

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	25/10/2022 16:17 (SGT)
Reported by	Driver
Date of Accident	22/10/2022 11:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG GAMBAS AVENUE TOWARDS WOODLANDS RISE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC7084R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIM SERVICES
Company Reg No	5XXXX722K
Email Address	DAVEYEE1152@GMAIL.COM
Mobile Phone No	(Phone) +65-82821152
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	Private car
Transmission	Auto
CC	1764

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00199842201

DRIVER

Name of Driver	YEE KIM POH
NRIC No	SXXXX457C
Date Of Birth	11/03/1972
Occupation	Outdoor

Date Of Driving Pass	18/01/1997
Driving experience	25 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82821152
Alt. Phone Number	-
Email Address	DAVEYEE1152@GMAIL.COM
Address	BLK 37 CIRCUIT ROAD #07-443S
Address complement	-
Postcode	370037
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	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)	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 TO 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	GBK7200L
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	YP6072Y
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 3

Vehicle Registration Number	YM7749M
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEE KIM PAH
Gender	Male
Phone No	(Phone) +65-82821152
Address	BLK 37 CIRCUIT 1152 CIRCUIT ROAD #07-443 S
Address Complement	-
Post Code	370037
Approximate Age Years Old	50
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SKC7084R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Gambas Ave towards Woodlands Rise



(A) SKC7084R (C) YP6072Y
(B) GBK7200L (D) YMF749M









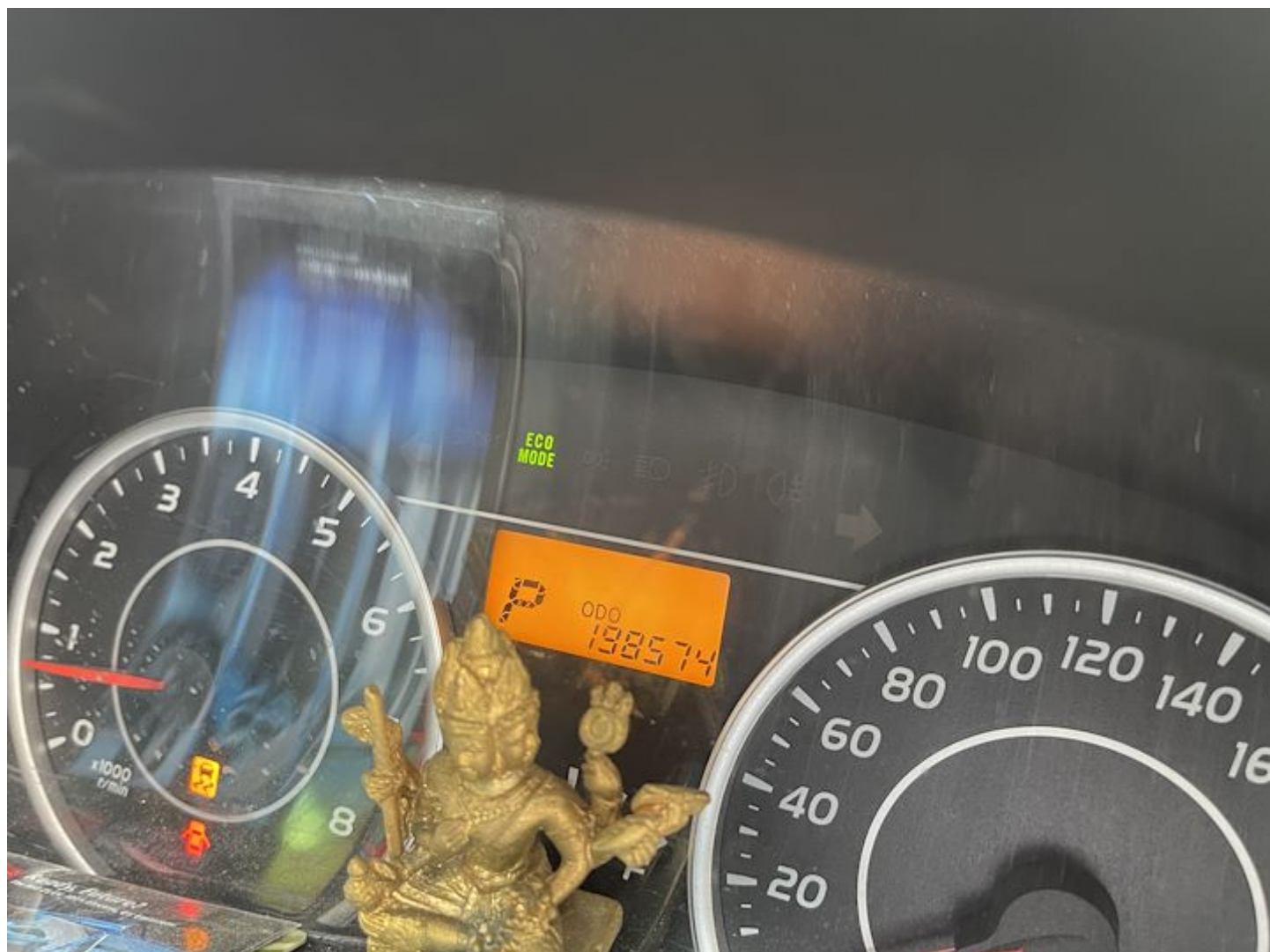














**SINGAPORE
POLICE FORCE**



T/20221022/7057

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

1 of 3

Report No. T/20221022/7057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2022 21:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEE KIM PAH			Address: 37 CIRCUIT ROAD #07-443 SINGAPORE 370037		
ID Type / ID No.: NRIC NO / S7209457C			Contact No.: Home/Office: Mobile: 82821152		
Nationality: SINGAPORE CITIZEN			Email: daveyee1152@gmail.com		
Sex: Male	Age: 50	Date of Birth: 11/03/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Contractor			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2022 11:10	Type of Location: Straight Road
Location: GAMBAS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBK7200L	Van					0
SKC7084R	Car				Seriously Damaged	0
YM7749M	Lorry					0
YP6072Y	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20221022/7057

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

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Report No. T/20221022/7057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEE KIM PAH	ID No.	S7209457C
Related Vehicle	SKC7084R (Car)	Contact No.	82821152
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/10/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 22/10/22 at about 11.10am, I was driving my vehicle, SKC7084R, travelling along Gambas Avenue heading towards Woodlands direction. Traffic was heavy and vehicles in front of my car had slowed down to a stop, hence I also slowed down and stopped my car. All of a sudden, I felt a very strong impact from behind and realised that a vehicle, GBK7200L, had collided into me from the back. After the first collision, I felt another two collisions coming from the back which caused my car to inch forward further. After I alighted from my car, I then realised that it was a chain collision.

After the accident, I had pain and discomfort in my back, neck, shoulders, right arm and hand so I went to see a doctor at Mount Alvernia Hospital and I received 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20221022/7057

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

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Report No. T/20221022/7057

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 / TP1B /
TAY CHUN KEEN
Contact No.: 65476436

NP168

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

Date/Time:
22/10/2022 21:42

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922AP0008 Vehicle Registration No: SKC 7084 R
 Name (as shown in NRIC): YEE LIM POH NRIC/FIN/Passport No: S7209457C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 37 Circuit Road #07-443 Singapore (390037)
 Contact (Tel): _____ Mobile No.: 8282 1152
 Email Address: daveyee1152@gmail.com
 Date of Accident: 22/10/2022 Time of Accident: 11:10 hrs
 Place of Accident: Along gambas Avenue towards Woodlands Rise
 Insurance Company: China Taiping Insurance

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Attached Police Report

Policyholder / Driver's Signature
 Date:

27/10/2022
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: