# **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 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 SMH6734F

### 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

### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy 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 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? Nο If No. Relationship of the Driver with the Insured Child 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 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 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? Nο 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? 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

VIDEO WITH OWNER

No

Was there any audio recorded?

Reasons for not uploading a video of the accident

## **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

INJUNED	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	XAVIER TAY YONG JING Male (Phone) +65-88519343 BLK 515 WOODLANDS DRIVE 14 #05-145 SINGAPORE 730515 - 730515 - SMH6734E Yes No
INJURED 2	
Name of injured person	CHIN BOON HONG

Name of injured person	CHIN BOON
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

### SKETCH PLAN

### ORTANT NOTICE

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- 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)

l 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 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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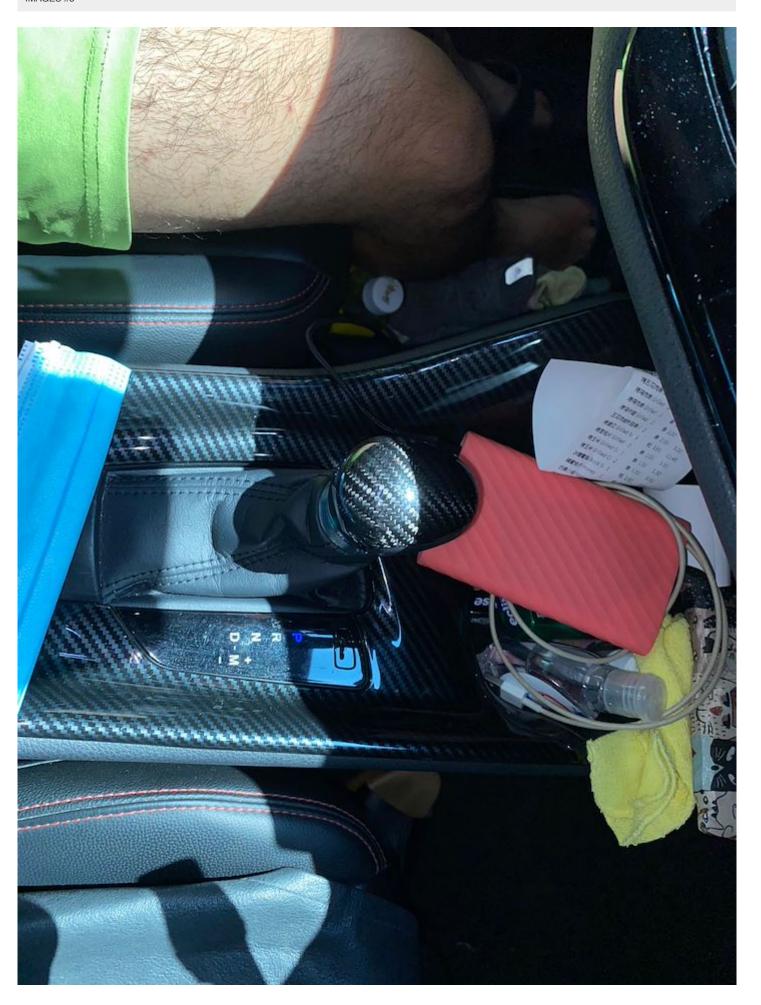
















T/20220514/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20220514/7015

### CONTINUATION OF REPORT

Details of Perso	n Involved			500 UNIO	MISSON		
Any Pedestrian Ir	volved: No						
No. of Pedestrian	s Injured: NIL		Use of Pe	edestriar	Cross	sing: NA	
Driver				18 88	100		
Name	XAVIER TAY YONG	JING		ID No		T0044845H	
Related Vehicle	SMH6734E (Car)			Contact No.		87991997	
Hospital/Clinic	NIL					Class: 3 Date of Expiry: NIL	
Date	NIL		Date	Expiry	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL		
Passenger		1000000		St. (2) Sec. (2)	59,350		
Name	CHIN BOON HONG			ID No		G1467265L	
Related Vehicle	SMH6734E (Car)			Conta	ct No.	87884244	
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	13/05/2022		Date			5/2022	
air on the	ted Medical Leave	03	Degree o	of	Slight		
Passenger		191099111111		1000	20000		
Name	LI SI MIN			ID No		T0077577G	
Related Vehicle	SMH6734E (Car)		Contact No.		97831995		
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	13/05/2022		Date		13/05	5/2022	
	ted Medical Leave	03	Degree o	of	Sligh	t	

### 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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20220514/7015

### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 122 11:28	lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ulars		
	Informant: TAY YONG	3 JING	Address: 515 WOODLANDS DRIVE 1	4 #05-145 SINGAPORE 730515
	/ ID No.: O / T004484	15H	Contact No.: Home/Office:	Mobile: 87991997
National SINGAP	ity: ORE CITIZ	EN	Email: XAVIERJING@GMAIL.COM	n of Case a
Sex: Male	Age: 21	Date of Birth: 14/12/2000	Type of Informant: Driver	TENES
Race: Chinese		NIL.	Language: English	Institution / School Name:
Occupat Logistics	tion: s (In charge	)	Driving Licence Information: Class: 3	Date of Expiry:

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2022 20:05	Type of Location: Straight Road
Location:				
SELETAR EX	(PRESSWAY			
Weather: Clear	er sixtoració	Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way	A FOL	Traffic Control: Not Controlled		Fraffic Volume: Moderate
Type of Collis	ion: ing Vehicles - Head	I To Rear		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA3757E		des e era dispo	ng I salaway s		Seriously Damaged	
SMH6734E	Car	os a la l			Seriously Damaged	2



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



3 of 4 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.



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



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: