

# 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 .....	01/06/2023 15:04 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	31/05/2023 12:16 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	AYE EXPRESSWAY TOWARDS CTE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF8302X
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PICK A PET PTE LTD
Company Reg No .....	200512517H
Email Address .....	VINCESHEE@GMAIL.COM
Mobile Phone No .....	(Phone) +65-94888505
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Opel
Model .....	COMBO L2H1 1.6 CDTI AT 6DR
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNA00027382302

### DRIVER

Name of Driver .....	SHEE WOON YEE
NRIC No .....	S7335253C
Date Of Birth .....	24/09/1973
Occupation .....	Outdoor

Date Of Driving Pass .....	10/07/2015
Driving experience .....	7 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97771907
Alt. Phone Number .....	-
Email Address .....	VINCESHEE@GMAIL.COM
Address .....	APT BLK 167 BISHAN STREET 13 #02-218
Address complement .....	-
Postcode .....	570167
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	COLLEAGUE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
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? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XE5386T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	WON WAI LEONG
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.  
(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

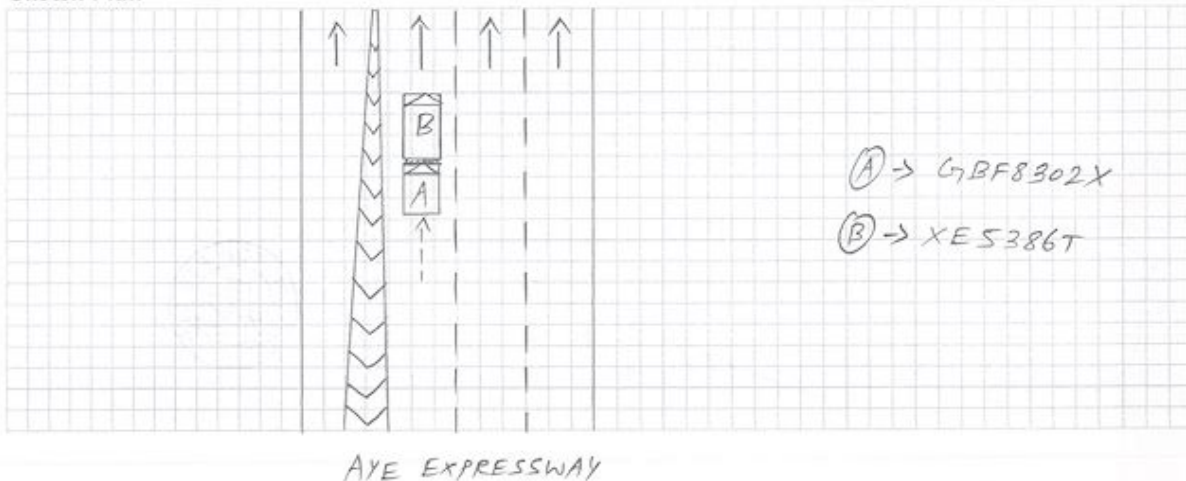
*[Signature]*

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



Witnessed by Reporting Centre Personnel

## Sketch Plan




## Describe Circumstances of the Accident

on 31/05/2023 @ 12:16 Hours. I was driving along AYE Expressway. Suddenly Vehicle B: (XE5386T) in front of me put sudden brake then my Vehicle A: (GBF8302X) unable to stop in time. I alighted and realised that my vehicle A: (GBF8302X) front portion had collided into the rear portion of vehicle B: (XE5386T) causing damage. We exchanged particulars after the accident.

## 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







































**華強環島私人有限公司**  
**ISLAND RECOVERY SERVICES PTE LTD**  
 Address: 26 Chia Ping Road Singapore 619077  
 Telephone: 6747 7400 Email: admin@islandrecovery.com.sg  
 Facsimile: 6844 7233 Web: www.islandrecovery.com.sg  
 Co. Reg. No: 202114296E GST Reg. No: 202114296E

**CASH SALES / WORK ORDER**  
**NO: 1323348**  
**DATE: 21/5/23**

ACCOUNT OF: VINS Automotive

<b>WORK DETAILS</b> Time of Order: <u>16:39</u> Time Reached Location: <u>16:47</u> Time Left: <u>17:24</u> Time End: <u>17:44</u> Waiting Time: _____	<b>VEHICLE DETAILS</b> Vehicle No: <u>SBF 8302X</u> Make & Model: <u>Kia Niro 2018</u> <b>LOCATION FROM</b> <u>10 Bukit Merah Dr</u> <b>2ND TRIP</b> <b>LOCATION TO</b> <u>160 Sin Ming Rd</u>
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<b>TOWING / ROADSIDE ASSISTANCE</b> Additional Charges <input type="checkbox"/> Using King Dolly <input type="checkbox"/> Basement / Multi Carpark <input type="checkbox"/> Midnight / Sunday / PH <input type="checkbox"/> Exotic / Luxury Vehicle <input type="checkbox"/> Crane Up / Winch Out <input type="checkbox"/> Open Door <input type="checkbox"/> Jump Start / Change Tyres / Change Battery	<input checked="" type="checkbox"/> Accident <input type="checkbox"/> Loaded / Equipment <input type="checkbox"/> Box / Canopy / Tailgate <input type="checkbox"/> ERP / Carpark <input type="checkbox"/> Dismantle Shaft / Brake <input type="checkbox"/> Restricted Zone <input type="checkbox"/> Others: _____
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**TRANSPORTATION**  
☐ Using Car Carrier  
☐ Using King Dolly  
☐ Restricted Zone



REMARKS: \_\_\_\_\_

**ACCEPTANCE**

Driver / Owner Handled Over By  
(Name & Signature)

[Signature]

Taken Over By  
(Name & Signature)

[Signature]

Island Recovery Services Pte Ltd  
(Driver)

[Signature]

AMOUNT S\$ \_\_\_\_\_

GST S\$ \_\_\_\_\_

TOTAL S\$ \_\_\_\_\_

**Disclaimer:** Island Recovery Services Pte Ltd and its staff and/or any person associated therewith cannot be held liable for any loss or damage that is incurred or may be incurred by any person as a direct or indirect result of the use of Island Recovery Services Pte Ltd's service.



**SINGAPORE  
POLICE FORCE**



T/20230531/2088

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3  
Report No. T/20230531/2088

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/05/2023 22:19	Vide Report No.:	Station Diary No.: 68
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**Informant's Particulars**

Name of Informant: SHEE WOON YEE			Address: APT BLK 167 BISHAN STREET 13 #02-218 SINGAPORE 570167		
ID Type / ID No.: NRIC NO / S7335253C			Contact No.: Home/Office: Mobile: 97771907		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 24/09/1973	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Sales supervisor			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/05/2023 12:10	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
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	Condition	No of Passenger
GBF8302X	Van				Seriously Damaged	1
XE5386T	Lorry				No Damage	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230531/2088

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20230531/2088

**CONTINUATION OF REPORT**

Driver			
Name	SHEE WOON YEE	ID No.	S7335253C
Related Vehicle	GBF8302X (Van)	Contact No.	97771907
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	31/05/2023	Date Discharge	31/05/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	WON WAI LEONG	ID No.	S7571463G
Related Vehicle	XE5386T (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 31/05/2023 at about 1210hrs, I am traveling along AYE towards Jurong Town Hall in my vehicle (GBF8302X). While I was travelling along the road on the third lane, there was a lorry (XE5386T) travelling in front of my vehicle that had applied the brake suddenly. As such, I could not stop in time and had hit onto the back of the lorry. Subsequently, I went down from my vehicle to make a check and saw that there was another accident that had happened in front of the lorry. I also exchanged my particulars with the driver of the lorry. I called for ambulance as I suffered abrasion on both my arms. Subsequently, the ambulance came down to clean my wounds. My vehicle was being towed away as my car's bonnet was crushed in. I was attended by LTA and the Police as well. I have an in car camera that captured the incident and I have the recording of it in my phone. As I felt pain, I went to Mount Alvernia Hospital to get a check up and was given 5 days of Outpatient Sick Leave.



**SINGAPORE  
POLICE FORCE**



T/20230531/2088

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20230531/2088

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
E /  
SGT 2 Mohammad Adam Lim Bin  
Mohd Amran

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 2 PHUA TIAK YEE  
Contact No.: 65476200

Signature Of Informant:

Date/Time:  
31/05/2023 22:19

Classification Of Case:

NP168



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