

## 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 Authorised 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 ability.
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 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 Report	06/02/2015 17:32
Date Of Accident	03/02/2015 14:30
Exact Location Of Accident	JUNCTION OF SEMBAWANG DRIVE AND SEMBAWANG WAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW3884S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FLOOR XPERT PTE LTD
Co Reg No	N/A
Email Address	ALAN.TOH@FLOORXPERT.COM
Mobile Phone No	
Alternative Phone No	Office-64936633

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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
If No, Please state action to be taken	Reporting Only
Vehicle Category	Commercial Vehicle

### Insurance Company

Name of Insurance Company	EQ Insurance Company Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	DMCPHQ14-002002
Cover Note Number	

### Driver

Name of Driver	YAP LIAN HUI VINCENT
NRIC No	S7911381F
Date Of Birth	24/04/1979
Occupation	Outdoor
Date Of Driving Pass	19/03/2012
Driving Experience	2 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-91841387
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address  
 Postcode  
 Was driver an employee of the Insured's Company Yes  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident Unknown - REFER ATTACHED  
 Weather Conditions Clear  
 Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No  
 Was any body injured in the Accident? Yes  
 Was any other material or property damaged? Yes  
 Was there any video captured by Car Camera? No  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? Yes  
 If Yes, Please state which Police Station  
 Police Station Name Jurong West Neighbourhood Police Centre  
 Police Station Address **ROAD:** 700 Corporation Road , **POSTCODE:** 649818 , **COUNTRY:** Singapore  
 Police Station Contact **TEL NO:** 1800-2689999 - **FAX NO:** 62672438  
 Was notice of intended Prosecution given? No  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACHED. STATEMENT RECORDED BY DARYL - PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5761  
 Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address

#### DETAILS OF INJURED PERSON 1

Name YAP LIAN HUI VINCENT  
 Approximate Age  
 Injuries Sustain TOE CRACK

Injured person in which vehicle?	GW3884S
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

## Sketch Plan

### 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

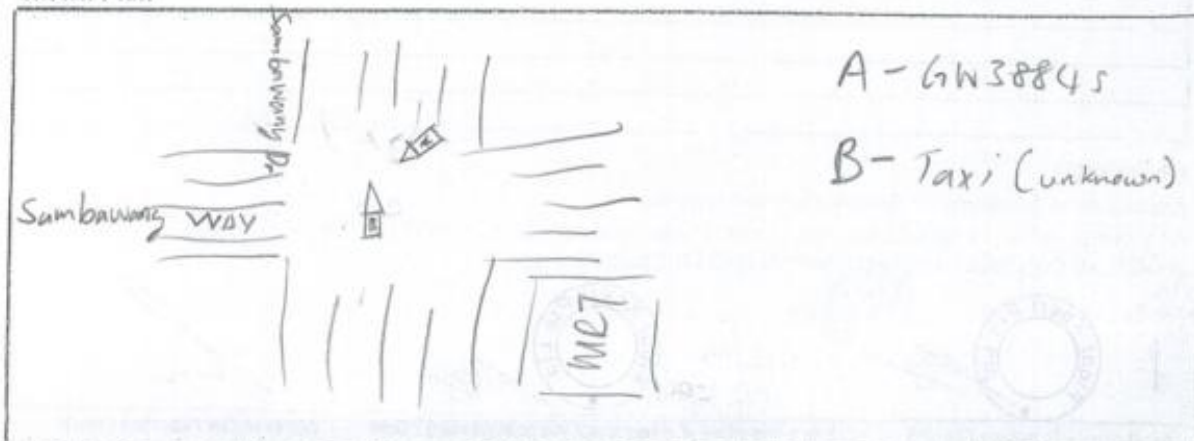
  
Policyholder's Signature / Date & Time

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

06/02/15  
4:35PM

  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



### Describe Circumstances of the Accident

DATE OF ACCIDENT: 03 | 02 | 2015

TIME OF ACCIDENT: 1430

Refer to police report NO: T/2019/0206/2002

### Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS



Policyholder's Signature / Date &  
Time



6/2/15  
04:35



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



Witnessed by Reporting Centre  
Personnel


**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7911381F**

Name  
**YAP LIAN HUI VINCENT  
(YE LIANHUI VINCENT)**

Birth Date: **24 Apr 1979**  
Issue Date: **19 Mar 2012**

002052333K



**REPUBLIC OF SINGAPORE**


IDENTITY CARD NO. **S7911381F**

Name  
**YAP LIAN HUI VINCENT  
(YE LIANHUI VINCENT)**

Race  
**CHINESE**

Date of Birth **24-04-1979** Sex **M**

Country of Birth  
**SINGAPORE**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)**

**EFFECTIVE DATE**

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **19 Mar 2012**

NP 428A

Licence No: S7911381F


**3243524**

NRIC No **S7911381F**

Blood Group **-** Date of issue **08-01-2003**

**APT BLK 338B KANG CHING ROAD #13-304  
SINGAPORE 612338**

NRIC No: **S7911381F** Date: **29/01/2012** No: **6974877**



## POLICE REPORT PG 1 Pg.1

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20150206/2002

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Report No. T/20150206/2002

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2015 00:21		Vide Report No.:		Station Diary No.: 6	
<b>Informant's Particulars</b>					
Name of Informant: YAP LIAN HUI VINCENT			Address: APT BLK 338B KANG CHING ROAD #13-304 SINGAPORE 612338		
ID Type / ID No.: NRIC NO / S7911381F			Contact No.: Home/Office: Mobile: 91841387		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 24/04/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/02/2015 14:30	Type of Location: T-Junction
Location: Along Road 1 SEMBAWANG DRIVE SEMBAWANG WAY Turning right from Road 1 into Road 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW3884S	Lorry				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



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Report No. T/20150206/2002

## CONTINUATION OF REPORT

Driver			
Name	YAP LIAN HUI VINCENT	ID No.	S7911381F
Related Vehicle	GW3884S (Lorry)	Contact No.	91841387
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/02/2015	Date Discharge	04/02/2015
No. of Days granted Medical Leave (MC)	15	Degree of Injury	Serious

**Brief Details.**

On 03/02/2015 at about 2.30pm, I was driving along Sembawang Drive and turning right into Sembawang Way. I was waiting in the right turning pocket and when I checked that the oncoming traffic was clear, I decided to proceed to turn right. When I turned, I heard a horn and the next thing I realise, a taxi had banged onto my lorry. I was squashed in between my steering wheel and the foot pedals. Subsequently two doctors attended to me and the SCDF arrived shortly. They had a hard time trying to remove me from my driver seat. When the ambulance came, I was conveyed to Khoo Teck Puat Hospital and was warded for 1 day. I was given 15 days of MC. I suffered minor fracture of my left toe, and abrasions on both of my legs. I was unable to make a police report after I was discharged as I felt giddy after taking the medicines.



Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20150206/2002

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Report No. T/20150206/2002

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Amzar Hazwan Bin Mohari

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/02/2015 00:21

Officer In Charge Of Case:

TP / GIT /

MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476367

Classification Of Case:

Authentication Stamp

NPI68

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

