

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 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	24/01/2018 18:41
Date Of Accident	23/01/2018 23:30
Exact Location Of Accident	BLOCK 503 CHOA CHU KANG STREET 51
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY7283P
Insured/Policyholder	
Name Of Registered Owner	GKYL SERVICES
Co Reg No	53368148X
Email Address	DREAMZ_I3@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90071106
Alternative Phone No	OFFICE-90071106

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094173640
Cover Note Number	

Driver

Name of Driver	KOK YULONG
NRIC No	S8825708A
Date Of Birth	18/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	07/05/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90071106
Fax Number	
Contact Number	OTHERS-90071106
Email Address	DREAMZ_I3@HOTMAIL.COM

Address	BLK 431 CHOA CHU KANG AVENUE 4 #05-575
Postcode	680431
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180124/2077

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	GBB493B
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

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.



24/01/2018
15:40 hrs

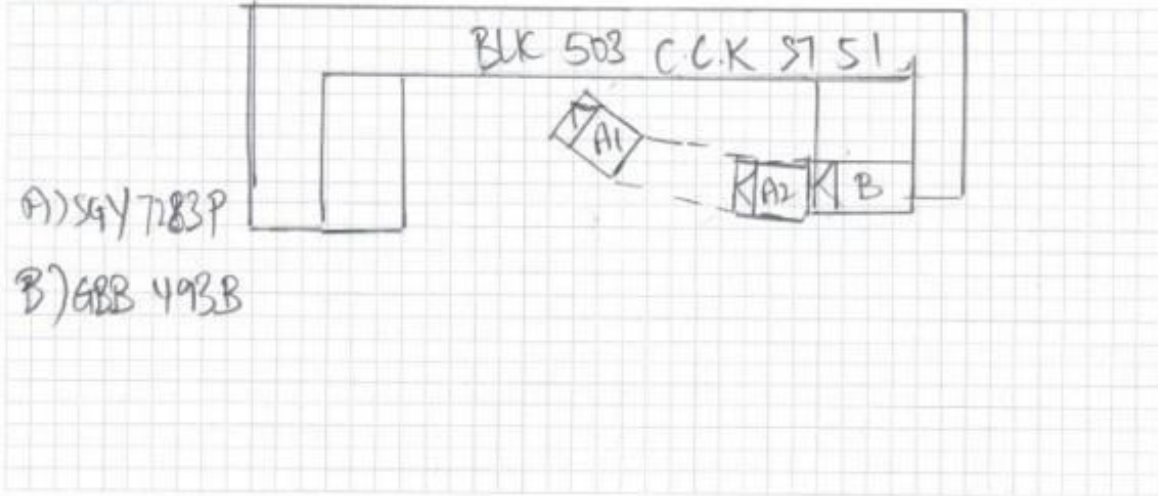


24/01/2018
1540 hrs

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
T/20180124/2017

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180124/2077

1 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20180124/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2018 14:53	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: KOK YULONG			Address: APT BLK 431 CHOA CHU KANG AVENUE 4 #05-575 SINGAPORE 680431		
ID Type / ID No.: NRIC NO / S8825708A			Contact No.: Home/Office: Mobile: 90071106		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 18/07/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/01/2018 23:15	Type of Location:
Location: Along Road 1 CHOA CHU KANG STREET 51 loading bay area				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB493B	Van				No Damage	0
SGY7283P	Car				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGY7283P	NTUC Income Insurance Co-Operative Limited	5094173640	11/09/2017	10/09/2018

Sketch Plan #4



POLICE FORCE



T/20180124/2077

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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Report No. T/20180124/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOK YULONG	ID No.	S8825708A
Related Vehicle	SGY7283P (Car)	Contact No.	90071106
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am a Grab driver.

On 23/1/18 at about 2315hrs, I had pick up my customers based on the Job ID (IOS-13241742-3-1915) at Blk 503 Choa Chu Kang St 51 S(680503) with the destination 16 Teck Whye Lane. There is a change of location to Blk 505 Choa CHu Kang St 51 loading bay instead. I then went over to fetch them. The two customers had a dog with them. They both seated at the rear seat. After they board my vehicle, I reversed my vehicle. I then realized that I knocked onto a parked vehicle(GBB493B) with no one in the vehicle. I alighted from my vehicle and make a check on both vehicle and also take picture of the vehicles. I also check with my passenger on their condition. I left my name card on the windscreen of the van. They did not flag any issue to me. I then send them to their destination.

On 24/1/18 at about 1300hrs, I received a call from grab company. They informed me that the said passenger had called to inform them regards to the accident. They then suggest me to file a police report to submit to them.

Currently, I am lodging this report as record purpose.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20180124/2077

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20180124/2077

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 /

Sr Staff Sgt TEO NGUAN HENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

24/01/2018 14:53

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

