

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	15/07/2017 13:13
Date Of Accident	14/07/2017 19:30
Exact Location Of Accident	HOLLAND ROAD TOWARDS ULU PANDAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW7011T
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Insured/Policyholder

Name Of Registered Owner	APEX CAR LEASING
Co Reg No	53337283J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86565865

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 X (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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5081063948-01 TP
Cover Note Number	

Driver

Name of Driver	YEOW KIAN SENG
NRIC No	S1386119F
Date Of Birth	28/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2007
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86565865
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 487 JURONG WEST AVE 1 #05-57
Postcode	640487
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED. ATTENDED BY AINI

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6711B
Vehicle Make/Model/Colour	MERCEDES BENZ E220 (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 INJURED PERSON 1

Name	YEOW KIAN SENG
Approximate Age	57
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SGW7011T
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	BLK 487 JURONG WEST AVE 1 #05-57
Postcode	640487

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.



15 JUL 2017

IDAC KAKI BUKIT (VAC)

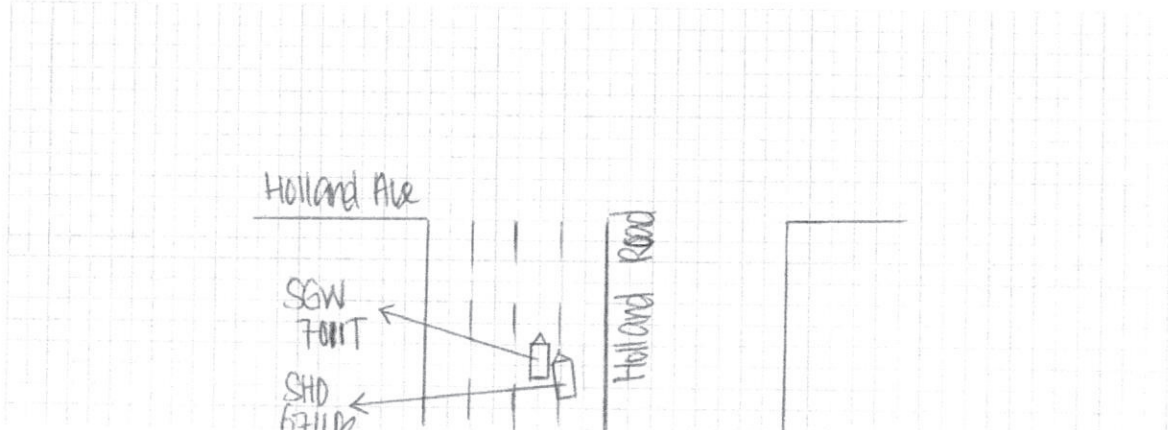
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

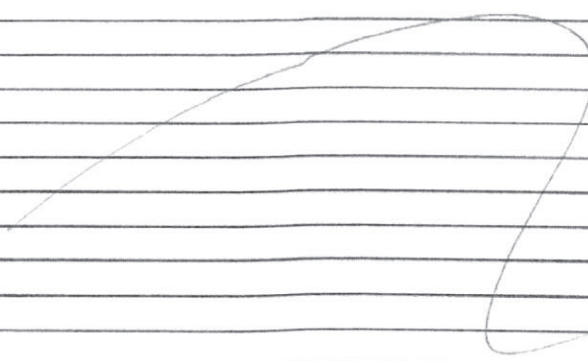
Sketch Plan



Describe Circumstances of the Accident

Refer to

Police Report



Declaration

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



15 JUL 2017



Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Witnessed by Reporting Centre Personnel

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170715/2053

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20170715/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2017 11:34	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: YEOW KIAN SENG			Address: APT BLK 487 JURONG WEST AVENUE 1 #05-57 SINGAPORE 640487	
ID Type / ID No.: NRIC NO / S1386119F			Contact No.:	Mobile: 86565865
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 28/07/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/07/2017 19:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 HOLLAND ROAD ULU PANDAN ROAD HOLLAND RD TOWARDS ULU PANDAN ROAD, NEAR TO HOLLAND AVE EXIT.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW7011T	Car				Slightly Damaged	2
SHD6711B	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20170715/2053

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Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

Report No. T/20170715/2053

CONTINUATION OF REPORT

Driver			
Name	YEOW KIAN SENG	ID No.	S1386119F
Related Vehicle	SGW7011T (Car)	Contact No.	86565865
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	15/07/2017	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

ON THE 14/07/2017 AT ABOUT 1930HRS, WHILE I WAS TRAVELLING TOWARDS ULU PANDAN ROAD AS I WAS GOING TO DROP A PASSENGER AT JELITA SHOPPING MALL. I WAS TRAVELLING ON 2ND LANE ON THE 4 LANE ROAD, SLIGHTLY BEFORE THE EXIT (HOLLAND AVE), I FELT AN IMPACT COMING FROM THE RIGHT SIDE, THE IMPACT THEN CAUSED MY VEHICLE TO SWERVED TO THE LEFT. I GOT DOWN FROM THE VEHICLE AND REALISED THAT THE TAXI BEARING THE REGISTRATION NUMBER SHD6711B HAD COLLIDED TO MY DRIVER SIDE'S PASSENGER DOOR, CAUSING THE DOOR TO SUSTAIN SOME DENTS AND MINOR SCRATCHES. THE OTHER PARTY'S LEFT FRONT BUMPER SUSTAINING SOME SCRATCHES AND MINOR DENTS. AFTER TAKING SOME PHOTOS OF THE SCENE, WE WANTED TO EXCHANGE PARTICULARS, HOWEVER THE OTHER PARTY REFUSED TO GIVE HIS PARTICULARS. AT THE POINT OF TIME NO ONE WAS INJURED, HOWEVER I FELT THE PAIN AT MY NECK AREA ON THE 15/07/2017 AND HENCE WENT TO THE DOCTOR, AND I WAS GIVEN 04 DAYS OF MC DATED FROM 15/07/2017 - 18/07/2017.

THAT'S ALL



SINGAPORE
POLICE FORCE



T/20170715/2053

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20170715/2053

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 /
Sgt ANG YU WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

JP / AEIT /
Sgt YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/07/2017 11:34

Classification Of Case: