

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 26/06/2023 14:19 (SGT)
Reported by Actual Driver
Date of Accident 20/06/2023 19:05 (SGT)
Exact Location of Accident Airport Rd, Singapore
Additional Location Information BEFORE BARTLEY ROAD EAST JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV2824T

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) +65-64841933
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 Indoor

Date Of Driving Pass	17/02/1996
Driving experience	27 YEARS AND 4 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230621/7089

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	GBB5821E
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WU DAOXUN
Passport No/FIN	GXXXXX072W
Contact Number	(Phone) +65-92302909
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 (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.



[Handwritten signatures]

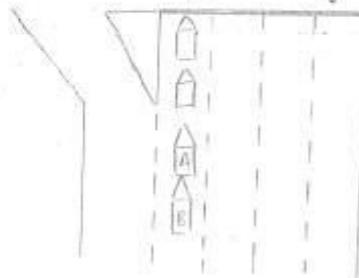
[Handwritten signature]
26/06/2023
Witnessed by Reporting Centre
Personal

Policyholder's Signature / Date & Time

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

Sketch Plan

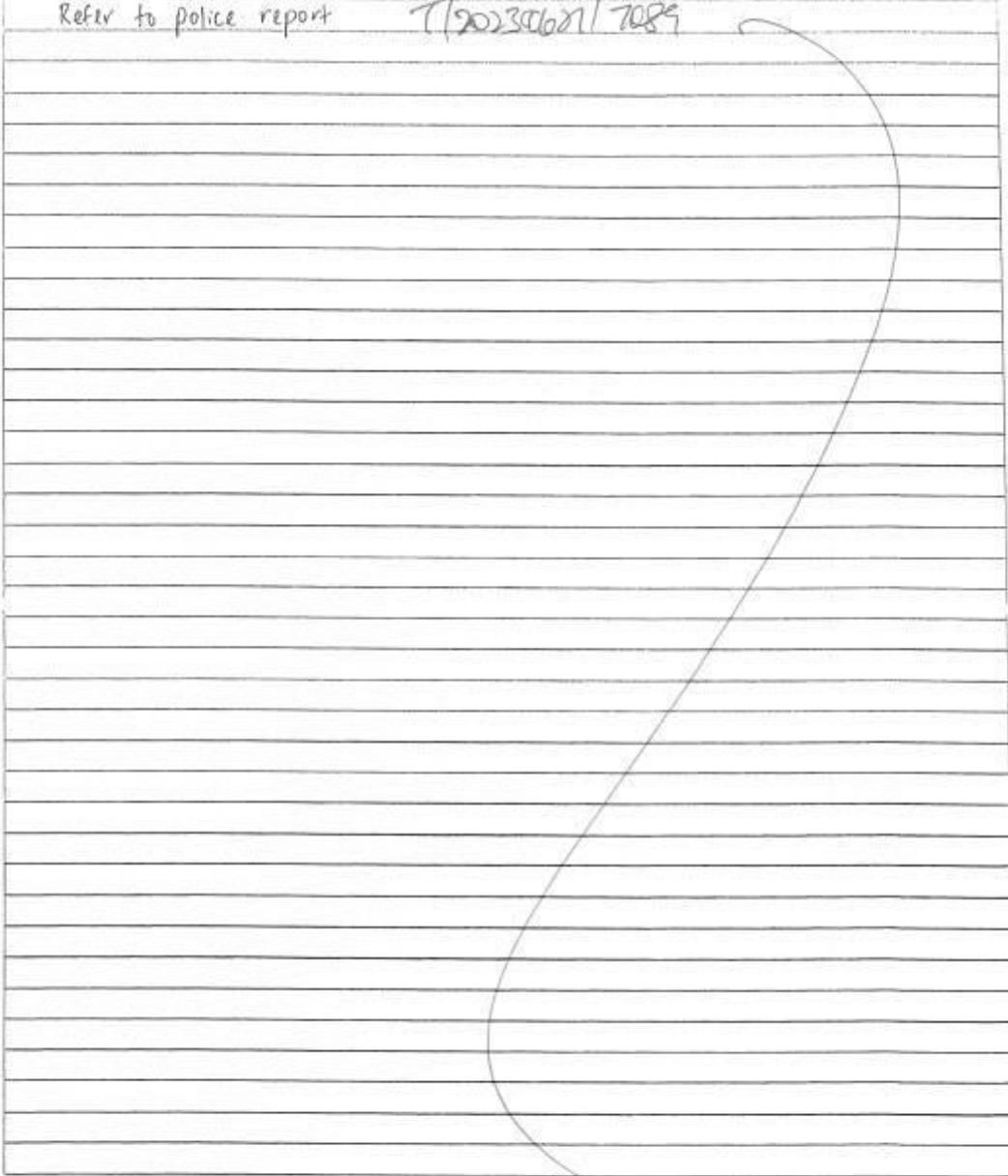
AIRPORT ROAD @ BAYLEIGH ROAD EAST Junction



Vehicle A: SLV2824T
Vehicle B: GBB5821E

Describe Circumstances of the Accident:

Refer to police report T/20230621/7089



Declaration

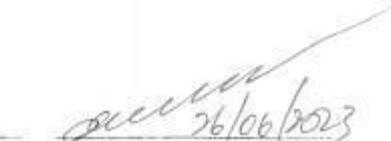
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



26/06/2023

Witnessed by Recording Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20230621/7089

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230621/7089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2023 22:58		Vide Report No.:		Station Diary No.:
Informant's Particulars				
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: dyec13@gmail.com		
Sex: Male	Age: 50	Date of Birth: 13/06/1973	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Manager		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2023 19:05	Type of Location:
Location: AIRPORT ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLV2824T	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20230621/7089

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230621/7089

CONTINUATION OF REPORT

Driver			
Name	YEO ENG CHUN		ID No. S7319690F
Related Vehicle	SLV2824T (Car)		Contact No. 98470955
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SLV2824T along Airport Road towards Macpherson direction.

I came to a stop at the junction of Bartley Road East as the traffic light was red.

I was waiting for traffic light to turn green and for vehicles in front to move off when suddenly, a huge impact hit my vehicle's rear causing my vehicle to jerk forward violently.

I was caught off guard as my body lurched forward and knocked my left knee against the centre console before my body was restrained by the seat belt.

Upon alighting, I realised that I was hit from the rear by GBB8521E.

The rear portion of my vehicle was badly dented.

The same evening, I started feeling pain over my neck, chest, back and left knee areas.

The following morning, the pain got worse and I decided to seek treatment at Intemedical Kovan in the afternoon.

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



**SINGAPORE
POLICE FORCE**



T/20230621/7089

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20230621/7089

CONTINUATION OF REPORT

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: 21/06/2023 22:58
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168