

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 22/08/2022 15:42 (SGT)
Reported by Driver
Date of Accident 21/08/2022 22:00 (SGT)
Exact Location of Accident Jurong West Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5189B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner POH TIONG CHOO LOGISTICS LIMITED
Company Reg No 196900049H
Email Address lichin.tan@ptclogistics.com.sg
Mobile Phone No (Phone) +65-66628849
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Policy Number / Cover Note Number D-22099590MFBP/1

DRIVER

Name of Driver YE XIANYOU
Passport No/FIN G7001305W
Date Of Birth 20/01/1974
Occupation Indoor

Date Of Driving Pass	15/02/2006
Driving experience	16 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98620139
Alt. Phone Number	-
Email Address	lichin.tan@ptclogistics.com.sg
Address	BLK 673C JURONG WEST STREET 65 #15-42
Address complement	-
Postcode	643673
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	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?	Yes
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220822/2083

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	FBS8681H
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TOH CHIN HUAT
Contact Number	(Phone) +65-88115734
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	TOH CHIN HUAT
Gender	-
Phone No	(Phone) +65-88115734
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBS8681H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

01/04 2021 THU 12:08 FAX +65 63658520 SPARK CARCARE

001/001

1/30/2020

Protected By Symantec

SKETCH PLAN

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 reassess 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

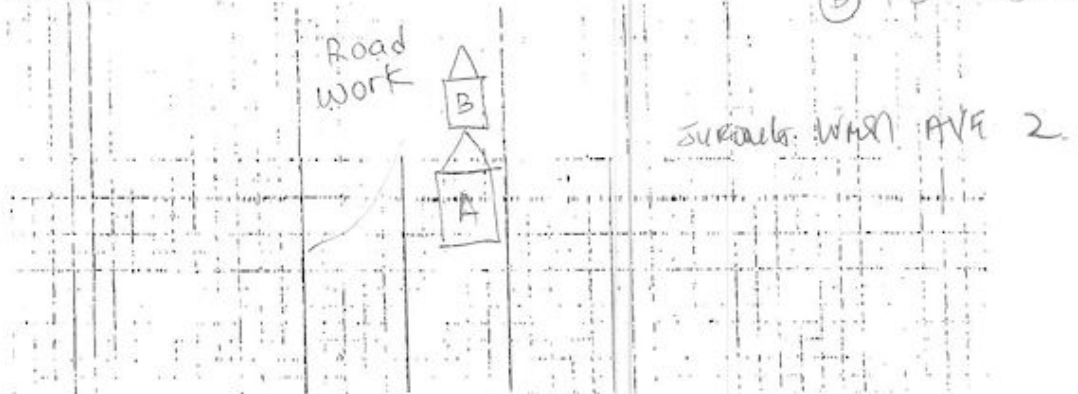
01/04 2021 THU 12:08 FAX #65 63658520 SPARK CARCARE

002/002

3/30/2020

Protected By Symantec

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report. T/20220822/2083

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

<https://documentation.prod.fra.globe/7guidebe06241-8908-4507-91d3-b16e757dd0a0>

2/2
























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20220822/2083

1 of 3

Report No. T/20220822/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2022 07:33			Vide Report No.: E/20220821/0155		Station Diary No.: 17
Informant's Particulars					
Name of Informant: YE XIANYOU			Address: APT BLK 460 CHOA CHU KANG AVENUE 4 #07-53 SINGAPORE 680460		
ID Type / ID No.: FIN NO / G7001305W			Contact No.: Home/Office:		Mobile: 98620139
Nationality: CHINESE			Email:		
Sex: Male	Age: 48	Date of Birth: 20/01/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 2B,3		Date of Expiry: 09/11/2026

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/08/2022 22:00	Type of Location: Bend
Location: JURONG WEST AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS8681H	Motorcycle	HONDA				0
PC5189B	Bus/Coach/Mi nibus	TOYOTA	HIACE	Silver		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20220822/2083

2 of 3

Report No. T/20220822/2083

CONTINUATION OF REPORT

Driver			
Name	YE XIANYOU	ID No.	G7001305W
Related Vehicle	PC5189B (Bus/Coach/Minibus)	Contact No.	98620139
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 09/11/2026
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/08/2022 at about 2200hrs, I was travelling on Jurong West Avenue 2 towards Jalan Bahar on my company vehicle PC5189B. I was driving around 50km/h along the road. When I drove past, I noticed there were some road works on the road, hence I slowed down my vehicle. I was at the leftmost lane. As I was driving, I did not noticed any vehicles in front of me. The road had some bends on it. At some point, I felt an impact. Immediately after I collided with the motorcycle (FBS8681H), I stopped my minibus at the road side. I alighted from my vehicle and noticed the motorcyclist was lying on the road, condition conscious. I helped him out by holding onto him, and slowly shift him to the road curb. There were passersby at the scene as well and they assisted to call for ambulance. While waiting for ambulance, I passed him my driver's license and gave him my handphone number.

Afterwards, the ambulance arrived and made a check on the motorcyclist and he was conveyed to the hospital. As my phone ran out of battery, I told the paramedics that I will drive off to charge my phone. They agreed on letting me to leave the scene.

I wish to state that I do not have any recordings in my vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20220822/2083

3 of 3

Report No. T/20220822/2083

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:

J /

SGT 2 ALDON CHUA JUN WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/08/2022 07:33

Officer In Charge Of Case:

TP / GIT /

STAFF SGT SYED MUHAMMAD ISA BIN

OMAR ALHABSHEE

Contact No.: 65476187

Classification Of Case:

NP168



傳 長 春 儲 運 有 限 公 司
Poh Tiong Choon Logistics Limited

22nd August 2022

TO WHOM IT MAY CONCERN

RE: COMPANY VEHICLE AUTHORISATION

This is to certify Mr. Ye Xianyou, FIN: GXXXX305W is under employment by our Company since 21st January 2000.

Ye Xianyou is holding the position of Assistant Manager and has been authorized to drive our company vehicle upon his employment with us. He has been driving our company vehicle – PC5189B for working purpose.

Yours faithfully,

Tan Li Chin
Poh Tiong Choon Logistics Limited

Corporate Office : 48 Pandan Road, Singapore 609289 Tel: (65) 6268 2522 Fax: (65) 6264 3394
Jurong Island Facility: 21 Ayer Merbau Road, Singapore 627858 Tel: (65) 6896 9885 Fax: (65) 6267 8795
Co. Registration No. : 174700049H Email: sales@ptcllogistics.com.sg Website: www.ptcllogistics.com.sg

