

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 First Submission	28/07/2023 15:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/07/2023 20:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE/SLE BEFORE AMK AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND850B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YONG FOOK YIEW
NRIC No	SXXXX794D
Email Address	OPTIONSGARAGE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91683886
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Is250
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	2500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00066002301

DRIVER

Name of Driver	YONG FOOK YIEW
NRIC No	SXXXX794D
Date Of Birth	26/04/1985
Occupation	Indoor

Date Of Driving Pass	26/04/2005
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91683886
Alt. Phone Number	-
Email Address	OPTIONSGARAGE@HOTMAIL.COM
Address	APT BLK 381C YISHUN RING ROAD
Address complement	# 13-1561
Postcode	763381
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)	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	SIAW POH LEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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	SMA4327Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKG6148B
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	YONG FOOK YIEW
Gender	Male
Phone No	(Phone) +65-91683886
Address	APT BLK 381C YISHUN RING ROAD
Address Complement	# 13-1561
Post Code	763381
Approximate Age Years Old	-
Injuries Sustained	NECK AND LOWER BACK
Injured person in which vehicle?	SND850B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SIAW POH LEE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FACE AND NECK PAIN
Injured person in which vehicle?	SND850B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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6. 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

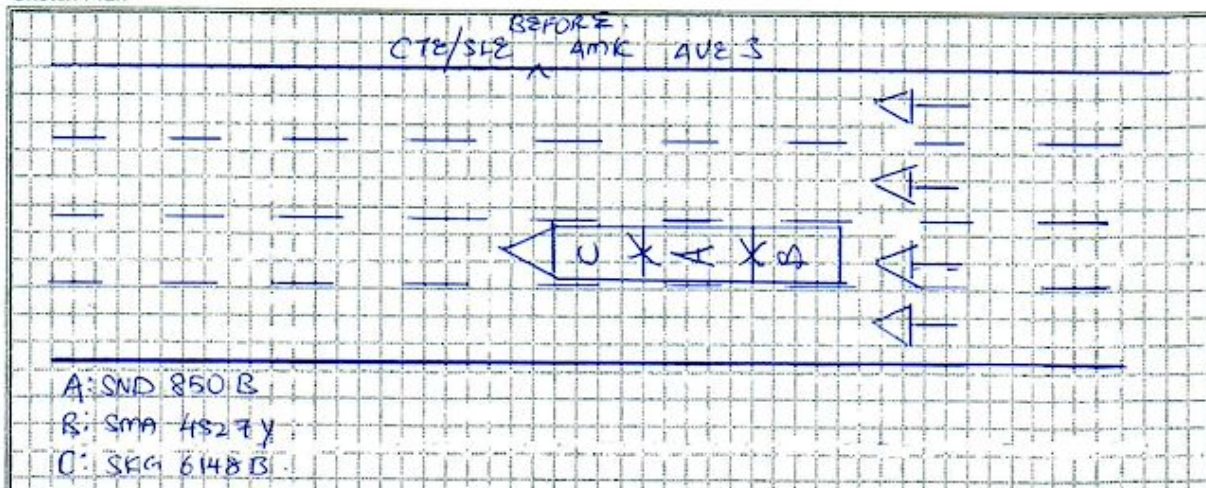
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agent/s (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Yong
Policyholder's Signature / Date & Time

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

gmucl 28/7/2023
Witnessed by Reporting Centre Personnel
(Name as in NR 10 card)

Sketch Plan



Describe Circumstance of the Accident

DATE: 27/07/2023, TIME: 20H00RS, LOCATION: CTE/SLE BEFORE AMK AVE S.

(1) VEHICLE "A" WAS TRAVELING ON 3/4 LANE OF A 4 LANE ROAD.

(2) VEHICLE "C" BEARING SKG 6148 B SUDDENLY DID A JAM BRAKE. I JAM BRAKED AND STOP IN TIME BUT VEHICLE "B" BEARING SMA 4327 Y COLLIDED ONTO MY VEHICLE "A" REAR. THE IMPACT WAS SO HUGE THAT MY VEHICLE "A" WAS PUSH FORWARD AND COLLIDED ONTO VEHICLE "C".

(3) I YONG FOK YIEW AND MY WIFE SIAM POH LEE. THE NEXT MORNING FELT PAIN IN OUR NECK AND BACK, WILL CONSULT A DOCTOR.

(4) I WISH TO STATE THAT I HAVE FRONT AND BACK FOOTAGE OF THE ACCIDENT.

Declaration

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

 28/7/2023
Witnessed by Reporting Centre Personnel

































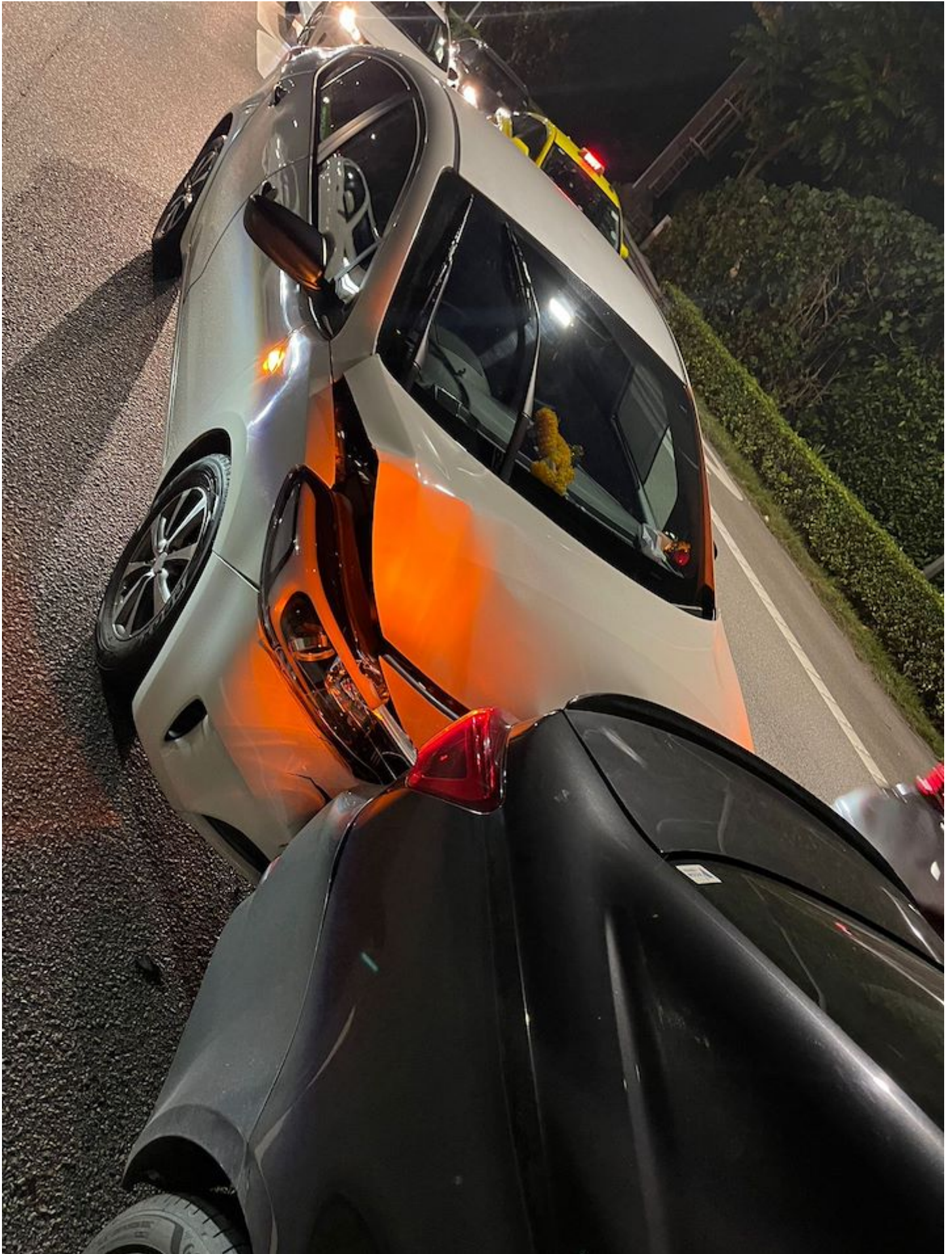














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09237S000A Vehicle Registration No: 8ND 850B
 Name (as shown in NRIC): Yong Fook Yiew NRIC/FIN/Passport No: 88571794D
 (~~Vehicle Driver~~/Policyholder) (*) Please delete as appropriate
 Address: Apt B1K 381C Yishun Ring Road # 13-1561 Singapore (763381)
 Contact (Tel): _____ Mobile No.: 9168 3886
 Email Address: optionsgenova@hotmail.com
 Date of Accident: 27/07/2023 Time of Accident: 20:40
 Place of Accident: CTE/SLE Before Amk Avenue 3
 Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Additional Location Information
: CTE/SLE Before Amk Avenue 3

Policyholder / Actual Driver's Signature
Date:

July 28/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: