

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	12/06/2023 16:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/06/2023 14:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ5248A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH YIP YONG
NRIC No	SXXXX989C
Email Address	deansyy@yahoo.com.sg
Mobile Phone No	(Phone) +65-98625183
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01004369

DRIVER

Name of Driver	SOH YIP YONG
NRIC No	SXXXX989C
Date Of Birth	19/05/1974
Occupation	Outdoor

Date Of Driving Pass	22/08/1995
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98625183
Alt. Phone Number	-
Email Address	deansyy@yahoo.com.sg
Address	291B COMPASS STREET #11-244
Address complement	-
Postcode	542291
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	EILEEN CHEN HUA LING
Gender	Female

PASSENGER 2

Name	BIG BOY
Gender	Male

PASSENGER 3

Name	SMALL BOY
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230612/2022

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 GBK463R
 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 SNA4976L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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 SOH YIP YONG
 Gender Male
 Phone No (Phone) +65-98625183
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SGZ5248A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person EILEEN CHEN HUA LING
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -

Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGZ5248A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident


Please Refer to the police report no. 7

T/20230612/2022

Declaration

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


Witnessed by Reporting Centre Personnel



























**SINGAPORE
POLICE FORCE**



T/20230612/2022

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20230612/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2023 12:08	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: SOH YIP YONG			Address: APT BLK 291B COMPASSVALE STREET #11-244 SINGAPORE 542291		
ID Type / ID No.: NRIC NO / S7415989C			Contact No.: Home/Office: Mobile: 98625183		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 19/05/1974	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self-employed (Marine Supply)			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2023 14:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK463R	Lorry	MITSUBISHI	CANTER FEA01BR2S DEK (CBU)	White	Slightly Damaged	0
SGZ5248A	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Silver	Slightly Damaged	3
SNA4976L	Car	MERCEDES BENZ	A200 FL STYLE (R17 HLG)	Black	Slightly Damaged	0



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T/20230612/2022

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20230612/2022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGZ5248A	TENET SOMPO INSURANCE PTE. LTD.	D23MTPV01004369	16/03/2023	15/03/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH YIP YONG	ID No.	S7415989C
Related Vehicle	SGZ5248A (Car)	Contact No.	98625183
Hospital/Clinic	HEALTHMARK FAMILY CLINIC (COMPASSVALE)	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	12/06/2023	Date Discharge	12/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11/06/2023 at about 1410hrs, I was driving my car (SGZ5248A) along PIE towards Tuas direction, I was on lane 2 due to some roadworks on lane 1. I noticed another vehicle in the front came to a full stop. I applied emergency brakes to my car and managed to stop in time. A few seconds later, I felt an impact coming from the rear. After regaining composure from the impact, I came out of my car and noticed that a lorry (GBK463R) had collided into the rear of my car. I had also realized that another car (SNA4976L) had collided into the lorry's rear.

All drivers discussed about the accident, exchanged contact numbers and drove off as to not cause obstruction to the road. I have a front facing camera installed, however it is faulty and did not record the accident that had taken place.



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545025
Tel No: 1800-343 8999

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Report No. T/20230612/2022

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 KANG YONG LER
JAMESON

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
12/06/2023 12:08

Classification Of Case;

NP168