alternative Phone No	(Office) +65-65060166

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	CADDY 1.6 TDI MT 2CAA72
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00041572201
Cover Note Number	27/4/22-26/4/23

DRIVER

Name of Driver	YEW YEU HENG ALEX(YU YAOXING,ALEX)
NRIC No	S8141442D

Date Of Birth	19/12/1981
Occupation	Indoor
Date Of Driving Pass	22/01/2019
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94749319
Alt. Phone Number	-
Email Address	alexeyew_19@hotmail.com
Address	BLK 461B BT BATOK WEST AVE 8 #10-720
Address complement	-
Postcode	652461
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

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	SBS3441S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MOHAMED RIZAL BIN IBRAHIM
NRIC No	S8824030H
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	YEW YEU HENG ALEX
Gender	Male
Phone No	(Phone) +65-94749319
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD7593P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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' 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;

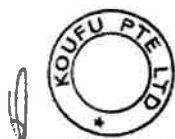
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



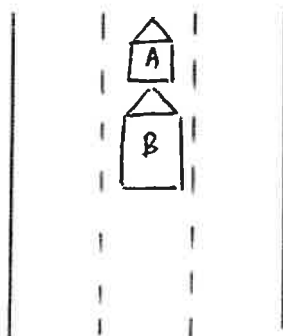
Policyholder's Signature / Date & Time



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

11/5/22

Witnessed by Reporting Centre Personnel

Sketch Plan

A: GBD 7593 P

B: SBS 3441 S

Kallang Road

Describe Circumstances of the Accident

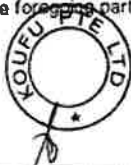
please refer to my attachment police Report No.

T/20220430/2039

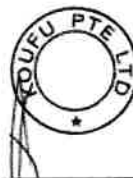
The reason for my late reporting is because I was on
MC, please refer to my attachment MC Letter
from: 30 April 2022 to 10 May 2022.

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

 11/5/22
m

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220430/2039

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Report No. T/20220430/2039

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2022 12:50		Vide Report No.:	Station Diary No.: 21
Informant's Particulars			
Name of Informant: YEW YEU HENG, ALEX		Address: APT BLK 461B BUKIT BATOK WEST AVENUE 8 #10-720 SINGAPORE 652461	
ID Type / ID No.: NRIC NO / S8141442D		Contact No.: Home/Office: Mobile: 94749319	
Nationality: SINGAPORE CITIZEN		Email: alexeyew_19@hotmail.com	
Sex: Male	Age: 40	Date of Birth: 19/12/1981	
Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:
Occupation: Senior Area Manager (Koufu)		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/04/2022 21:50	Type of Location:
Location: KALLANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD7593P	Van				Slightly Damaged	1
SBS3441S	Bus/Coach/Mi nibus				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220430/2039

Police Station Of Origin:
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370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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Report No. T/20220430/2039

CONTINUATION OF REPORT

Driver			
Name	YEW YEU HENG, ALEX		ID No. S8141442D
Related Vehicle	GBD7593P (Van)		Contact No. 94749319
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	30/04/2022	Date Discharge	30/04/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMED RIZAL BIN IBRAHIM		ID No. S8824030H
Related Vehicle	SBS3441S (Bus/Coach/Minibus)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/04/2022 at about 2150hrs, I was driving a van (V1: GBD7593P) belonging to the company I work for and was heading home. V1 came to a stop at the traffic junction of Kallang Road and Kallang Avenue (towards Geylang), in the second lane. My colleague was seated in the passenger seat.

Shortly after stopping, I felt a strong impact from the rear, pushing V1 forward. I alighted and saw that a green-coloured Go-Ahead Singapore bus service number 2 (V2: SBS3441S) to have collided into the rear of V1. At that moment, both myself and my passenger did not feel any pain and there were no visible injuries observed on ourselves. V1 sustained dents on its rear whereas V2 sustained a crack on its windshield, believed to be the contact point during the collision.

No ambulance or traffic police were called in. After exchanging particulars, we left. It was only at home when I felt unwell and vomited once. I went to the Accident & Emergency department of Ng Teng Fong General Hospital and was granted with 3 days of Medical Leave.



SINGAPORE POLICE FORCE

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370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20220430/2039

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Report No. T/20220430/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: J / Other MUSHAWWIR BIN ADRUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/04/2022 12:50
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168