

# 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 Actual 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 ..... 30/05/2022 18:13 (SGT)  
Reported by ..... -  
Date of Accident ..... 29/05/2022 08:30 (SGT)  
Exact Location of Accident ..... Upper Changi Rd N, Singapore  
Additional Location Information ..... Junction of upper Changi Road North after exit from TPE (Changi Airport)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ8269M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Majestech Alum Construction Pte Ltd  
Company Reg No ..... 201712136W  
Email Address ..... majestech2008@gmail.com  
Mobile Phone No ..... (Phone) +65-90673607  
Alternative Phone No ..... (Home) +65-90673607

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... K2500  
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 ..... 2497

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5126472665

### DRIVER

Name of Driver ..... Yeo Hian Kok  
NRIC No ..... S7004398Z

Occupation .....	Outdoor
Date Of Driving Pass .....	25/02/1991
Driving experience .....	31 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90673607
Alt. Phone Number .....	-
Email Address .....	majestech2008@gmail.com
Address .....	Blk 166 Bedok South Ave 3 #06-453
Address complement .....	-
Postcode .....	460166
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 .....	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 .....	5
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 attached police report no: T/20220530/7006

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH1508E
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNE6796E
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) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	PA9648C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	PC8973J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-

No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... Yeo Jian Kok  
Gender ..... Male  
Phone No ..... (Phone) +65-90673607  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... Head, Shoulder and both legs  
Injured person in which vehicle? ..... GBJ8269M  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... unknown  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SNE6796E  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

### INJURED 3

Name of injured person ..... unknown  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... GBH1508E  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

### INJURED 4

Name of injured person ..... unknown  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... PA9648C  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN**

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**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.

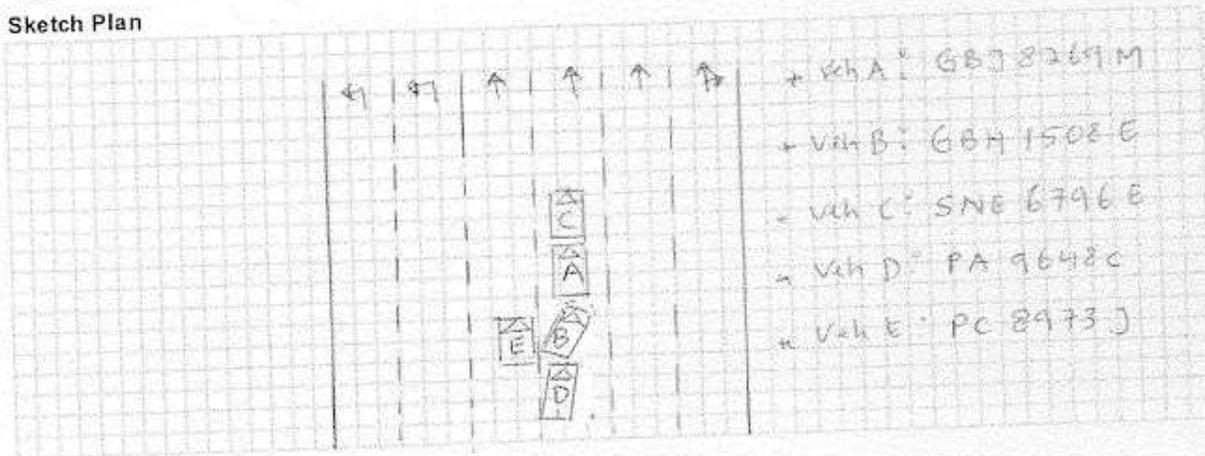


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

Refer to Police Report  
7/2022 0930/7006

Declaration

We declare the foregoing particulars are true in every respect.



*[Handwritten Signature]*

Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel










































**SINGAPORE  
POLICE FORCE**


T/20220530/7006

1 of 3

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

Report No. T/20220530/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/05/2022 10:43	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: YEO HIAN KOK		Address: 166 BEDOK SOUTH AVENUE 3 #06-453 SINGAPORE 460166	
ID Type / ID No.: NRIC NO / S7004398Z		Contact No.: Home/Office: Mobile: 90673607	
Nationality: SINGAPORE CITIZEN		Email: MAJESTECH2008@GMAIL.COM	
Sex: Male	Age: 52	Date of Birth: 06/02/1970	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/05/2022 08:30	Type of Location: Straight Road
Location: UPPER CHANGI ROAD NORTH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision:			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH1508E	Lorry					0
GBJ8269M	Lorry					0
PA9648C	Bus/Coach/Mi nibus					0
PC8973J	Bus/Coach/Mi nibus					0



**SINGAPORE  
POLICE FORCE**



T/20220530/7006

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

Report No. T/20220530/7006

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNE6796E	Car					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO HIAN KOK	ID No.	S7004398Z
Related Vehicle	GBJ8269M (Lorry)	Contact No.	90673607
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	29/05/2022	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On the stated date and time, I (GBJ 8269 M) was travelling along the stated venue. When the traffic light turned red, I saw front vehicles stopped and I followed suit. When I have come to a complete stop, suddenly I felt a huge impact from the back and my lorry then moved forward and collided with the front vehicle with registration number SNE 6796 E. The vehicle which collided onto me from the back has a registration number: GBH 1508 E. I alighted and realised that I have involved in a chain collision of 5 vehicles including mine. The other two vehicles which involved in the collision were PA 9648 C and PC 8973 J. After that, I saw some ambulances and Traffic Police officers. All the drivers and passengers of vehicle numbers: SNE 6796 E, GBH 1508 E and PA 9648 C were conveyed to hospital. One of the police officer then took my statement and gave me a case car with number: G/20220529/0095 and advised me to lodge a police report. I then went to lodge a police report at Ang Mo Kio NPC with report no: T/20220529/2047. However, I wish to state that I re-lodge this police report as some of the details of the collision were missed out. After the collision, I felt discomfort on my head, shoulders, and both legs. I then went to DA clinic to seek for treatment and was given 2 days MC.



**SINGAPORE  
POLICE FORCE**



T/20220530/7006

3 of 3

Report No. T/20220530/7006

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

**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 /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

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

Date/Time:  
30/05/2022 10:43

Classification Of Case: