

## 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	24/03/2018 12:48
Date Of Accident	24/03/2018 10:30
Exact Location Of Accident	CTE TOWARDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3606A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BIS MOTORING PTE. LTD.
Co Reg No	201735055D
Email Address	JYNGEEFATT1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85098196
Alternative Phone No	OFFICE-85098196

### Vehicle Particulars

Manufacturer	KIA
Model	CARENS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5096898757
Cover Note Number	

### Driver

Name of Driver	YAP NGEE FATT
NRIC No	S0113493J
Date Of Birth	27/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1979
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81820565
Fax Number	
Contact Number	
EMail Address	JYNGEEFATT1@GMAIL.COM

Address	BLK 111 HOUGANG AVENUE 1 #02-1082
Postcode	530111
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : GRAB CUSTOMER 1 GENDER: : FEMALE
Passenger 2	NAME: : GRAB CUSTOMER 2 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

THE VEHICLE IN FRONT BRAKED SUDDENLY. I MANAGED TO BRAKE IN TIME BUT THE TAXI BEHIND COULD NOT AND KNOCKED INTO ME. LUCKILY I DID NOT HIT THE VEHICLE IN FRONT. (ATTENDED BY: JAMES NG)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CANNOT BE UPLOADED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7856J
Vehicle Make/Model/Colour	BLUE COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	BENNY LIEW FOOK CHONG
NRIC/Passport Number	S0143877H
Contact Number	
Address	BLK 849B JURONG WEST STREET 61 #06-308

Postcode

642649

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	YAP NGEE FATT
Approximate Age	66
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SLV3606A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 111 HOUGANG AVENUE 1 #02-1082
Postcode	530111

# Sketch Plan Pg. 1

21-03-18 15:46 1VAC

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1:08 9560 0722

1/1 2

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

24 MAR 2018

BUKING, Mr. 15/10/2018, 15:46

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

24 MAR 2018



Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

NG WING KIN JAMES  
S7927881E

# Sketch Plan #2 Pg. 1

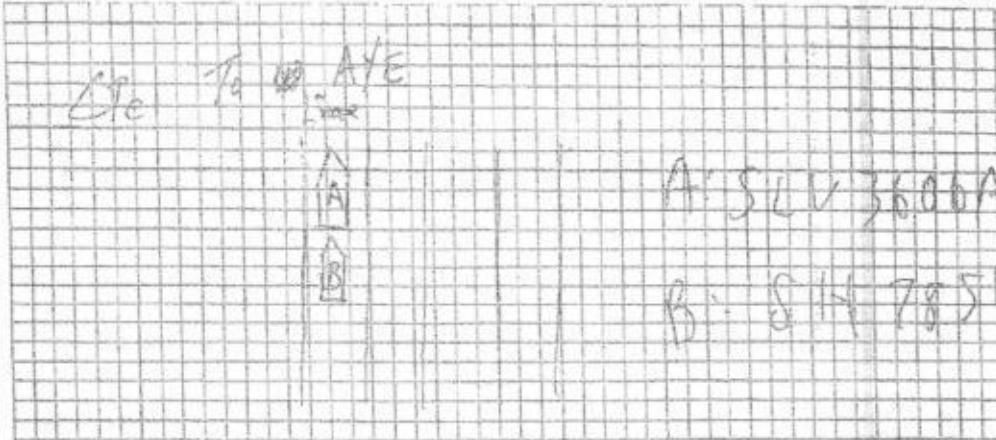
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## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
Statement

### DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 24 MAR 2018

GPAL/2018/001/001/001

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24 MAR 2018

Reporting Centre Personnel's Signature

Name:

NRIC/PPN No.:

NG WING KIN JAMES  
S7927881E

Annex D

NOTICE OF REPORTING

This is to confirm that Yap Ngee Fatt NRIC/FIN: S0113493J has reported to the Police a non-injury traffic accident which occurred at CTE towards AYE, lane 4 between Moulmein and Balestier Exit on 24/03/2018 at 1030hrs involving the following vehicles:

- A) SLV3606A – Complainant's vehicle
- B) SH 7856J – Defendant's vehicle

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 Nur Sabrina Tan  
Date: 24/03/2018  
Time: 1502hrs  
S/D Ref: gSD 82  
Police Post/Unit: Dishan NPC

DISHAN NPC  
10 DISHAN STREET  
SINGAPORE 579757  
TEL: 1800-5529999

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

Yap Ngee Fatt  
S0113493J