

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	11/12/2023 12:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/11/2023 23:40 (SGT)
Exact Location of Accident	Near 800 Corporation Rd, Singapore 649809
Additional Location Information	BEFORE TURNING RIGHT TO BULIM AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8033J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YONG KOK MENG BERNARD
NRIC No	092H
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114553413-03

DRIVER

Name of Driver	YONG KOK MENG BERNARD
NRIC No	
Date Of Birth	
Occupation	Outdoor

Driving Pass Date	16/10/1984
Driving experience	39 YEARS AND 1 MONTH
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	
Postcode	
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	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?	Yes
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 27/11/2023, AT ABOUT 2340HRS, ALONG JURONG WEST AVE 2 TOWARDS TUAS. DRIVER, BERNARD YONG AS A PRIVATE HIRER, INTENDED TO TURN INTO BULLIM RD. DRIVING A HONDA SHUTTLE, SMQ 8033 J, ADDRESSED INTO THE TURN RIGHT LANE INTENDING TO TURN RIGHT INTO BULIM RD. AN OFF-DUTY BUS, SMB 3606 T APPROACHED VERY AGGRESSIVELY ANDTAGGING VERY CLOSELY BEHIND CAR A AS THE TURN- RIGHT TRAFFIC LIGHT IS STILL RED AND THERE'RE 2 BUSES IN FRONT WAITING TO TURN RIGHT, SMQ 8033 J HAD TO APPLY BRAKES TO MOVE SLOWLY TO JOIN THE QUEUE, THE BUS SMB 3606 T, HIT FROM BEHIND TO THE REAR OF THE CAR SMQ 8033 T, RESULTING TO DAMAGE AT THE REAR. AS THE HIT WAS SUDDEN AND WITH CERTAIN FORCE FROM A LARGE VEHICLE, DRIVER BERNARD YONG SUFFERED A CONCUSSION FROM THE SUDDEN JERK OF THE CAR, FELT GIDDINESS AND HAVE T OCONSULT CENTRAL 24HRS CLINIC (JURONG WEST) WITH THE ADVISE FROM POLICE OFFICER AND AMBULANCE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	I haven't retrieved it yet. will upload once retrieved.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB3606T
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YONG KOK MENG BERNARD
Gender	Male
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	SMQ8033J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

On 27/11/2023, at about 2340hrs, along Jurong West Ave 2 towards Thos. Driver, Bernard Yong, ~~intended~~ as a Private Hiver, intended to turn into Balim Rd. ~~Bus~~ .. Driving a Honda Shuttle, SMQ8033T, addressed into the ^{turn} right lane intending to turn right into Balim Rd. An off-Duty Bus, SMB3606T, approached very aggressively and tagging very closely behind car A ~~Bus~~ As the turn-right traffic light is still red and there're ~~still~~ 2 buses in front waiting to turn right, SMQ8033T has to apply brake to move slowly to join the queue, the bus SMB3606T, hit from behind to the Rear of the car SMQ8033T, resulting to damages at the Rear. As the hit was sudden and with certain force from a large vehicle, driver Bernard Yong suffered concussion from the sudden jerk of the car, felt giddiness and have to consult Central 24hr Clinic (Jurong West) with the advise from police officer and ambulance.

Declaration

We declare the foregoing particulars are true in every respect.

Bd 11/12/2023
Policyholder's Signature / Date & Time
1000Am

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

 11/12/23
Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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.

PdL 11/12/2025
Policyholder's Signature / Date & Time
1000AM

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

11/12/23
Witnessed by Reporting Centre Personnel

Sketch Plan













































