

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	24/06/2024 12:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/06/2024 15:55 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	TOWARDS STAGMONT RING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2740S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YIP YEW HOONG
NRIC No	S7434989G
Email Address	hoongyipyew@yahoo.com.sg
Mobile Phone No	(Phone) +65-96309160
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	1198

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00002992407

DRIVER

Name of Driver	YIP YEW HOONG
NRIC No	S7434989G
Date Of Birth	20/10/1974
Occupation	Indoor

Driving Pass Date	21/01/1999
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96309160
Alt. Phone Number	-
Email Address	hoongyipew@yahoo.com.sg
Address	BLK 311C CLEMENTI AVENUE 4 #24-185
Address complement	-
Postcode	123311
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	Side Swipe
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)	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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20240621/2075 AND T/20240624/7055

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	SMB5890A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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)	-

SKETCH PLAN

IMPORTANT NOTICE

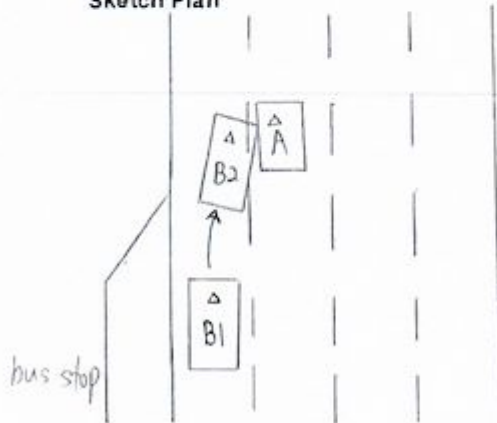
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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.
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.

09.42
24/6/24
Policyholder's Signature / Date & Time

0942
24/6/24
Driver's Signature (if driver is not the policyholder) / Date & Time

24/06/2024
Witnessed by Reporting Centre Personnel

Sketch Plan



Woodlands Road
towards
Stagmont
Ring

A: SKZ 2740S

B: SMB 5890A


Describe Circumstance of the Accident


please refer to the police report:
T/ 20240621 / 2075

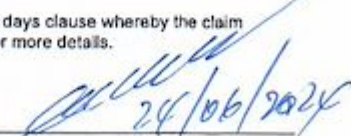
Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 09:43
24/6/24
Policyholder's Signature / Date & Time

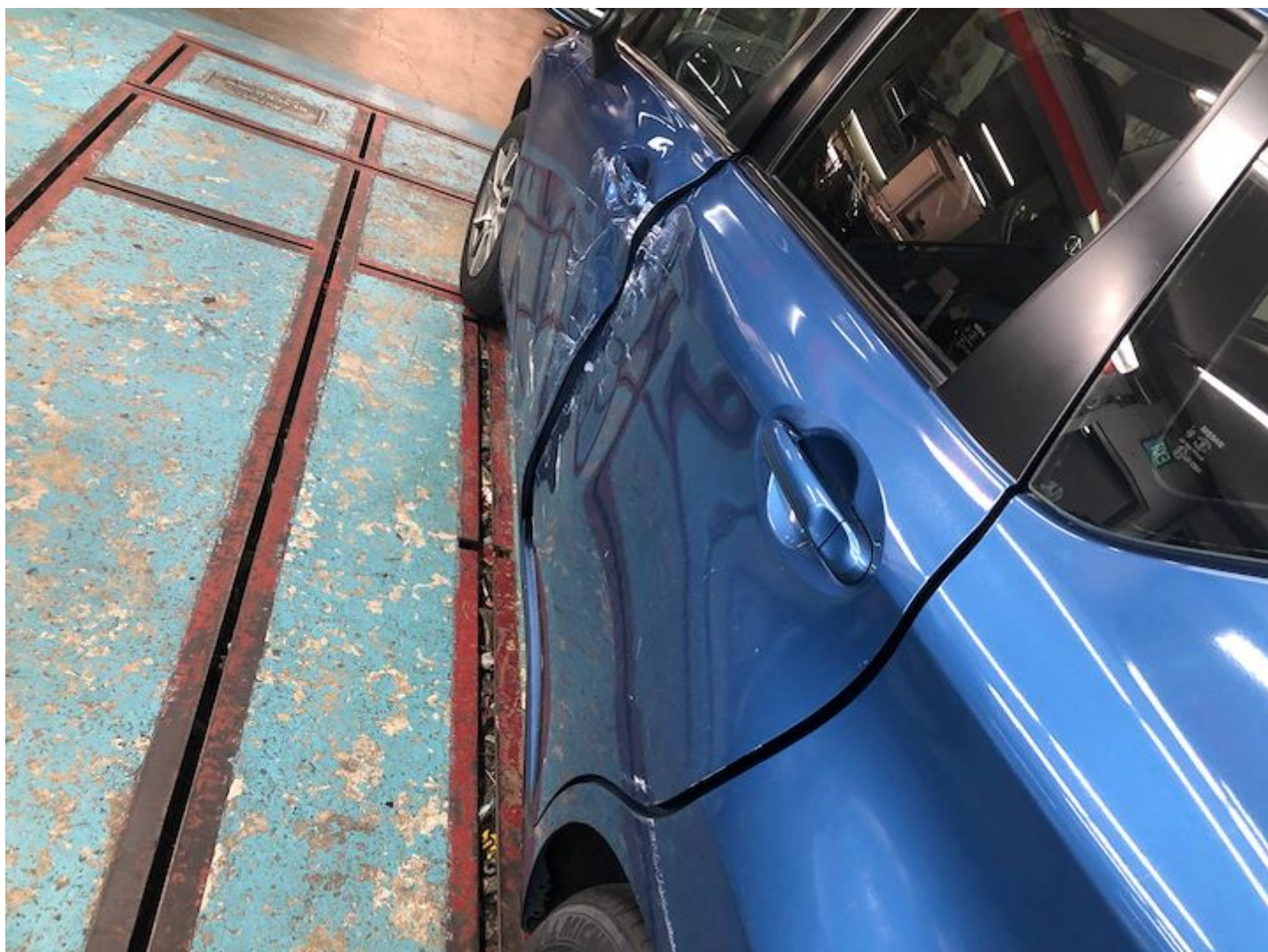
 09:43
24/6/24
Driver's Signature (if driver is not the policyholder) / Date & Time

 24/06/2024
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



























**SINGAPORE
POLICE FORCE**



T/20240621/2075

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20240621/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2024 19:11	Vide Report No.: L/20240621/0080	Station Diary No.: 83
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Informant's Particulars

Name of Informant: YIP YEW HOONG			Address: 311C CLEMENTI AVENUE 4 #24-185 SINGAPORE 123311	
ID Type / ID No.: NRIC NO / S7434989G			Contact No.: Home/Office:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/06/2024 15:55	Type of Location: Straight Road
Location: WOODLANDS ROAD				
Weather: Clear	Road Surface: Dry			
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ2740S	Motor car	NISSAN	NOTE 1.2 DIG-S CVT 2WD LED		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/20240621/2075

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20240621/2075

CONTINUATION OF REPORT

Driver			
Name	YIP YEW HOONG	ID No.	S7434989G
Related Vehicle	SKZ2740S (Motor car)	Contact No.	96309160
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 21/06/2024 at 1550hours, I was driving my vehicle bearing registration number SKZ2740S along Woodlands Road towards Stagmont Ring. It was a three-lane road, and I was in the middle one. Out of sudden, i felt an impact from the left and noticed it was a SMRT bus service number 979 collided onto the side (left) of my vehicle. I immediately stopped the vehicle and parked to the side of the road. Traffic Police subsequently arrived at scene, two of the bus passengers were conveyed to hospital. My in-car camera is not functional. At this moment, I do not feel any pain on my body. The damages are dents on my both panels on the left and unable to open the door.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20240621/2075

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Report No. T/20240621/2075

CONTINUATION OF REPORT

Signature of Officer Recording The
J/
SGT 3 LIM CEHANG, HERMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MUHAMMAD GHAZALI BIN
ABDUL RAZAK
Contact No.: 65476367

NP168

Signature Of Informant:

Date/Time:
21/06/2024 19:11

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20240624/7055

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

1 of 3

Report No. T/20240624/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2024 14:17			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: Yip Yew Hoong			Address: 311C Clementi Ave 4 #24-185 SINGAPORE 123311		
ID Type / ID No.: NRIC NO / S7434989G			Contact No.: Home/Office: Mobile: 96309160		
Nationality: SINGAPORE CITIZEN			Email: hoongyipyew@yahoo.com.sg		
Sex: Male	Age: 49	Date of Birth: 20/10/1974	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Automation technician			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/06/2024 15:55	Type of Location: Straight Road
Location: SENJA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ2740S	Motor car	NISSAN	NOTE 1.2 DIG-S CVT 2WD LED	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKZ2740S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW00002992 407	16/01/2024	16/01/2025



SINGAPORE POLICE FORCE



T/20240624/7055

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

2 of 3

Report No. T/20240624/7055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Yip Yew Hoong	ID No.	S7434989G
Related Vehicle	SKZ2740S (Motor car)	Contact No.	96309160
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 21/06/2024 at 1550hours, I was driving my vehicle bearing registration number SKZ2740S along Woodlands Road towards Stagmont Ring. It was a three-lane road, and I was in the middle lane. Out of sudden, I felt an impact from the left and noticed it was a SMRT double decker bus service number 979, vehicle number SMB5890A collided onto the side (left) of my vehicle. I immediately stopped the vehicle and parked to the side of the road. Traffic Police subsequently arrived at scene, two of the bus passengers were conveyed to hospital. My in-car camera is not functional. At this moment, I do not feel any pain on my body. The damages are dents on my both panels on the left doors and unable to open the door.



**SINGAPORE
POLICE FORCE**



T/20240624/7055

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

3 of 3

Report No. T/20240624/7055

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD GHAZALI BIN ABDUL RAZAK
Contact No.: 65476367

NP168

Signature Of Informant:

The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
24/06/2024 14:17

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S045500200 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN 0824 60 0002 Vehicle Registration No: SKZ 2740 S
Name (as shown in NRIC) : Yip Yew Hoong NRIC/FIN/Passport No : S74349896
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 311 C Clementi Avenue 4 #24-185 Singapore (123311)
Contact (Tel) : _____ Mobile No. : 9630 9160
Email Address : hoongyipyew@yahoo.com.sg
Date of Accident : 21.06.2024 Time of Accident : 15:55 pm
Place of Accident : Woodlands Road towards Stagmont Ring
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:

Are you claiming under your own insurance policy for repair to your vehicle?

No - claiming third party -> change to:
yes

YHY
Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: