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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 29/07/2024 16:37 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 27/07/2024 16:35 (SGT) Exact Location of Accident Singapore Additional Location Information PIE (TUAS) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

1500

Vehicle Registration Number SJZ1951T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM JING HUI, BENJAMIN NRIC No S9148575C Email Address benjaminljh91@gmail.com Mobile Phone No (Phone) +65-81111133 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Civic Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Manual CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5127087213-02

DRIVER

Name of Driver Yap Yeow Hian NRIC No S8366463J Date Of Birth 03/05/1983 Occupation Outdoor

Driving Pass Date 22/03/2016 Driving experience 8 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-86117591 Alt. Phone Number Email Address nafokies@gmail.com Address Blk 640 Woodlands Ring Road Address complement #11-17 Singapore Postcode 730640 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? Nο 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 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) 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? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT. 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 SMB1408L

Man

Accident report SC2J247T0006

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)	-

INJURED PERSONS DETAILS

INJURED 1

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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:

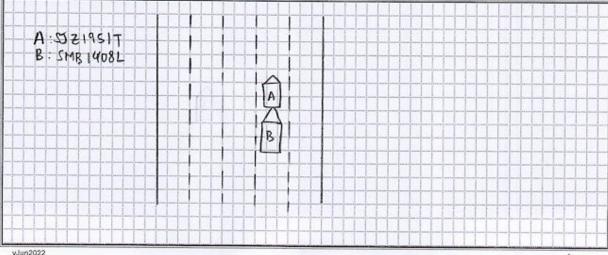
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, involces, 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
- (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.

29/07/24 1445. Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Acc	ident	
Poter Top	olice Report.	
1961 101	repair	
Declaration		
I/We declare the foregoing particular	is are true in every respect.	
1	T.	
/ le 29/07/24 14:	45. My 21/04/24 14:48	
	ime Actual Driver's Signature (if driver is not the poli	cyholder) Witnessed by Reporting Centre Personnel
	/ Date & Time	(Name as in NRIC/ID card)



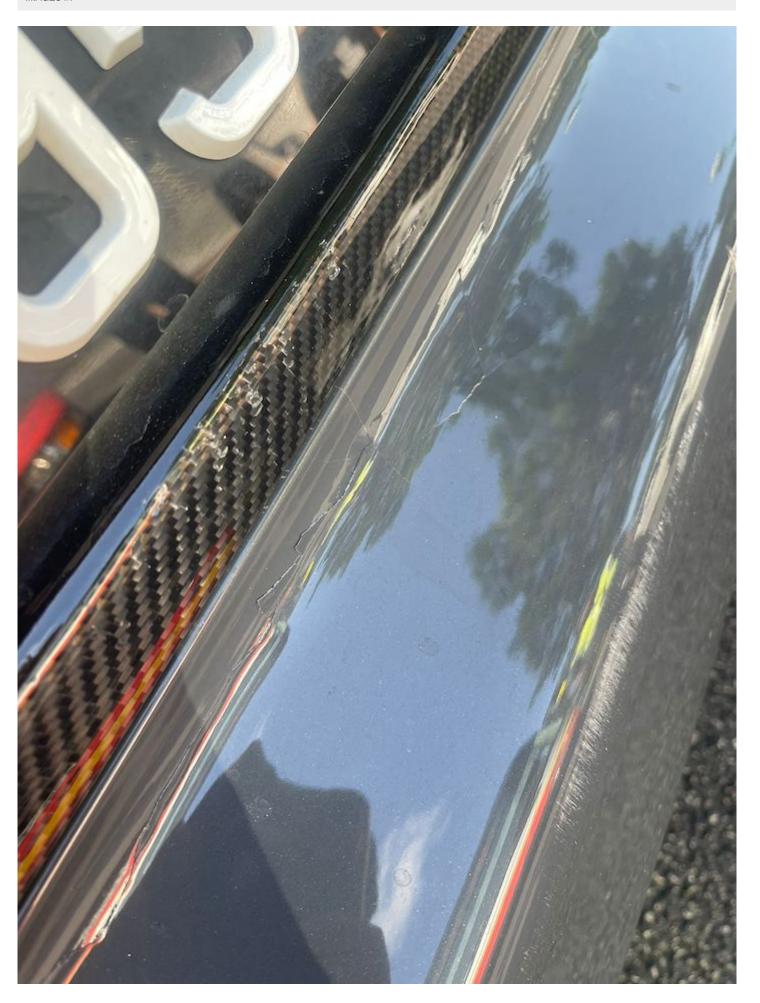








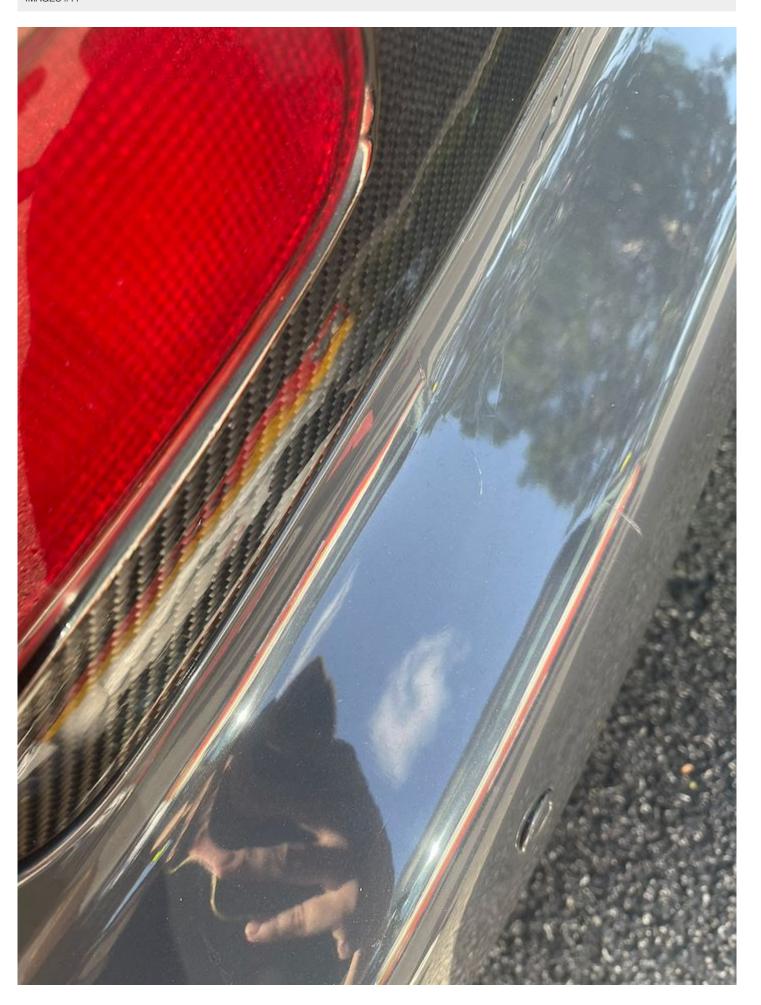


















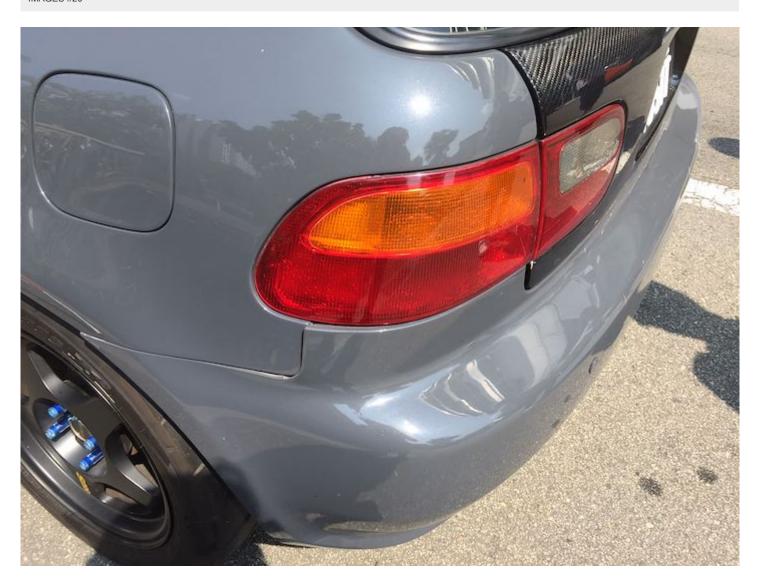






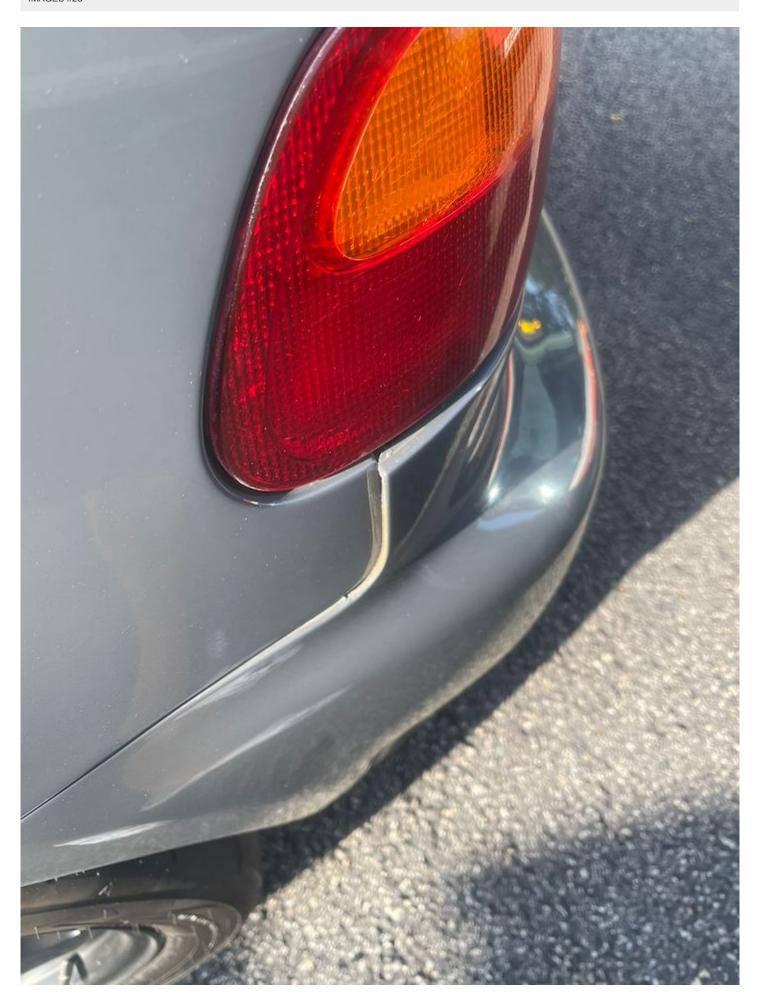














Police Station Of Origin: Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCID		
	EN	DE

1 of 3 Report No. T/20240727/2073

REPORT OF A TRAFFIC ACCIDENT					
Date/Time Report Made: 27/07/2024 18:52			Vide Report No.: E/20240727/0099	Station Diary No.: 84	
Informa	nt's Particu	ılars			
Name of Informant: YAP YEOW HIAN			Address: 640 WOODLANDS RING ROAD #11-17 SINGAPORE 73064		
ID Type / ID No.: NRIC NO / S8366463J			Contact No.: Home/Office: Mobile: 86117591		
Nationality: MALAYSIAN			Email:		
Sex: Age: Date of Birth: Male 41 03/05/1983			Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Mechanical engineer		er	Driving Licence Information: Class: 3 Date of Expiry:		

	The second of th		AND ASSESSMENT OF THE PROPERTY OF THE PARTY	
Seneral Inform	nation of the Accident		Date/Time of	Type of Location:
Type of Accident:	Injury Attended by Police	Drink Drive: No	Accident: 27/07/2024 17:00	Straight Road
Location: PAN-ISLAND EXPRESSWAY Weather: Clear Traffic Flow:		Road Surface:		
		Dry	Traffic Volume:	
		Traffic Control: Not Controlled		Heavy
One Way Type of Collision: Between Moving Vehicles - Head To F				Anyone conveyed by ambulance: Yes

		Section of the last		Charles and Control		
Company of the Compan	ehicle Involved		Model	Color	Conditio	No of Passenger
Vehicle No.	Type	Make	Model	00.01	Slightly	0
SJZ1951T Moto	Motor car				Damaged	
				No	0	
SMB1408L	Bus/Coach/Mi nibus				Damage	

(D. destrion Crossing: NA
Use of Pedestrian Crossing: NA



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999



Report No. T/20240727/2073

CONTINUATION OF REPORT

			-	22500000	ALTERNA DE	COLUMN TO SERVICE YOU SERVICE
Driver				ID No.		S8366463J
Name	YAP YEOW HIAN			ID No.		363664633
Related Vehicle	SJZ1951T (Motor car)			Conta	ct No.	86117591
Hospital/Clinic	NIL			Class Driving Licens Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran		IL	Degree of		NIL	

On 27/07/2024 at about 1638hrs, i was driving my vehicle (SJZ1951T) along PIE towards Jurong, right after Eng Neo Avenue entrance. As the vehicles infront were slowing down, i also slow down my vehicle to follow the speed of the vehicles infront. Few seconds later, i take a look at my rear mirror and noticed a SMRT bus (SMB1408L) appearing to be approaching my vehicle at a fast speed from the back in which i tried to accelerate slightly to kind of avoid the vehicle. However, the said bus then knocked onto the rear of my vehicle. I did not suffer from any injuries so far, however i believed one of the passengers from the bus was injured and hence traffic police and ambulance was activated to scene.

The traffic police then told me to lodge a traffic accident report pertaining to this accident as soon as possible.

