

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	04/01/2018 11:08
Date Of Accident	30/12/2017 23:00
Exact Location Of Accident	BLK 19 CANTONMENT CLOSE DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ3335Y
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Insured/Policyholder

Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5075309111-02
Cover Note Number	

Driver

Name of Driver	YAP CHUAN HENG NICHOLAS
NRIC No	S7130206G
Date Of Birth	27/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1996
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97470720
Fax Number	
Contact Number	OFFICE-97470720
Email Address	NOEMAIL

Address	BLK 1E CANTONMENT ROAD #07-57
Postcode	085501
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171231/2073.

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	SJK1824G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA CHUN MENG
NRIC/Passport Number	S8604506J
Contact Number	96933386
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	YAP CHUAN HENG NICHOLAS
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SKZ3335Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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 lodgment 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 for said.
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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



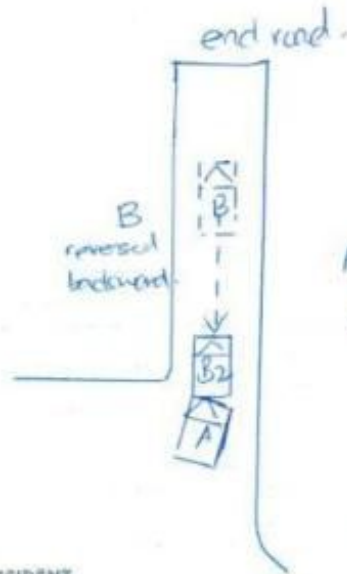
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



A: SKZ 33351
B: SJF 1824G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wish to further stated that my car was completely stationary with a safe distance with vehicle B.

Refer to Traffic Police report. T/20171231/2013
date 31/12/17

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 058282
Tel No: 1800-5358999

Photocopy



T/20171231/2073

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Report No. T/20171231/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2017 16:12		Video Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: YAP CHUAN HENG NICHOLAS			Address: APT BLK 1E CANTONMENT ROAD #07-57 SINGAPORE 068501		
ID Type / ID No.: NRIC NO / S7130206G			Contact No.: Home/Office		Mobile: 97470720
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 27/06/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2017 23:00	Type of Location: Straight Road
Location: Along Road 1 CANTONMENT ROAD				
Crossing B119 Cantonment Cross				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK1624G	Car				Slightly Damaged	0
5KZ3335Y	Car				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kreta Ayer NPP
33 North Canal Road SINGAPORE 088262
Tel No: 1800-5358999

Photocopy



T3201712310079

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Report No. T3201712310079

CONTINUATION OF REPORT

Name	CHIA CHUNG MENG	ID No.	S8804508J
Related Vehicle	SJK1824G (Car)	Contact No.	98933385
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	YAP CHUAN HENG NICHOLAS	ID No.	87130208G
Related Vehicle	8K23335Y (Car)	Contact No.	97470720
Hospital/Clinic	UNIHEALTH 24 HR CLINIC (Ang Mo Kio)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/12/2017	Date Discharge	31/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 30/12/2017 at about 2300hrs I was on my way to pick up some passengers at Block 19 Cantonment Close as I am a part-time GRAB driver. As I arrived at the gentry of Cantonment tower, I spotted a car (SJK1824G) in front of me heading the same direction.

He had dropped off some passengers along a small road heading to a dead end near Block 19 Cantonment Road. I kept a distance behind the vehicle, waiting for him to move off as that is the pick-up point for my passenger.

After the driver dropped off his passenger, he started reversing at high speed. The rear of his vehicle collided with the front of my vehicle. Both our vehicles was slightly damaged. The accident was not attended by police and nobody was conveyed by ambulance.

The following are the damages on my vehicle:

- a) Front left headlight
- b) Front left Bumper
- c) Bonnet
- d) Left front Fender

I wish to state that I do have in car camera and able to produce the footage.

On 31/12/2017 I felt dizzy and aching on my neck hence I went to see a doctor.

I was given medical certificate stating that I am unfit for duty for 5 days from 31/12/2017 to 04/01/2018.

Police Report



SINGAPORE
POLICE FORCE

Photocopy



T/20171231/2073

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Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-8359898

Report No: T/20171231/2073

CONTINUATION OF REPORT

Hence I am lodging a traffic accident report.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-8388999



T201712312073

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Report No. T201712312073

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:

A /

Sgt 2 CHOONG YAO FENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AET /
Sr Staff Sgt LEE SOON LYE
Contact No.: 65478239

Authentication Stamp
NP105

Signature Of Informant:

Date/Time:
31/12/2017 18:12

Classification Of Case:

Medical Cert

Unihealth 24 Hr Clinic (Ang Mo Kio)
825 Ang Mo Kio Avenue 10, #01-2407
Singapore 560825

Medical Certificate

Date : 31 Dec 2017
MC No. : 0000004069

This is to certify that :

Name : YAP CHUAN HEND NICHOLAS
NRIC : 87130206G

is Unfit for Duty for 5 days

from 31/12/2017 to 04/01/2018 inclusive.



ONG SWEN SENG RAYMOND
MBBS (SINGAPORE)

**This certificate is not valid for absence from work or other medical proceedings unless specifically stated*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

