

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 23/05/2022 17:40 (SGT)
Date of Accident 22/05/2022 16:30 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV6516U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FANG YIH UEI
NRIC No S8876039E
Email Address RAYFANG@LIVE.COM
Mobile Phone No (Phone) +65-93215155
Alternative Phone No (Home) +65-93215155

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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 1499

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119597979-01
Cover Note Number -

DRIVER

Name of Driver FANG YIH UEI
NRIC No S8876039E

Date Of Birth	10/02/1988
Occupation	Outdoor
Date Of Driving Pass	17/01/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93215155
Alt. Phone Number	(Home) +65-93215155
Email Address	RAYFANG@LIVE.COM
Address	55 NEW UPER CHANGI ROAD
Address complement	08-1454
Postcode	461055
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FANG HUA CHONG
Gender	Male

PASSENGER 2

Name	FANG HUI CHYI
Gender	Female

PASSENGER 3

Name	CHONG NYOK CHIN
Gender	Female

PASSENGER 4

Name	SOH EE PING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ8741K
 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) 3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person FANG YIH UEI
 Gender Male
 Phone No (Phone) +65-93215155
 Address 55 NEW UPER CHANGI ROAD
 Address Complement 08-1454
 Post Code 461055
 Approximate Age Years Old 34
 Injuries Sustained 5 DAYS MC
 Injured person in which vehicle? SMV6516U
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person FANG HUI CHYI
 Gender Female
 Phone No (Phone) +65-97661612
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 3 DAYS MC
 Injured person in which vehicle? SMV6516U
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person FANG HUA CHONG
 Gender Male
 Phone No (Phone) +65-93215155
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMV6516U

Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person CHONG NYOK CHIN
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMV6516U
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 5

Name of injured person SOH EE PING
Gender Female
Phone No (Phone) +65-91019136
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained 3 DAYS MC
Injured person in which vehicle? SMV6516U
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

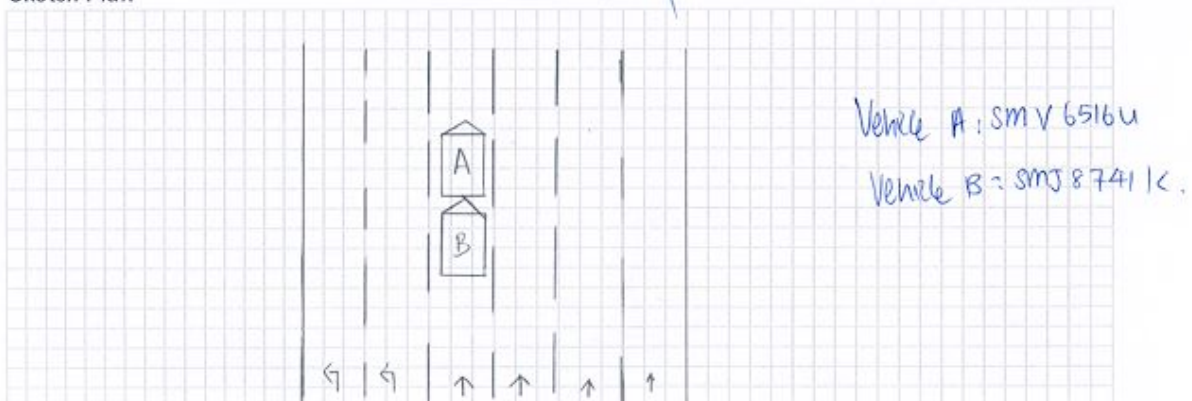
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was travelling straight along ~~on~~ CTE (city) on the forth lane, when front vehicle slow down, I follow suit, suddenly I felt an impact and realize vehicle B has collided onto my rear portion of vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

I/We declare the foregoing particu



Policyholder's Signature / Date &
Time

are true in every respect.



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

Witnessed by Reporting Centre
Personnel



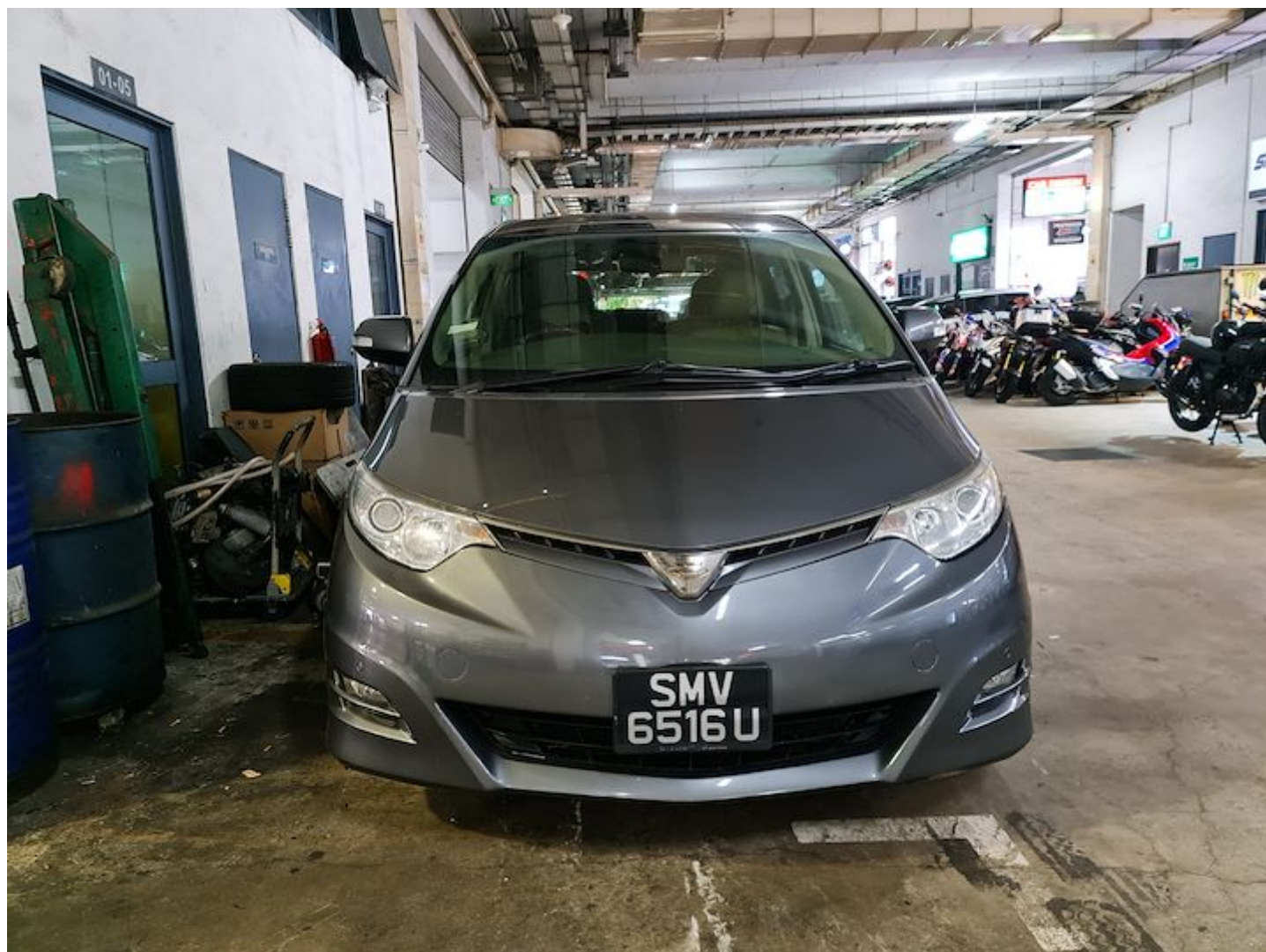


















**SINGAPORE
POLICE FORCE**



T/20220523/2007

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20220523/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2022 06:09	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: FANG YIH UEI	Address: APT BLK 55 NEW UPPER CHANGI ROAD #08-1454 SINGAPORE 461055		
ID Type / ID No.: NRIC NO / S8876039E	Contact No.: Home/Office: Mobile: 93215151		
Nationality: MALAYSIAN	Email: rayfang@live.com		
Sex: Male	Age: 34	Date of Birth: 10/02/1988	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Project Manager	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: 22/05/2022 16:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
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	Condition	No of Passenger
SMJ8741K	Car				Seriously Damaged	3
SMV6516U	Car	TOYOTA	ESTIMA AERAS 3.5G A	Black	Seriously Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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T/20220523/2007

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Report No. T/20220523/2007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV6516U	NTUC Income Insurance Co-Operative Limited	5119597979-01	01/11/2021	31/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ALIF BIN ABDULLAH		ID No.	S6937217A
Related Vehicle	SMJ8741K (Car)		Contact No.	97803319
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Passenger				
Name	FANG HUA CHONG		ID No.	G1893175W
Related Vehicle	SMV6516U (Car)		Contact No.	93215155
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/05/2022		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	Serious
Driver				
Name	FANG YIH UEI		ID No.	S8876039E
Related Vehicle	SMV6516U (Car)		Contact No.	93215151
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/05/2022		Date Discharge	NIL
No. of Days granted Medical Leave		05	Degree of Injury	Slight



**SINGAPORE
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T/20220523/2007

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Report No. T/20220523/2007

CONTINUATION OF REPORT

Passenger			
Name	FANG HUI CHYI	ID No.	S9076626J
Related Vehicle	SMV6516U (Car)	Contact No.	97661612
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/05/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	CHONG NYOK CHIN	ID No.	G1893176T
Related Vehicle	SMV6516U (Car)	Contact No.	93215155
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/05/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Passenger			
Name	SOH EE PING	ID No.	S8984434G
Related Vehicle	SMV6516U (Car)	Contact No.	91019134
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/05/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the abovementioned date and time, I was driving along Central Expressway, Lane 4, nearing Braddell Exit, when I was rear hit by a vehicle (SMJ8741K). As the vehicle in front of me came to a stop, I slowed down and that was when the vehicle rear hit my vehicle. After the incident, I took photos, exchanged particulars and called for a tow truck. An Cisco LTA Officer came about 10 minutes later and checked if we require ambulance. I did not require ambulance at that moment and he advised to drive the vehicle off if the vehicle is still working instead of waiting at the highway. I exited Braddell Rd and went to the nearest Shell Station at Bartley Road to stop. After that, my vehicle could not start again and the tow truck came.

All five of us suffered from head, neck and back injuries. My mother (Chong Nyok Chin) who previously had heart operation 2-3 years ago, felt pain in the chest. On the same day, at around 1800hr, we went to Parkway East Hospital. The doctors at Parkway East Hospital A&E reviewed the five of us. Both my



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Report No. T/20220523/2007

CONTINUATION OF REPORT

parents were advised to go back to the hospital on 23 May 2022 for further MRI scan and review. Soh Ee Peng, Fang Hui Chyi and myself were advised to monitor ourselves and to visit the doctor if there is any medical issues that arises. The medical certifications are as mentioned above.

I wish to state that I have videos of the accident that was recorded on my rear and front vehicle camera.



**SINGAPORE
POLICE FORCE**



T/20220523/2007

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Report No. T/20220523/2007

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:
G /
INSP (1) CHENG JIA MIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/05/2022 06:09

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119597979-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMV6516U**
 Chassis Number : GSR500006694
2. Name of Policyholder : FANG YIH UEI
3. Effective Date of Insurance : 01 Nov 2021
4. Expiry Date of Insurance : 31 Oct 2022
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: FANG YIH UEI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNIQUILUS CREDIT LEASING PRIVATE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE. LTD. (00000614373)
 Date of Issue : 12 May 2022 19:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive