

## 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             | 06/04/2018 14:05                                 |
| Date Of Accident           | 06/04/2018 07:05                                 |
| Exact Location Of Accident | TRAFFIC JUNC ALONG KB RD 4 & BEDOK RESERVOIR RD. |
| Country/State of Loss      | SINGAPORE                                        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKX7857S             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHAN,YORK MENG       |
| NRIC No                     | S7424330D            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91577497 |
| Alternative Phone No        | OTHERS-91577497      |

### Vehicle Particulars

|                                                                              |             |
|------------------------------------------------------------------------------|-------------|
| Manufacturer                                                                 | KIA         |
| Model                                                                        | FORTE       |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES         |
| If No, Please state action to be taken                                       |             |
| Vehicle Category                                                             | PRIVATE CAR |

### Insurance Company

|                           |                                           |
|---------------------------|-------------------------------------------|
| Name of Insurance Company | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage          | COMPREHENSIVE                             |
| Fleet Policy              | NO                                        |
| Policy Number             | MT/00438653                               |
| Cover Note Number         |                                           |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | YAP BEE LENG          |
| NRIC No              | S1657314J             |
| Date Of Birth        | 05/12/1964            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 03/06/2008            |
| Driving Experience   | 9 YEARS AND 10 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-91152646  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|                                                     |                               |
|-----------------------------------------------------|-------------------------------|
| Address                                             | BLK 668 JALAN DAMAI<br>#06-75 |
| Postcode                                            | 410668                        |
| Was driver an employee of the Insured's Company     | NO                            |
| If No, Relationship of the Driver with the Insured  | SPOUSE                        |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                   |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                   |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - CROSS JUNCTION |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### 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?                                                       | 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: : CHAN WAY YI<br>GENDER: : FEMALE |
| Passenger 2                                                                                 | NAME: : CHAN JIA YI<br>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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 | SHA6236Y      |
| Vehicle Make/Model/Colour   |               |
| Details Of Properties       |               |
| Vehicle Category            | TAXI          |
| Name of Driver              | NEO GUAN BENG |
| NRIC/Passport Number        | S7143433H     |
| Contact Number              | 82680469      |
| Address                     |               |
| Postcode                    |               |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name YAP BEE LENG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKX7857S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name CHAN WAY YI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKX7857S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 3**

Name CHAN JIA YI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKX7857S

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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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:

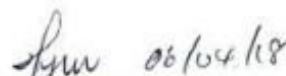
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



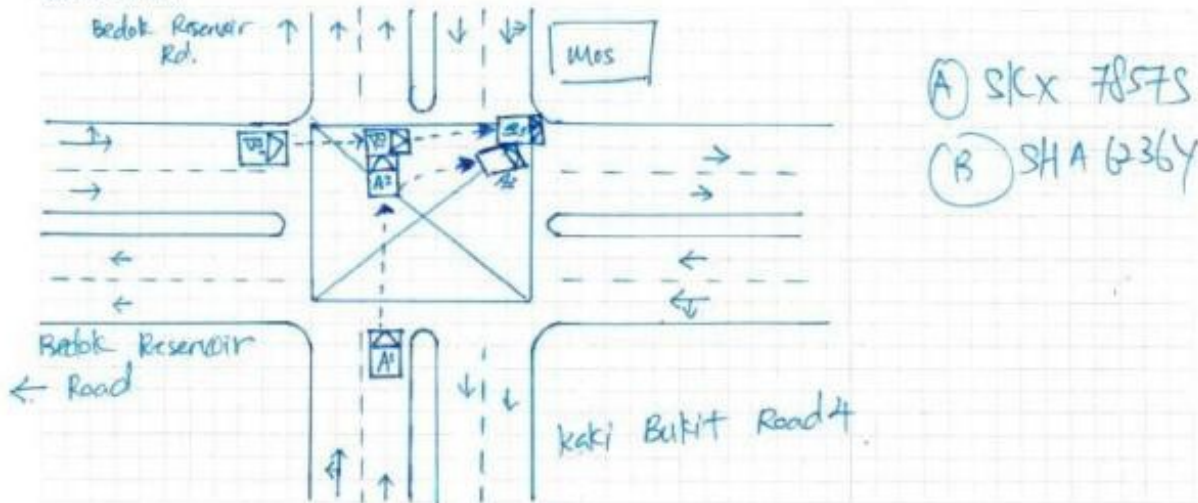
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# Individual Statement

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On said date and time of the accident, I was driving my car (SKX 7857S) with my 2 childrens, stationary at the junction of Kaki Bukit Road 4 and Bedok Reservoir Road waiting for the green light turn into my favour. When the traffic light turn green in my favour i proceed to go straight and while crossing the traffic junction suddenly i felt an impact come from front and i realized that vehicle B (Taxi: SHA 6236Y) dashed out from left side traffic junction without stop even traffic light still on red in his side. Due to the impact my car being pulled to the right and stop. Have, i hereto lodge this report to claim against Veh B (SHA 6236Y)'s Insurance for my accident damages & injury done for me & my 2 passengers

## 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:

06/04/18

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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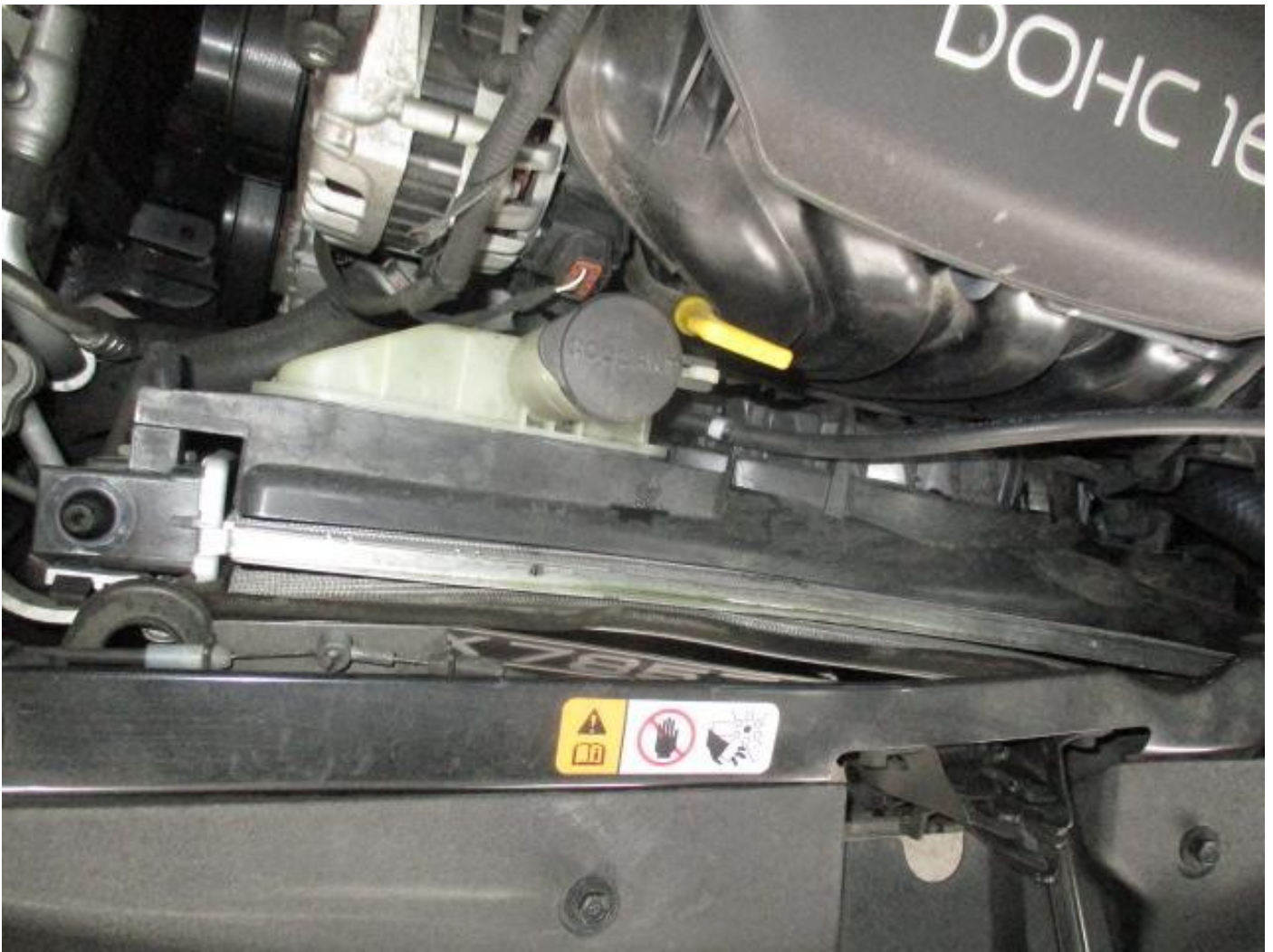
Accident Photo



Accident Photo



Accident Photo



## Addendum Sheet

### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

#### ADDENDUM

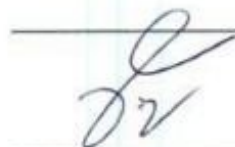
##### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 118045968 Vehicle Registration No : SKX 7857 S  
Name(as shown in NRIC): Yap Bee Leng  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S165317J  
Address : Blk 68 Jaleh Damar #06-75 8 (410668)  
Contact (Tel) : \_\_\_\_\_ (H/P) : 9115 2646  
(Email) : \_\_\_\_\_  
Date of Accident : 06-04-18 Time of Accident : 07:05 am  
Place of Accident : Traffic Junction Along Telok Bukit Road 4 & Bedok Reservoir Rd  
Insurance Company : Direct Asia Insurance (S) Pte 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:

Change To "Own Damage Claim."



Signature of Vehicle Owner / Driver

Date: 10/04/18

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm