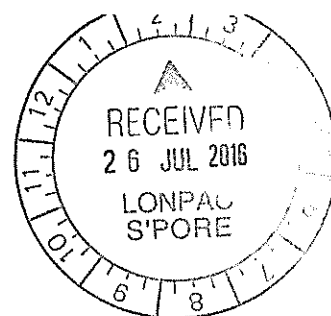


## SINGAPORE ACCIDENT STATEMENT



### 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	26/07/2016 11:27
Date Of Accident	25/07/2016 10:15
Exact Location Of Accident	from Kallang Way Slip Rd to PIE (Changi)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC7220B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP POH HOCK
NRIC No	S1426945B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96990731
Alternative Phone No	Office-96990731

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)

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 Third Party

Vehicle Category Private Car

### Insurance Company

Name of Insurance Company	Lonpac Insurance Bhd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/15/VP00/095119
Cover Note Number	

### Driver

Name of Driver	TAY MUI ENG
NRIC No	S6828702B
Date Of Birth	31/07/1968
Occupation	Indoor
Date Of Driving Pass	01/01/2000
Driving Experience	16 Years And 6 Months
Gender	Female
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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

#### General Information of the Accident

Type Of Accident Collision- Chain Collision  
 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 Traffic Police Division Hq  
 Police Station Address ROAD: 10 Ubi Avenue 3 , POSTCODE: 408865 , COUNTRY: Singapore  
 Police Station Contact TEL NO: 65470000 - FAX NO:  
 Was notice of intended Prosecution given? No  
 If Yes, against whom?

#### Circumstances of Accident

REFER ATTACHED POLICE REPORT.

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB660P  
 Vehicle Make/Model/Colour SMRT TAXI  
 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBK291U  
 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 TAY MUI ENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJC7220B  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance? No  
Address  
Postcode

**SKETCH PLAN**

**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 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. The 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.
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")

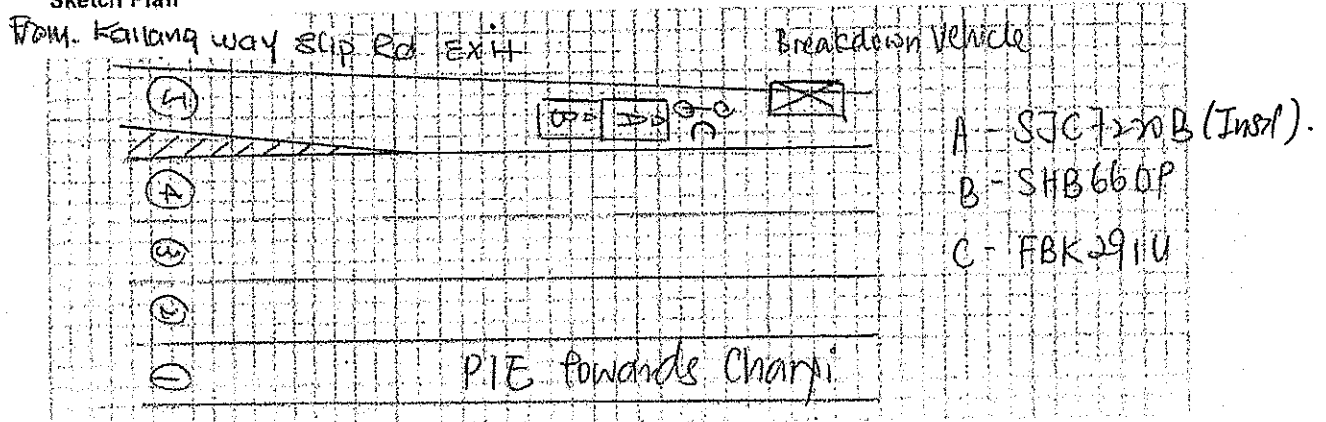
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

Refer to Police Report No: T/20160725/2105

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20160725/2105

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

1 of 3

Report No. T/20160725/2105

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/07/2016 16:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAY MUI ENG		Address: 532 BEDOK NTH ST 3 #14-718 HDB-BEDOK SINGAPORE 460532			
ID Type / ID No.: NRIC NO / S6828702B		Contact No.:		Mobile: 96990731	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age: 47	Date of Birth: 31/07/1968	Type of Informant: Driver		
Race: Chinese		Language: Chinese		Institution / School Name:	
Occupation: SALES		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/07/2016 10:15	Type of Location: Straight Road
Location: Along Road 1 KALLANG WAY				
SLIP ROAD TOWARDS PIE CHANGI				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Registration No.	Damage
FBK291U	Motorcycle	YAMAHA	YAMAHA JUPITER MX (HC)	Black		0
SHB660P	TAXI	SSANGYONG	RODIUS AUTO TAXI	Beige		0
SJC7220B	Car	MITSUBISHI	LANCER 1.6 A	Blue		0



**SINGAPORE  
POLICE FORCE**



T/20160725/2105

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

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Report No. T/20160725/2105

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	TAY MUI ENG	ID No.	S6828702B
Related Vehicle	SJC7220B (Car)	Contact No.	96990731
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/07/2016	Date Discharge	25/07/2016
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION,

I (SJC7220B) WAS TRAVELLING ALONG FROM KALLANG WAY SLIP ROAD TO PIE ( CHANGI) ON EXTREME LEFT HAND (LANE 5). DUE TO THE IN FRONT BREAKDOWN VEHICLE (YM6850J), MOTORCYCLE(FBK291U) SLOWED DOWN TO STOPPED. I FOLLOW SUIT (STATIONARY). SUDDENLY TAXI (SHB660P) HIT MY VEHICLE (SJC7220B) REAR PORTION. DUE TO THE STRONG IMPACT CAUSED MY VEHICLE HIT THE MOTORCYCLE AT THE FRONT (FBK291U). TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT.



**SINGAPORE  
POLICE FORCE**

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



T/20160725/2105

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Report No. T/20160725/2105

## 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:  
TP /  
JAVIS NG JIA WEI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMMAD SUFYAN S/O MOHD  
SHAFIE  
Contact No.: 65476428

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
25/07/2016 16:42

Classification Of Case: