

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	05/05/2023 14:16 (SGT)
Reported by	Actual Driver
Date of Accident	04/05/2023 19:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ5216B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SB EXPRESS LOGISTICS PTE. LTD.
Company Reg No	2XXXXX092K
Email Address	LILING@SBEXPRESS.COM.SG
Mobile Phone No	(Phone) +65-67476188
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Feb21er3sden
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00144632200

DRIVER

Name of Driver	CHANG GEE YEONG
NRIC No	SXXXX984A
Date Of Birth	04/06/1982
Occupation	Outdoor

Date Of Driving Pass	09/09/2019
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84519115
Alt. Phone Number	-
Email Address	XIAOWEI@SBEXPRESS.COM.SG
Address	BLK 643A SENJA CLOSE #06-275
Address complement	-
Postcode	671643
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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)	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	TION LEONG SENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20230505/2001

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	GBL5003Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMAD RAZALI BIN MOHAMAD HUSSAIN
NRIC No	SXXXX840Z
Contact Number	(Phone) +65-96770794
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	MOHAMAD RAZALI BIN MOHAMAD HUSSAIN
Gender	Male
Phone No	(Phone) +65-84519115
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBL5003Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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' 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.



Policyholder's Signature / Date & Time

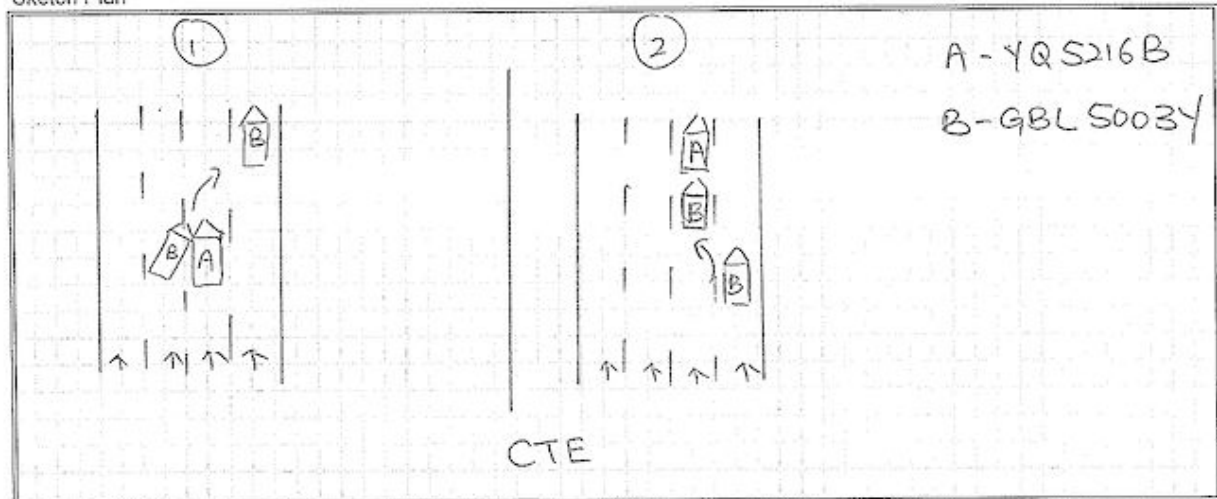
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

Auto
P/L

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

SNG AN TEE MOTOR & PANEL SVC PTE LTD

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230505/2001

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20230505/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/05/2023 00:13	Vide Report No.: E/20230504/0117	Station Diary No.: 1
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Informant's Particulars

Name of Informant: CHANG GEE YEONG	Address: APT BLK 643A SENJA CLOSE #06-275 SINGAPORE 671643		
ID Type / ID No.: NRIC NO / S8255984A	Contact No.: Home/Office: Mobile: 84519115		
Nationality: MALAYSIAN	Email: geeyeongc@gmail.com		
Sex: Male	Age: 40	Date of Birth: 04/06/1982	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: DRIVER	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2023 19:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY			
Weather: Raining	Road Surface: Wet		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBL5003Y	Van				Seriously Damaged	0
YQ5216B	Lorry				Seriously Damaged	1

Details of Person Involved

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



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T:20230505/2001

Police Station Of Origin:
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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Ref: orl No. T/20230505/2001

CONTINUATION OF REPORT

Driver			
Name	Mohamad Razali Bin Mohamad Hussain	ID No.	S8420840Z
Related Vehicle	GBL5003Y (Van)	Contact No.	96770794
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHANG GEE YEONG	ID No.	S9255984A
Related Vehicle	YQ5216B (Lorry)	Contact No.	84519115
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/05/2023, at about 1900hrs, I was driving my lorry V1 (YQ5216B) at Central Expressway towards Ayer Rajah Expressway, when I noticed a van V2(GBL5003Y) on my left side. Then suddenly I felt an impact from the left and I noticed that as V2 was overtaking me he hit onto my left side mirror. After that I saw that V2 went to the right most lane and slowed down. Hence I drove to near him on the 2nd lane to check what happened. However, when he didn't respond I proceeded to speed up on 2nd lane. However then I noticed him changing to my lane and then I felt another impact from behind and realized that he had hit me again from behind. After that both of us stopped at scene. Traffic police and ambulance attended to incident.

Damages on V1)

- 1) The Back Box misaligned and Dented
- 2) The back bumper damaged

V2's driver was injured and conveyed to hospital by ambulance.

Me and my passenger were not injured. Traffic police seized the memory card from my in-vehicle camera

I managed to find a witness who informed me that he witnessed the incident, his particulars are as follows

Mr Ken
91063131
GBE8197M

TP Incd: E/20230504/0117

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20230505/2001

3 of 3

Report No. T/20230505/2001

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SCSGT(2) SUHAIL LOYA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD SYAKIR BIN ADANAN

Contact No.: 65476136

Signature Of Informant:

Date/Time:

05/05/2023 00:13

Classification Of Case:

NP168