

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	09/01/2018 11:18
Date Of Accident	08/01/2018 10:20
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA2392G
Insured/Policyholder	
Name Of Registered Owner	YAP SOON TAT
NRIC No	S1229284H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98355976
Alternative Phone No	OTHERS-98355976

Vehicle Particulars

Manufacturer	KIA
Model	RIO
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	17-MB023949-R08
Cover Note Number	

Driver

Name of Driver	YAP SOON TAT
NRIC No	S1229284H
Date Of Birth	01/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	26/05/1977
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98355976
Fax Number	
Contact Number	OTHERS-98355976
Email Address	NOEMAIL

Address	APT BLK 290F BUKIT BATOK STREET 24 #10-103
Postcode	655290
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	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 SKETCH PLAN

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	SHB4507Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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 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.
- (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.:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1239 Fax: 6453 7944
(Claims Section)

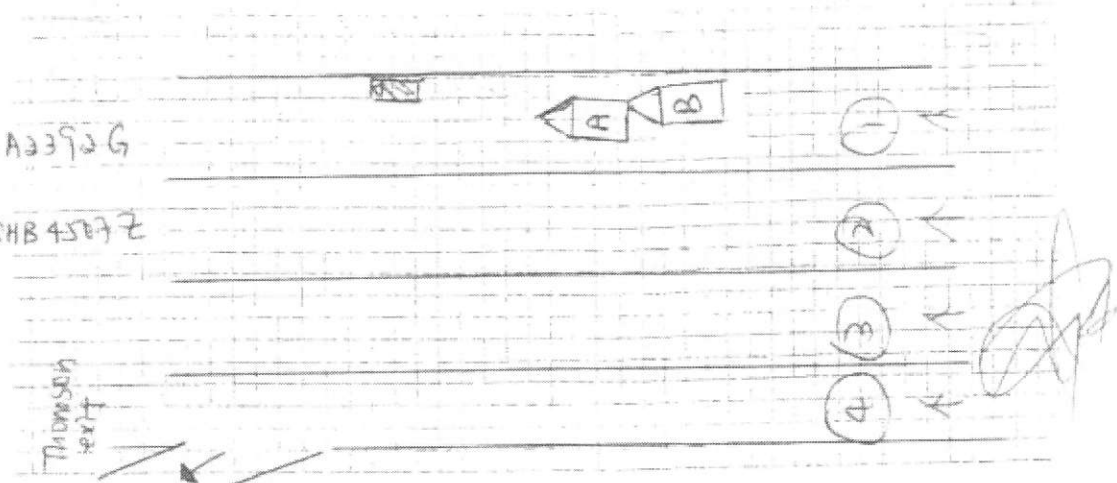
Accident Sketch Plan

SKETCH PLAN

PIE towards Changi

A - SJA3392G

B - SHB4507E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi before Thomson
 exit on lane 1. Due to the motorcycle self skidded, then
 I slowed down my vehicle to stopped (stationary) Suddenly
 vehicle B hit my vehicle rear portion. Nobody was injured.

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

CITY AUTO PTE LTD




Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575843

Tel: 6453 7944 Fax: 6453 7944

(Claims Section)

Reporting Centre Person's Signature
 Name
 NR/CAN No.

P1 & towards Chengzi

	
	1
	2
unknown	3
	4

CONFIDENTIAL

Annex E

NOTICE OF REPORTING

This is to confirm that Yap Soon Tat,
NRIC/FIN S122928411, has reported to the Police a non-injury traffic accident which
occurred along PIE towards Changi near Stevens Road Exit
on 08/01/2018 at 1030 am/pm involving the following vehicles:

- 1) SJA2392G, a Green Kia Rio driven by Yap Soon Tat S122928411, HP: 98355976
- 2) SHB4507Z, a yellow Comfort DelGro Hyundai Elantra driven by Mr Tan, HP: 97487250

2 If this accident was reported to the Police within 24 hours of its occurrence, then
he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(3) Muhd Nursyazwan

Date: 09/01/2018 Time: 1930hrs

S/D Ref: 36

Police Post/Unit: Jurong Division/Bukit Batok NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

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IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA118004086 Vehicle Registration No : SJA 2392 G
Name (as shown in NRIC) : YAP EOW TAT NRIC/FIN/Passport No : S122428414
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 290F BUKIT BATOK STREET 24 # 10-103 Singapore (655240)
Contact (Tel) : - Mobile No. : 98355976
Email Address : NOEMAIL
Date of Accident : 08/01/2018 Time of Accident : 10:20
Place of Accident : PE TOWARDS CHANGI
Insurance Company : TOKIO MARINE INSURANCE SINGAPORE LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: - Attach police report - Amended sketch plan

I WAS ALONG PIE TOWARD CHANGI ON
1ST LANE DUE TO RAINING I DRIVE ABOUT
70 KM, SUDDENTLY SKIDDED I TRY TO
CONTROL AND MANAGE TO STOP ON THE ROAD
FROM THE SIDE MINNOR I SAW A CAR
OVER TAKE MY LEFT SIDE, BUT THE TAXI AT
THE BACK OF THE TAXI COULD NOT STOP ON
TIME AND HIT ONTO MY RIGHT REAR PASSENGER
MY CAR TURNING I NEVER CAME DOWN BECAUSE CAR
SPEEDING

Policyholder / Driver's Signature
Date: 10/01/2018

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100
Reporting Centre Person's Signature
Name: 6453 1233 Fax: 6453 7944
(Claims Section)
NRIC/FIN No.:
Date: