

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	01/08/2022 19:34 (SGT)
Reported by	Driver
Date of Accident	30/07/2022 15:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWDS CITY B4 BALESTIER RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD3996G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PH CAR RENTAL
Company Reg No	5XXXX411E
Email Address	yeoh2178@gmail.com
Mobile Phone No	(Phone) +65-90098538
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00013442100

DRIVER

Name of Driver	YEOH WEE JONG
NRIC No	SXXXX921A
Date Of Birth	22/11/1974
Occupation	Outdoor

Date Of Driving Pass	02/11/1996
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96226163
Alt. Phone Number	-
Email Address	yeoh2178@gmail.com
Address	BLK 564 CHOA CHU KANG ST 52
Address complement	#08-210
Postcode	680564
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	3
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	WAYNE
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 POLICE REPORT

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	SNG2480G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE MENG CHONG
Contact Number	(Phone) +65-97416260
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	SKV3983Y
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	YEOH WEE JONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SMD3996G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/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.

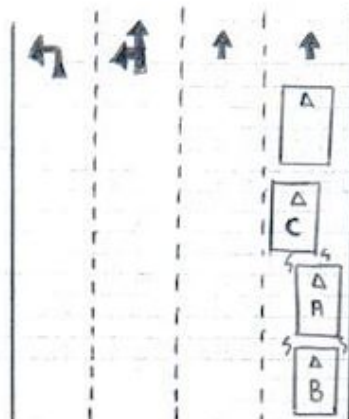
PH CAR RENTAL
Blk 28 Defu Lane 10 #01-140,
Singapore 539209
M: +65 8458 3863 / 9622 6163

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



CTE TWAS CITY B4 BAILESTIER RD

A = SMD3996G

B = SNG2480G

C = SKV3983Y

Describe Circumstances of the Accident

AS PER POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

PH CAR RENTAL
Blk 28 Defu Lane 10 #01-140,
Singapore 539209
M: +65 8458 3863 / 9622 6163

[Signature]

[Signature] 01/08/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220801/7035

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

2 of 3

Report No. T/20220801/7035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEOH WEE JONG	ID No.	S7475921A
Related Vehicle	SMD3996G (Car)	Contact No.	96226163
Hospital/Clinic	LONDON (MH) CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Serious

Brief Details.

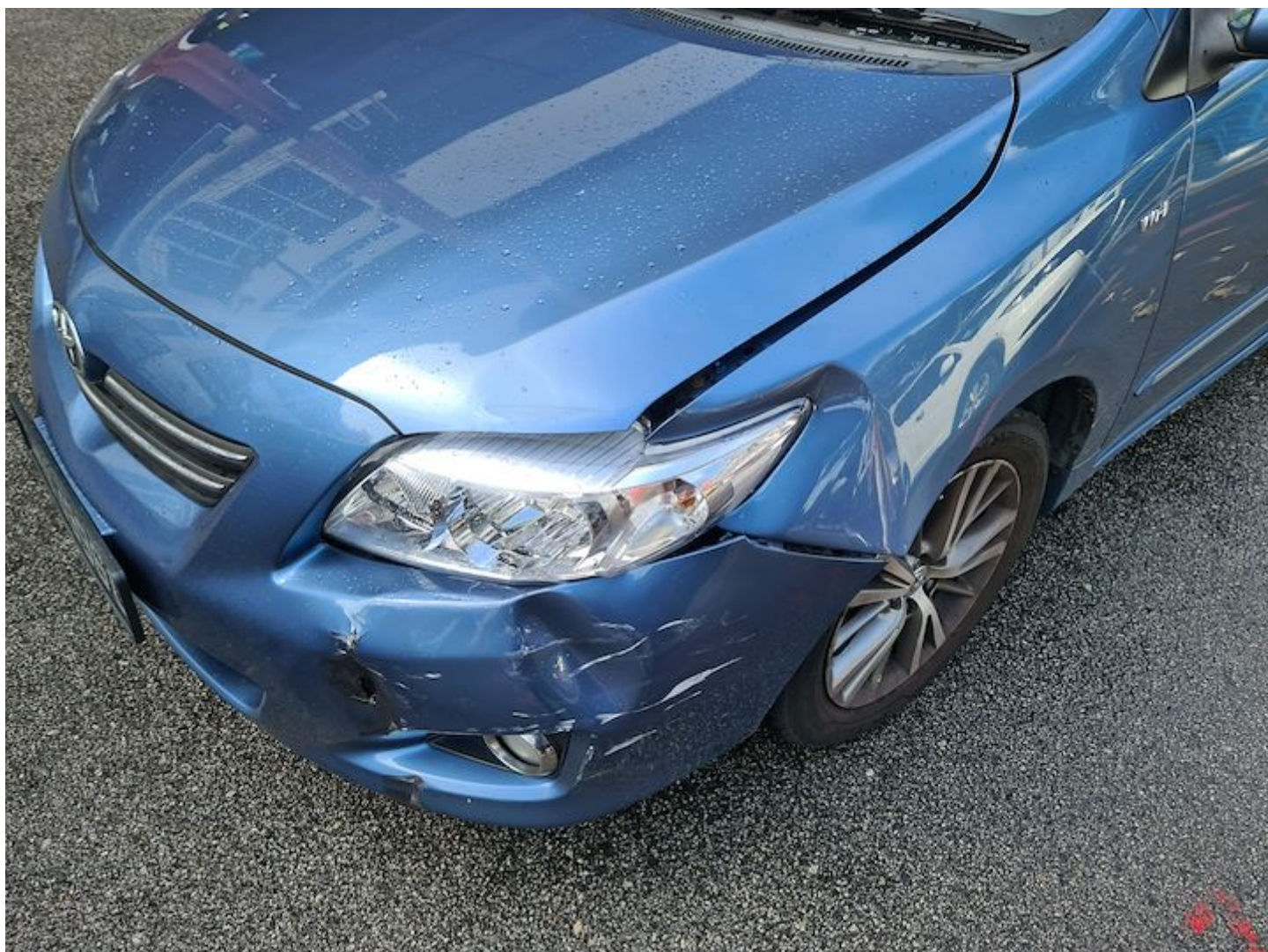
I was travelling along CTE towards City before Balestier Road exit on 30/07/2022 at about 3.40pm with my vehicle number SMD3996G. Due to the vehicle in front slow down and stop, I follow them and stop my vehicle. Suddenly Vehicle bearing car plate number SNG2480G collided onto my rear causing my car to move forward and collided into vehicle number SKV3983Y. We alighted to exchange particulars and left the scene after that. I wish to state that I suffered from neck and back injuries after the accident. I went to see a doctor and was given a 2 days MC. That's all.



































**SINGAPORE
POLICE FORCE**



T/20220801/7035

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

1 of 3

Report No. T/20220801/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2022 14:50	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YEOH WEE JONG			Address: 564 CHOA CHU KANG STREET 52 #08-210 SINGAPORE 680564		
ID Type / ID No.: NRIC NO / S7475921A			Contact No.: Home/Office: Mobile: 96226163		
Nationality: SINGAPORE CITIZEN			Email: YEOH2178@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 22/11/1974	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: self employed			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2022 15:40	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		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	Conditio	No of
SKV3983Y	Car					0
SMD3996G	Car					0
SNG2480G	Car					0



**SINGAPORE
POLICE FORCE**



T/20220801/7035

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

2 of 3

Report No. T/20220801/7035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEOH WEE JONG	ID No.	S7475921A
Related Vehicle	SMD3996G (Car)	Contact No.	96226163
Hospital/Clinic	LONDON (MH) CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Serious

Brief Details.

I was travelling along CTE towards City before Balestier Road exit on 30/07/2022 at about 3.40pm with my vehicle number SMD3996G. Due to the vehicle in front slow down and stop, I follow them and stop my vehicle. Suddenly Vehicle bearing car plate number SNG2480G collided onto my rear causing my car to move forward and collided into vehicle number SKV3983Y. We alighted to exchange particulars and left the scene after that. I wish to state that I suffered from neck and back injuries after the accident. I went to see a doctor and was given a 2 days MC. That's all.

**SINGAPORE
POLICE FORCE**

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



T/20220801/7035

3 of 3

Report No. T/20220801/7035

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
01/08/2022 14:50

Classification Of Case:

