

# 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 .....	23/05/2023 16:49 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	16/05/2023 18:10 (SGT)
Exact Location of Accident .....	Woodlands Ave 3, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBE9616P
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GUAN HUP STONE ENGRAVERS
Company Reg No .....	2XXXX300L
Email Address .....	INFO@GUANHUP.SG
Mobile Phone No .....	(Phone) +65-67597763
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Suzuki
Model .....	Every
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	658

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5134885710

### DRIVER

Name of Driver .....	LYU ZHAOLIN
Passport No/FIN .....	GXXXX114T
Date Of Birth .....	07/06/1977
Occupation .....	Outdoor

Date Of Driving Pass .....	09/10/2020
Driving experience .....	2 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91552003
Alt. Phone Number .....	-
Email Address .....	CAROL@GUANHUP.SG
Address .....	336 SEMBAWANG CRESCENT #13-196
Address complement .....	-
Postcode .....	750336
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 .....	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? .....	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 .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20230520/2063

#### 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 .....	YN942L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Goods vehicle
Name of Driver .....	NAMACHIVAYAM PANDIYAN
Contact Number .....	(Phone) +65-93520183
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 .....	SLZ5315E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KAREN THAM YEN PING
Contact Number .....	(Phone) +65-87880055
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 .....	LYU ZHAOLIN
Gender .....	Male
Phone No .....	(Phone) +65-91552003
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBE9616P
Were seat belts worn? .....	Yes
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.

**QUAN HUP STONE ENGRAVERS**  
 Blk 22 Woodlands Link #01-31/32  
 Woodlands East Industrial Estate  
 Singapore 738734  
 Tel: 6759 7763 Fax: 6754 7383  
 Email: info@quanhup.sg

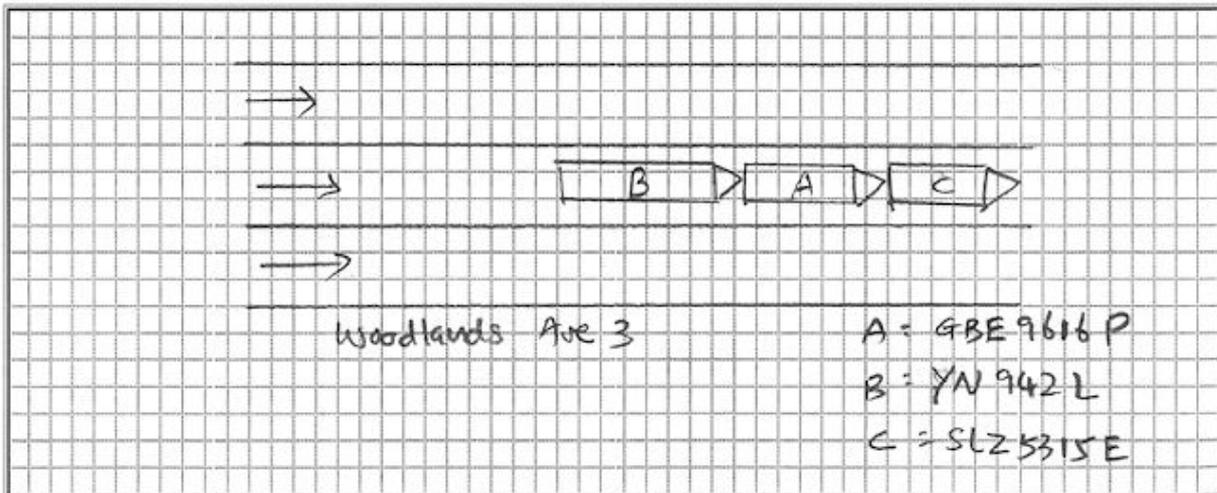
Policyholder's Signature / Date & Time

*QUAN HUP 225-23*  
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time



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

**Sketch Plan**



vJun2022

Describe Circumstance of the Accident

As per police report no. T/2023 0520 / 2063.

Declaration

I/We declare the foregoing particulars are true in every respect.

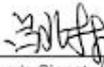
源合石店

GUAN HUP STONE ENGRAVERS

Blk 22 Woodlands Link #01-31/32  
Woodlands East Industrial Estate  
Singapore 738734

Policyholder's Signature / Date & Time

Email: info@guanhup.sg / Date & Time

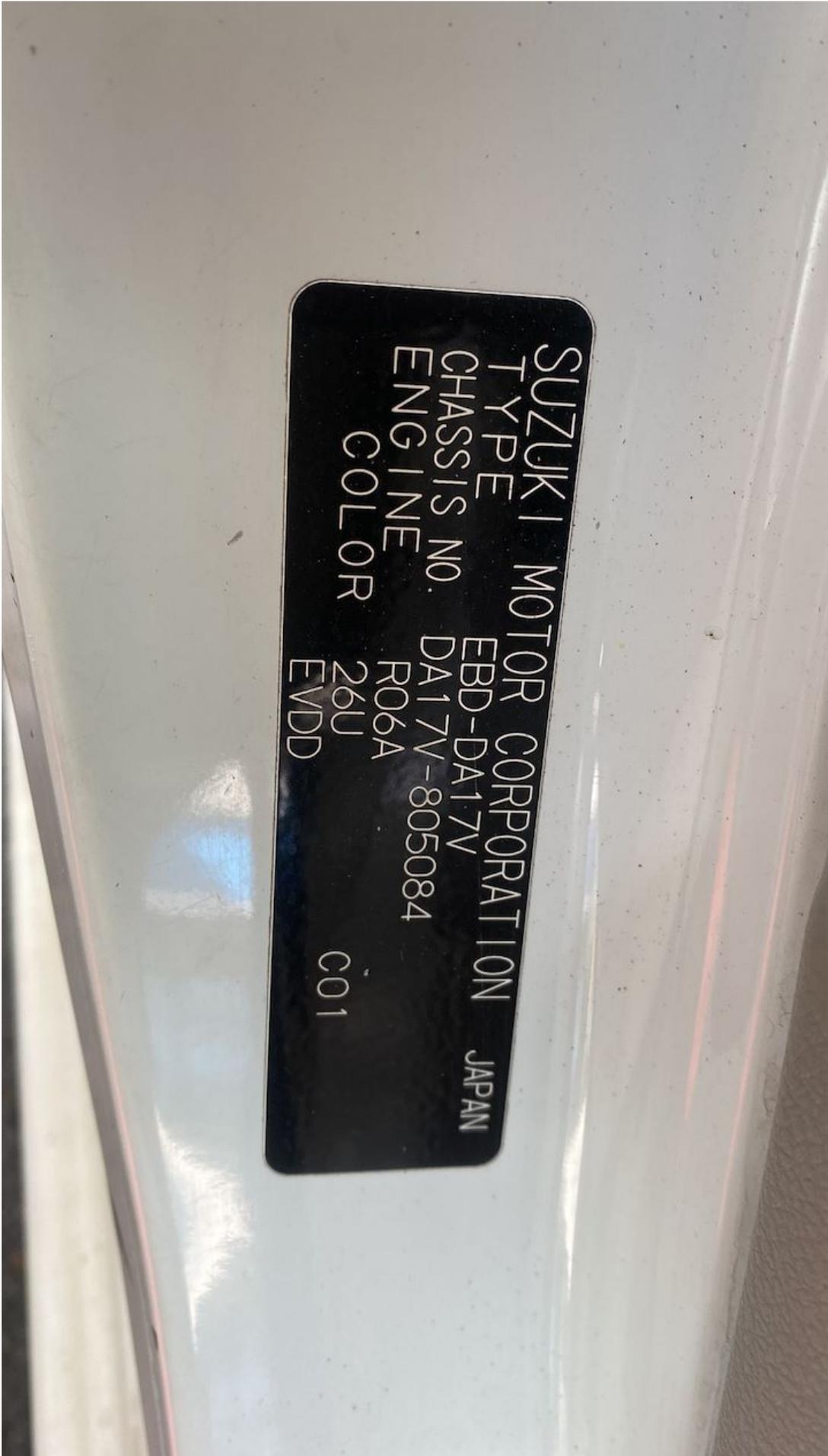
 22-5-23

Actual Driver's Signature (if driver is not the policyholder)



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













**SINGAPORE  
POLICE FORCE**



T/20230520/2063

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Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20230520/2063

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/05/2023 15:19	Vide Report No.: L/20230516/0118	Station Diary No.: 90
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**Informant's Particulars**

Name of Informant: LYU ZHAOLIN			Address: 336 SEMBAWANG CRESCENT #13-196 SINGAPORE 750336		
ID Type / ID No.: FIN NO / G8888114T			Contact No.: Home/Office:                      Mobile: 91552003		
Nationality: CHINESE			Email:		
Sex: Male	Age: 45	Date of Birth: 07/06/1977	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: STONE SCULPTOR			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: 16/05/2023 18:10	Type of Location: Straight Road
Location:  WOODLANDS AVENUE 3				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GBE9616P	Van				Seriously Damaged	0
SLZ5315E	Car				Seriously Damaged	2
YN942L	Lorry				Seriously Damaged	0

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



**SINGAPORE  
POLICE FORCE**



T/20230520/2063

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20230520/2063

## CONTINUATION OF REPORT

Driver			
Name	LYU ZHAOLIN	ID No.	G8888114T
Related Vehicle	GBE9616P (Van)	Contact No.	91552003
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 25/02/2025
Date Treatment	16/05/2023	Date Discharge	18/05/2023
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	KAREN THAM YEN PING	ID No.	S7710419D
Related Vehicle	SLZ5315E (Car)	Contact No.	87880055
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	Slight
Driver			
Name	NAMACHIVAYAM PANDIYAN	ID No.	G8351248U
Related Vehicle	YN942L (Lorry)	Contact No.	93520183
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 12/09/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/05/2023 at about 1810hrs, I was driving along Woodlands Avenue 3 towards Woodlands in my company van, intending to return to the office. As I was approaching the traffic light after Marsiling MRT, in front of Block 320, the traffic light was red and there were about more than 10 cars waiting in front of me on the center lane. After coming to a gradual stop, I was the last vehicle at the back of the queue. My foot was still on the brakes, and within a matter of seconds, I felt a strong impact from the rear. The impact surged my vehicle forward, and that caused me to hit the front vehicle. This resulted in a chain collision with a total of 6 vehicles including me.

I came down from my vehicle to find myself sandwiched between the vehicle in front of me, SLZ5315E, as well as the vehicle behind me, YN942L. Someone called for the police and ambulance, and I was attended to by paramedics shortly after. The driver behind me did not sustain any visible injury, so as the



**SINGAPORE  
POLICE FORCE**



T/20230520/2063

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Report No. T/20230520/2063

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**CONTINUATION OF REPORT**

3 vehicle occupants in the car in front of me. However, the driver in front complained of pain in her body and did not move out from the driver seat. Her 2 passengers also complained of giddiness. All 4 of us were conveyed to Khoo Teck Puat hospital, where I was hospitalised for 2 days and given an MC of 7 days.

My vehicle sustained multiple dents to the front and back of the vehicle, and my rear windscreen was shattered. My engine was also damaged, and the air-conditioning was damaged. The lorry also sustained multiple dents to the engine, and the vehicle in front of me also sustained dents to the front and back.



**SINGAPORE  
POLICE FORCE**



T/20230520/2063

Police Station Of Origin:  
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Tel No: 1800-5549999

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Report No. T/20230520/2063

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report: L / SGT 2 NG YU KIT 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SGT 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415

Signature Of Informant: 
Date/Time: 20/05/2023 15:19
Classification Of Case:

NP168