

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	05/04/2023 11:17 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 13:40 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	EXIT MANDAI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2824T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RICO ENGINEERING WORKS PTE LTD
Company Reg No	1XXXXX407G
Email Address	junmin147@icloud.com
Mobile Phone No	(Phone) +65-98470955
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00275202200

DRIVER

Name of Driver	YEO ENG CHUN
NRIC No	SXXXX690F
Date Of Birth	13/06/1973
Occupation	Outdoor

Date Of Driving Pass	17/02/1996
Driving experience	27 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98470955
Alt. Phone Number	-
Email Address	junmin147@icloud.com
Address	BLK 49 LORONG 5 TOA PAYOH #17-79
Address complement	-
Postcode	310049
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?	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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20230404/7065

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	SMS5632P
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	ROSLAN BIN SALIM
NRIC No	SXXXX605E
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	YEO ENG CHUN
Gender	Male
Phone No	(Phone) +65-98470955
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLV2824T
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.
- (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.



[Handwritten Signature]

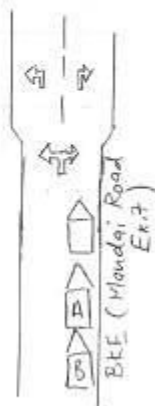
[Handwritten Signature]
05/04/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A : SLV28247
Vehicle B : SMS5632P

Describe Circumstances of the Accident

Refer to police report: L/20230404/7065

A large rectangular area with horizontal lines for sketching or writing details of the accident circumstances. A large, faint, curved line is drawn across the area, possibly indicating a path or boundary.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten signature]

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

[Handwritten signature]
05/04/2023

Witnessed by Reporting Centre Personnel







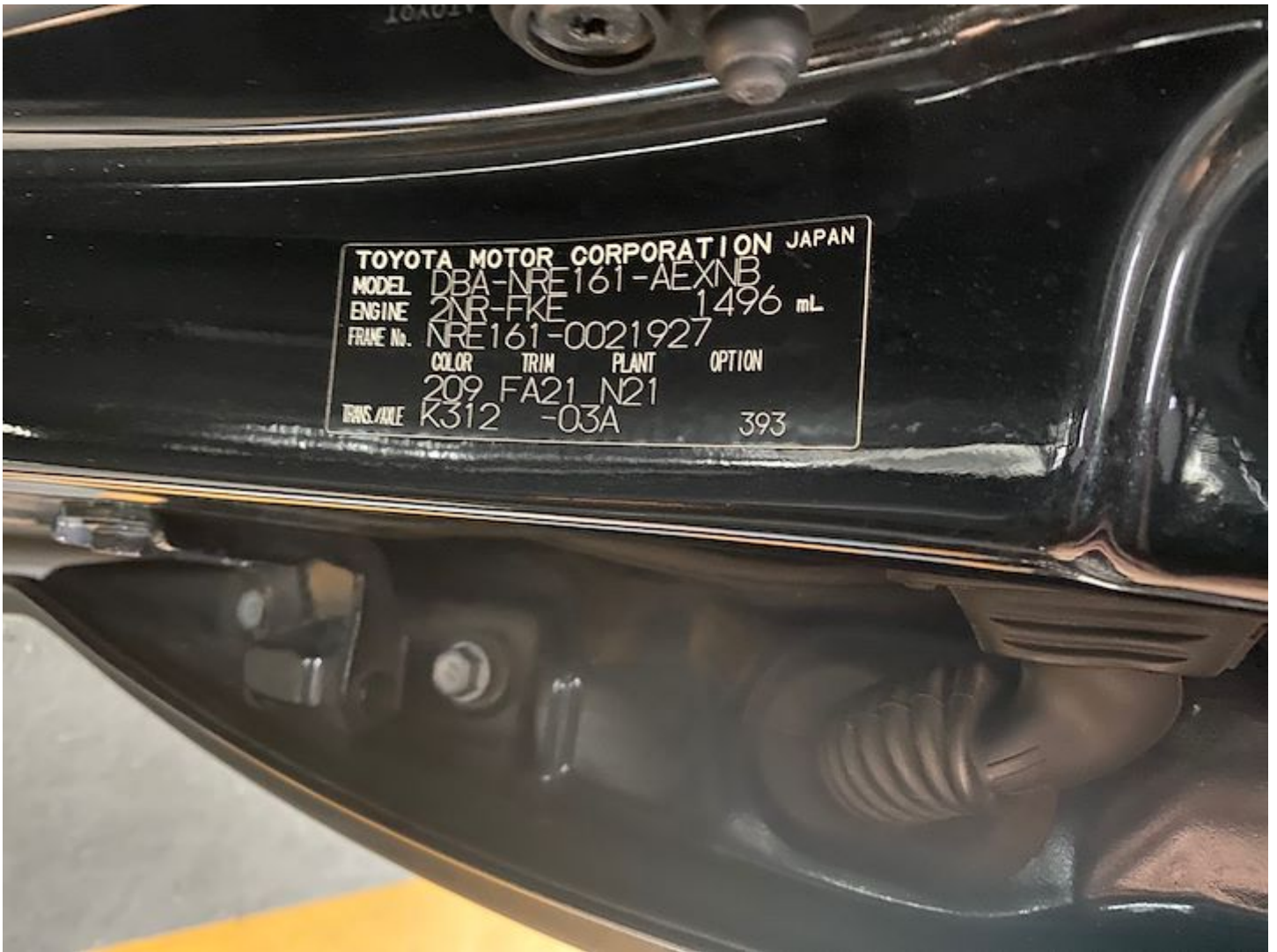














**SINGAPORE
POLICE FORCE**



L/20230404/7065

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POLICE REPORT (NP299)

Report No. L/20230404/7065

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Date/Time Report Made 04/04/2023 18:43	Vide Report No.	Station Diary No.
Name Of Informant YEO ENG CHUN	Address 49 LORONG 5 TOA PAYOH #17-79 SINGAPORE 310049	
ID Type / ID No. NRIC NO / S7319690F	Contact No. Home/Office:	Mobile: 98470955
Nationality SINGAPORE CITIZEN	Email Address dave@ricoeng.com.sg	
Occupation Manager	Sex Male	Age 49
Institution/School Name	Date of Birth 13/06/1973	Race Chinese
Date/Time Of Incident 04/04/2023 13:40	Location Of Incident BUKIT TIMAH EXPRESSWAY	

Brief details.

On the stated date and time, I was driving SLV2824T along BKE slip road towards Mandai Exit.

I was gradually coming to a stop due to traffic conditions.

I was just about to come to a complete stop when suddenly, a massive impact slammed into the rear of my vehicle causing it to surge forward.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2023 18:43
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20230404/7065

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230404/7065

My body lurched forward only to be restrained by my seat belt.

However, I still knocked my left elbow against the steering wheel and bit my lips as a result of the violent impact. My spectacles even flew off my face.

Upon alighting, I realised that I was hit from the rear by SMS5632P.

Shortly after the accident, I started feeling pain in my lips and elbow. Subsequently, my neck, shoulders and lower back areas also started feeling stiff and sore.

As such, I proceeded to my company doctor Intemedical Kovan to seek treatment the same afternoon.

I was given 7 days MC for injuries caused by the accident.

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
04/04/2023 18:43

Officer In-Charge Of Case:

Classification Of Case: