

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	11/12/2024 15:51 (SGT)
Reported by	Actual Driver
Date of Accident	10/12/2024 17:17 (SGT)
Exact Location of Accident	Lower Kent Ridge Rd, Singapore
Additional Location Information	(NATIONAL UNIVERSITY ORAL HEALTH)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1212Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JIESHAN ONG HAPA
NRIC No	SXXXX412A
Email Address	ojshan@gmail.com
Mobile Phone No	(Phone) +65-91119706
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2400
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117268091-04

DRIVER

Name of Driver	HAPA CRAIG JOSEPH YATER
NRIC No	SXXXX938I
Date Of Birth	05/06/1985
Occupation	Indoor
Driving Pass Date	07/09/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98777420
Alt. Phone Number	-
Email Address	craig.hapa@gmail.com
Address	16 CLEMENTI AVENUE 1
Address complement	#29-01
Postcode	129960
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

REFER ATTACHED ATTACHED SKETCH PLANS

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	VIDEO WITH DRIVER'S WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ4966B
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AYYASAMY VEERAMANI
Passport No/FIN	GXXXX871L
Contact Number	(Phone) +65-90916616
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	HAPA CRAIG JOSEPH YATER
Gender	Male
Phone No	(Phone) +65-98777420
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SMD1212Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

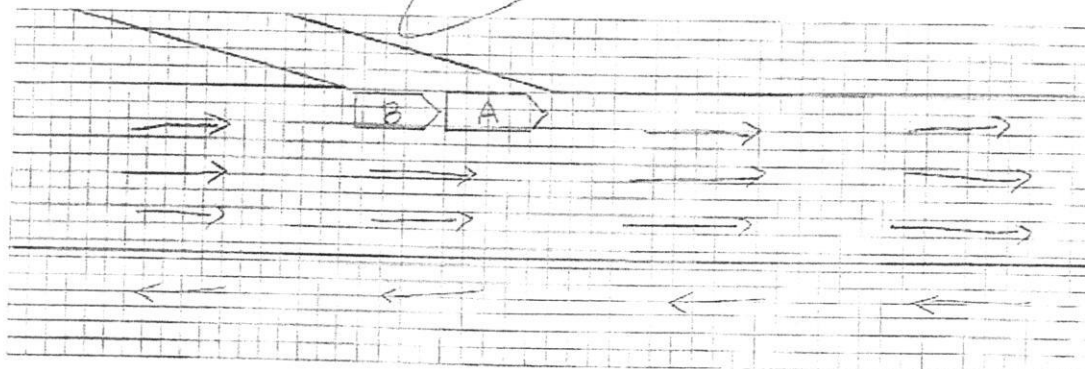
SKETCH PLAN

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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' 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.

Policyholder's Signature / Date & Time: 11/12/2024
 Driver's Signature (if driver is not the policyholder) / Date & Time: 11/12/24
 Witnessed by Reporting Centre Personnel: 1

Sketch Plan



A = SM1212R

B = YQ4966B

Describe Circumstances of the Accident

While in AVE along Lower Kent Ridge Y-junction towards Clementi Road, I was in left-most lane (slow lane) since I will be exiting Clementi Road, the vehicle in front of me joining AVE from Lower Kent Ridge has stopped abruptly.

The vehicle in front (SG 11625E) abruptly stopped as it was being blocked by another vehicle in front (grey sedan) who has entered the AVE lane partially. I had enough distance to make a full stop but the lorry behind that was tailgating me did not have enough distance to stop (Y 249665) and rear ended my vehicle.

My vehicle rear was shattered, in-car camera broken. I have videos from and near of the incident.

After reaching home, I felt numbness and uncomfortable neck and back with tingling sensation on lower back area.

As such, I went to A&E at Glomengles Hospital to get checked and was advised to do an MRI.

I was given 3-days MC and pain reliever medications.

☐ Claim OD ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop:

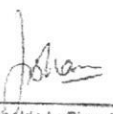
Email address:

Myself email:

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

We declare the foregoing particulars are true in every respect.

 11/12/2024
Policyholder's Signature / Date & Time

 11/12/24
Driver's Signature (If driver is not the Policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20241210/7130

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

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Report No. T/20241210/7130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2024 19:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HAPA CRAIG JOSEPH YATER			Address: Block 16 Clementi Avenue 1 #29-01 The Clement Canopy SINGAPORE 129960		
ID Type / ID No.: NRIC NO / S8566938I			Contact No.: Home/Office: Mobile: 98777420		
Nationality: FILIPINO			Email: craig.hapa@gmail.com		
Sex: Male	Age: 39	Date of Birth: 05/06/1985	Type of Informant: Driver		
Race: Filipino			Language: English		
Occupation: Food and beverage operations manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2024 17:15	Type of Location: Y-Junction
Location: LOWER KENT RIDGE 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 Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD1212Z	Motor car					0
YQ4966B	Lorry	TOYOTA	DYNA	Grey	Slightly Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241210/7130

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

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Report No. T/20241210/7130

CONTINUATION OF REPORT

Driver				
Name	HAPA CRAIG JOSEPH YATER		ID No.	S8566938I
Related Vehicle	SMD1212Z (Motor car)		Contact No.	98777420
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
Driver				
Name	AYYASAMY VEERAMANI		ID No.	G8813871L
Related Vehicle	YQ4966B (Lorry)		Contact No.	90916616
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 19/11/2026
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	NIL

Brief Details.

While in AYE along Lower Kent Ridge Y-Junction towards Clementi Road, I was on left lane (slow lane) since I will be exiting Clementi Road, the vehicle in front of me joining the AYE from Lower Kent Ridge has stopped abruptly. The vehicle in front of me (SGJ1625E) abruptly stopped as it was being blocked by another vehicle in front (grey colour sedan) which has already entered the AYE lane partially (i was not able to get the plate number). I had enough distance to stop but the LORRY behind me which I suspected to be tailgating and did not have enough distance to stop (YQ4966B) had rear ended my vehicle.

My vehicle rear is shattered and In-Cam rear camera is totally broken.
I have videos (front and rear) thats exceeding 2MB.



**SINGAPORE
POLICE FORCE**



T/20241210/7130

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

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Report No. T/20241210/7130

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
10/12/2024 19:37

Classification Of Case:

NP168