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SY05227M0005 / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 22/07/2022 16:08 (SGT) SUBMITTED BY: TOH TZE CHANG VERSION: 1 (22/07/2022 16:08 (SGT))



# **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 reports. It is not accurate as possible.

3. Intermation provided must be as truthful and accurate as possible, Arry whith misrepresentation of withouting of material close may be as truthful and accurate as possible. At 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 exchiving 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 Reported by Date of Accident **Exact Location of Accident** 

Additional Location Information Country/State of Loss

Singapore **BUKIT TIMAH EXPRESSWAY** 

22/07/2022 16:08 (SGT)

21/07/2022 10:15 (SGT)

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

YN4452H

!NSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

ENG BEE FOODSTUFFS MFG PTE LTD 198403614E sincerelead@hotmail.com (Phone) +65-90505589

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Mitsubishi Canter

Employment

No - Claiming third party Commercial vehicle Manual

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number NTUC Income Insurance Co-operative Ltd 5075361899-06

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

SOORIYAMOORTHY PAVITHRAN G2934742K 23/11/1994 Outdoor

Accident report SY05227M0005

Page 1 of 16

Date Of Driving Pass Driving experience Gender Mobile Number

Alt. Phone Number Email Address

Address Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

Chain Collision Clear Dry

No

Yes

Yes

Yes

2

No

30/07/2018

(Phone) +65-90505589

sincerelead@hotmail.com

APT BLK 242 YISHUN RING ROAD #02-1128 YISHUN HEARTS

**4 YEARS** 

760242

Employee

No

No

Male

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name

Translator's ID Translator's phone number Translator's email Original language used in the statement

PASSENGER 1

Name Gender

UNKNOWN Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Address Was notice of intended Prosecution given? If yes, against whom?

**Bukit Panjang North Neighbourhood Police Post** Blk 27 Marsiling Drive Singapore 730027 No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer

SHC5899E

Accident report SY05227M0005

Page 2 of 16



Vehicle Model

Vehicle Variant

Vehicle Colcur

Vehicle Category

Name of Driver

Contact Number

Address

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 SKC4177B 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 XE1517J 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

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

XE7188K

Commercial Vehicle

Commerc

Accident report SY05227M0005

Page 3 of 16

Details of property damaged in accident No. Of Passenger (Including Driver)

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	-
Gender	-
Phone No	•
Address	-
Address Complement	_
Post Code	_
Approximate Age Years Old	2
Injuries Sustained	-
Injured person in which vehicle?	- VE340014
	XE7188K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Drivet.
- Information provided must be as truthful and accurate as possible. Any willulmisrepresentation or withholding of material facts may allow insurance companies to repudiate policy flatility.
- The issue and acceptance of this Form by insurance companies is not an admission of policy fubility on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GA Records Management Centre established by the General Fisurance 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 hisurers, 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 (PDFA)

funderstand, 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 deeling 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (v) administering ny claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosura of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes had 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' law yers flaw 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.

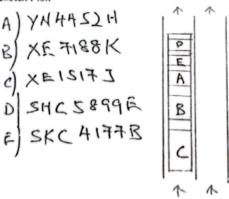
が 198403614E 美

Policyholder's Signatifie / Date & Time Driver's Signature (# driver is not the potcyholder) / Date

MINXHAN

Witnessed by Reporting Centre Personnel

## Sketch Plan





and the Accident
AS PER POLICE REPORT
COPY OF GIA to Sincerelead Please Enail a
OF GIA to Sincerelead @hotmail.com

Declaration

Minxun

Winessed by Reporting Centre Personnel

Accident report SY05227M0005

Page 6 of 16





12020722,2040

Police Station Of Origin: Bukt Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 Tel No: 1800-3:289999

1 of 3 Report No. 1/20220722/2040

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2022 13:10	Vide Report No.: L/20220721/0057	Station Diary No.:
	The state of a moody	114

22/01/20	22 13:10		L/20220721/0057	14
Informa	nt's Partice	olars		
Name of SOORIY	Informant: AMOORTH	Y PAVITHRAN	Address: APT BLK 242 YISHUN HEARTS SINGAPORE	RING ROAD #02-1128 YISHUN
ID Type FIN NO	/ ID No.: / G2934742	2K	Contact No.: Home/Office:	Mobile: 90505589
National INDIAN	ity:		Email:	
Sex: Male	Age: 27	Date of Birth: 23/11/1994	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupat Lorry dri			Driving Licence Inform Class: 2B,3	ation: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/07/2022 10:15	Type of Location slip road towards KJE
Location: BUKIT TIMAL	EXPRESSWAY			
Weather:		Road Surface: Dry		Road Speed Limit:
Clear		Diy		NAME OF TAXABLE PARTY OF TAXABLE PARTY.
Clear Traffic Flow: One Way	and the second s	Traffic Control: Not Controlled	1	Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC5899E						0
SKC4177B						0
XE1517J	-					0
XE7188K						0
YN4452H	Lorry	MITSUBISHI			Slightly Damaged	1



T/20/20122/2000

Police Station C. Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

2 of 3 Report No. T/20220722/2040

Tel No: 1800-3689999

CONTINUATION OF REPORT

Details of Perso Any Pedestrian In	ivalved: No					
No. of Pedestriar	s Injured: NIL		Use of Pe	destrian	Cross	ing: MA
Oriver			0300110	Geschal	Cioss	alg. NA
Name	SOORIYAMOORTH	Y PAVITH	RAN	ID No		G2934742K
Related Vehicle	YN4452H (Lorry)			Conta	ct No.	90505589
Hospital/Clinic	NIL			Class Drivin Licent Expire	9	Class: 2B.3 Date of Expiry: NIL
Date Treatment	NIL	W 140 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL.	Degree o	f Injury	NIL	

#### Brief Details.

On 21/07/2022 at around 1015hrs, I was travelling along BKE with my lorry YN4452H towards KJE, As I approached the bend towards KJE, I observed there is roadworks at lane 1. Out of sudden, I observed a taxi SHC5899E changed into lane 2 and performed a sudden brake. When I saw that, the vehicle SKC4177B in front me came to a stop and I also immediately brake, as soon I came to a stop, I felt an impact on the rear and it pushes my vehicle forwards and causing my vehicle to collide onto the rear of a vehicle SKC4177B. I checked on my passenger well being and he informed that he fine, I alighted and observed a chain collision involving 5 vehicles ( SHC5899E, SKC4177B, YN4452H, XE7188K and XE1517J).

Traffic police and ambulance was at scene. The driver of XE7188K was conveyed by the ambulance, Traffic police was at scene and took all of the involved vehicle's particulars and informed us to lodge a police report within 24hours.

I wished to state that the taxi, SHC5899E had left the scene prior to police arrival.

There is damages at the front and the rear of my vehicle however the vehicle is still able to move and

