

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 | 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

| | |
|-----------------------------------|----------|
| 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 | Honda |
| 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 | 1500 |

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 | Male |
| 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? | 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? | Yes |
| 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? | No |
| 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 |
| Vehicle Manufacturer | Man |
| 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**

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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, 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.

[Signature] 29/07/24 14:45. *[Signature]* 29/07/24 14:45

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

1

Describe Circumstance of the Accident

Refer To Police Report.

A large, hand-drawn blue squiggle on lined paper. It starts with a small horizontal line on the right, curves upwards and to the left, then curves downwards and to the right, ending with a small horizontal line on the right. The squiggle is roughly in the shape of a wide 'Z' or a stylized '3'.

Declaration

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

29/07/24 14:45
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)
















































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20240727/2073

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 |
|--|--|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|--|
| Name of Informant: YAP YEOW HIAN | | | Address: 640 WOODLANDS RING ROAD #11-17 SINGAPORE 730640 | | |
| ID Type / ID No.: NRIC NO / S8366463J | | | Contact No.: Home/Office: Mobile: 86117591 | | |
| Nationality: MALAYSIAN | | | Email: | | |
| Sex: Male | Age: 41 | Date of Birth: 03/05/1983 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | |
| Occupation: Mechanical engineer | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 27/07/2024 17:00 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|--------------------|------|-------|-------|------------------|-----------------|
| SJZ1951T | Motor car | | | | Slightly Damaged | 0 |
| SMB1408L | Bus/Coach/Mi nibus | | | | No Damage | 0 |

Details of Person Involved

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



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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20240727/2073

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Report No. T/20240727/2073

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|-----------------------------------|---------------------------------|
| Driver | | | |
| Name | YAP YEOW HIAN | ID No. | S8366463J |
| Related Vehicle | SJZ1951T (Motor car) | Contact No. | 86117591 |
| 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 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.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20240727/2073

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Report No. T/20240727/2073

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT 3 BENJAMIN TAN MIN JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/07/2024 18:52

Officer In Charge Of Case:
TP / GIT /
SI KAMALIAH BINTE KAMIS
Contact No.: 65476433

Classification Of Case:

NP168