

# 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 ..... 14/05/2022 12:28 (SGT)  
Date of Accident ..... 13/05/2022 20:05 (SGT)  
Exact Location of Accident ..... SLE, Singapore  
Additional Location Information ..... SLE (BEFORE MANDAI ROAD EXIT)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMH6734E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YEO HUEY LIN  
NRIC No ..... S6925962F  
Email Address ..... xavierjing@gmail.com  
Mobile Phone No ..... (Phone) +65-96322765  
Alternative Phone No ..... (Home) +65-96322765

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... C-hr  
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 ..... Private car  
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 ..... 5115783531-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... XAVIER TAY YONG JING  
NRIC No ..... T0044845H

Date Of Birth .....	14/12/2000
Occupation .....	Indoor
Date Of Driving Pass .....	02/09/2019
Driving experience .....	2 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88519343
Alt. Phone Number .....	-
Email Address .....	xavierjing@gmail.com
Address .....	BLK 515 WOODLANDS DRIVE 14 #05-145 SINGAPORE 730515
Address complement .....	-
Postcode .....	730515
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHIN BOON HONG
Gender .....	Male

#### PASSENGER 2

Name .....	LI SI MIN
Gender .....	Female

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA3757E
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 .....	XAVIER TAY YONG JING
Gender .....	Male
Phone No .....	(Phone) +65-88519343
Address .....	BLK 515 WOODLANDS DRIVE 14 #05-145 SINGAPORE 730515
Address Complement .....	-
Post Code .....	730515
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMH6734E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	CHIN BOON HONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMH6734E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	LI SI MIN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMH6734E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



**Circumstances of the Accident**

On 13.05.2022 at about 20:05pm. I was travelling along SLE (Before Mandai Road Exit).  
The front vehicle slowed down and stopped, I follow. Suddenly, vehicle B hit my rear  
portion.

**Declaration**

I/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





















**SINGAPORE  
POLICE FORCE**



T/20220514/7015

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

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Report No. T/20220514/7015

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	XAVIER TAY YONG JING	ID No.	T0044845H
Related Vehicle	SMH6734E (Car)	Contact No.	87991997
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	CHIN BOON HONG	ID No.	G1467265L
Related Vehicle	SMH6734E (Car)	Contact No.	87884244
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/05/2022	Date	13/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LI SI MIN	ID No.	T0077577G
Related Vehicle	SMH6734E (Car)	Contact No.	97831995
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/05/2022	Date	13/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 13/05/2022, I was travelling along SLE (Before Mandai Road Exit).  
The front vehicle slowed down and stopped, I followed. Suddenly I felt a big impact from the rear of my vehicle.  
I was involved in a two vehicle traffic accident.

I wish to mention that I have two passengers in my vehicle at the time of the accident.  
Their names are as below.  
Chin Boon Hong, G1467265L



# SINGAPORE POLICE FORCE



T/20220514/7015

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

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Report No. T/20220514/7015

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2022 11:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: XAVIER TAY YONG JING			Address: 515 WOODLANDS DRIVE 14 #05-145 SINGAPORE 730515		
ID Type / ID No.: NRIC NO / T0044845H			Contact No.: Home/Office: Mobile: 87991997		
Nationality: SINGAPORE CITIZEN			Email: XAVIERJING@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 14/12/2000	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Logistics (In charge)			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: 13/05/2022 20:05	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHA3757E	Car				Seriously Damaged	0
SMH6734E	Car				Seriously Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20220514/7015

Police Station Of Origin:  
Traffic Police  
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Report No. T/20220514/7015

**CONTINUATION OF REPORT**

Li Si Min, T0077577G

I visited Unihealth Toa Payoh after the accident with my passengers.  
All of us were given 3 days MC.  
I feel pain in my right knee, left sole, back and neck and I was giddy.  
Li Si Min feels pain in her neck, back and left knee.  
Chin Boon Hong has a nosebleed, feels pain in his neck and back.



**SINGAPORE  
POLICE FORCE**



T/20220514/7015

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

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Report No. T/20220514/7015

**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 /  
TAY CHUN KEEN  
Contact No.: 65476436

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

Date/Time:  
14/05/2022 11:28

Classification Of Case:

NP168