

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	26/07/2022 17:27 (SGT)
Reported by	Both
Date of Accident	25/07/2022 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TWDS TUAS SFT GILLMAN FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA8875T
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ASHTON SEE YEOW LIN(XIE YANGLIN)
NRIC No	SXXXX991I
Email Address	ashtylr1423@gmail.com
Mobile Phone No	(Phone) +65-87777077
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	XE
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00007782100

DRIVER

Name of Driver	ASHTON SEE YEOW LIN(XIE YANGLIN)
NRIC No	SXXXX991I
Date Of Birth	14/02/1980
Occupation	Outdoor

Date Of Driving Pass	16/06/2003
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87777077
Alt. Phone Number	-
Email Address	ashtyler1423@gmail.com
Address	BLK 10B BOON TIONG RD
Address complement	#08-535
Postcode	164010
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	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	4
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MUHAMMAD ISKANDAR BIN ABDULLAH
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG9989H
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLW6985E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJH7993C
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	ASHTON SEE YEOW LIN(XIE YANGLIN)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK

Injured person in which vehicle?	SNA8875T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MUHAMMAD ISKANDAR BIN ABDULLAH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNA8875T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No


Describe Circumstances of the Accident


On 25.07.2022 at about 17:45pm I was travelling along AYE towards TWA8 (After Gillman Flyover). I was slowed down and stopped due to the front traffic. Suddenly, I felt an impact from my rear.

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

 26/07/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220726/7010

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

2 of 4

Report No. T/20220726/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA8875T (Not Accurate)	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	MUHAMMAD ISKANDAR BIN ABDULLAH		ID No.	NIL
Related Vehicle	SNA8875T (Car)		Contact No.	NIL
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
Vehicle Owner				
Name	ASHTON SEE YEOW LIN		ID No.	S80049911
Related Vehicle	SNA8875T (Car)		Contact No.	87777077
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/07/2022		Date	25/07/2022
No. of Days granted Medical Leave		03	Degree of	Serious

Brief Details.

ON 25.07.2022 AT ABOUT 17:45PM, I WAS TRAVELLING ALONG AYE TOWARDS TUAS (AFTER GILLMAN FLYOVER). I WAS SLOWED DOWN AND STOPPED DUE TO THE FRONT TRAFFIC. SUDDENLY, I FELT AN IMPACT FROM MY REAR.

I WAS INVOLVED IN A 4 VEHICLES CHAIN COLLISION INVOLVING :

SLW 6985E
SNA 8875T
SJG 9989H
SJH 7993C

WHERE MINE WAS THE SECOND VEHICLE.



**SINGAPORE
POLICE FORCE**

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



T/20220726/7010

3 of 4

Report No. T/20220726/7010

CONTINUATION OF REPORT

AFTER THE ACCIDENT, I FEELING ACHES IN MY SHOULDER, BACK AND NECK. I WENT TO THE CHONG FAMILY CLINIC PTE LTD AND GIVEN 3 DAYS MC.

I RECEIVED A CASE CARD (REPORT NUMBER: D/20220725/0075)





























**SINGAPORE
POLICE FORCE**



T/20220726/7010

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

1 of 4

Report No. T/20220726/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2022 12:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ASHTON SEE YEOW LIN			Address: 10B BOON TIONG ROAD #08-535 SINGAPORE 164010		
ID Type / ID No.: NRIC NO / S8004991I			Contact No.: Home/Office: Mobile: 87777077		
Nationality: SINGAPORE CITIZEN			Email: ASHTYLER1423@GMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 14/02/1980	Type of Informant: Vehicle Owner		
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: 25/07/2022 17:45	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJG9989H	Car					0
SJH7993C	Car					0
SLW6985E	Car					0
SNA8875T (Not Accurate)	Car	JAGUAR	XE 2.0		Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220726/7010

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

2 of 4

Report No. T/20220726/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA8875T (Not Accurate)	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	MUHAMMAD ISKANDAR BIN ABDULLAH		ID No.	NIL
Related Vehicle	SNA8875T (Car)		Contact No.	NIL
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
Vehicle Owner				
Name	ASHTON SEE YEOW LIN		ID No.	S80049911
Related Vehicle	SNA8875T (Car)		Contact No.	87777077
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/07/2022		Date	25/07/2022
No. of Days granted Medical Leave		03	Degree of	Serious

Brief Details.

ON 25.07.2022 AT ABOUT 17:45PM, I WAS TRAVELLING ALONG AYE TOWARDS TUAS (AFTER GILLMAN FLYOVER). I WAS SLOWED DOWN AND STOPPED DUE TO THE FRONT TRAFFIC. SUDDENLY, I FELT AN IMPACT FROM MY REAR.

I WAS INVOLVED IN A 4 VEHICLES CHAIN COLLISION INVOLVING :

SLW 6985E
SNA 8875T
SJG 9989H
SJH 7993C

WHERE MINE WAS THE SECOND VEHICLE.



**SINGAPORE
POLICE FORCE**

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



T/20220726/7010

3 of 4

Report No. T/20220726/7010

CONTINUATION OF REPORT

AFTER THE ACCIDENT, I FEELING ACHES IN MY SHOULDER, BACK AND NECK. I WENT TO THE CHONG FAMILY CLINIC PTE LTD AND GIVEN 3 DAYS MC.

I RECEIVED A CASE CARD (REPORT NUMBER: D/20220725/0075)

**SINGAPORE
POLICE FORCE**

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



T/20220726/7010

4 of 4

Report No. T/20220726/7010

CONTINUATION OF REPORTSketch 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 /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

NP168

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

Date/Time:
26/07/2022 12:05

Classification Of Case:

