

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	18/06/2018 13:18
Date Of Accident	16/06/2018 22:35
Exact Location Of Accident	JUNC OF SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ5377A
Insured/Policyholder	
Name Of Registered Owner	YAP HOCK CHUAN (YE FUQUAN)
NRIC No	S8736580H
Email Address	NAUHC_KCOH_PAY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91192747
Alternative Phone No	OTHERS-91192747

Vehicle Particulars

Manufacturer	MINI
Model	COOPER S HB 1.6 AT HID SR ABS TC 2WD
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101205793
Cover Note Number	

Driver

Name of Driver	YAP HOCK CHUAN (YE FUQUAN)
NRIC No	S8736580H
Date Of Birth	10/11/1987
Occupation	INDOOR
Date Of Driving Pass	14/03/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91192747
Fax Number	
Contact Number	OTHERS-91192747
Email Address	NAUHC_KCOH_PAY@HOTMAIL.COM

Address	BLK 739 JURONG WEST STREET 73 #07-58
Postcode	640739
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : TRAN THI THU DIEM GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180617/2040

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	FBF1321L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YAP HOCK CHUAN (YE FUQUAN)

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJZ5377A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TRAN THI THU DIEM

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJZ5377A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


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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. 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 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:



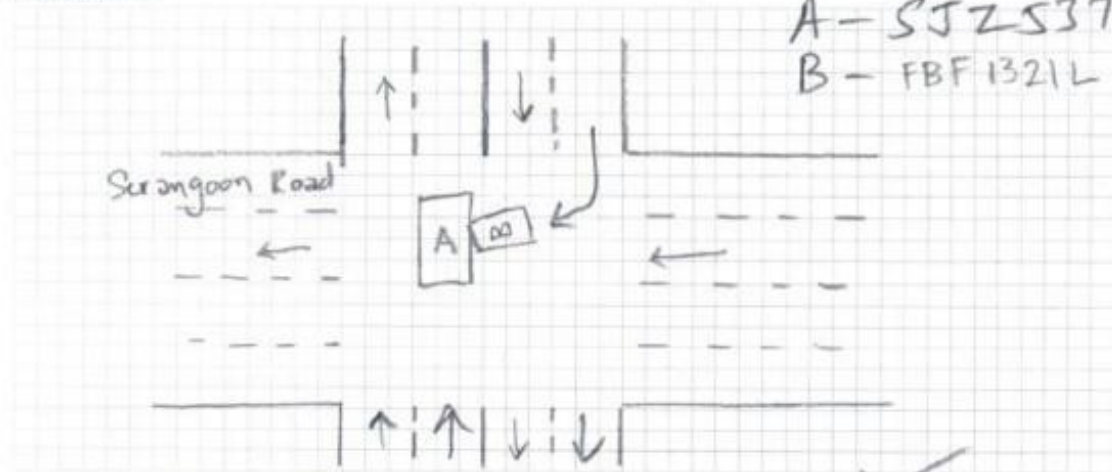
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: 18/6/2018
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
T/20180617/2040

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.:

20180617/2040

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180617/2040

2 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180617/2040

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ5377A	NTUC Income Insurance Co-Operative Limited	5101205793	11/06/2018	10/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YAP HOCK CHUAN		ID No.	S8736580H
Related Vehicle	SJZ5377A (Car)		Contact No.	91192747
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/06/2018		Date Discharge	17/06/2018
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Name	TRAN THI THU DIEM		ID No.	G1583978W
Related Vehicle	SJZ5377A (Car)		Contact No.	96525562
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/06/2018		Date Discharge	17/06/2018
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On the above mentioned time and date, I was travelling along Rangoon road towards city square. A motorcycle FBF1321L was travelling adjacent to my route. As the traffic light was green, I continued my journey. When I approached the junction of Rangoon road and Serangoon Rd, the motorcycle made an illegal right turn and collided into my vehicle. The head of the motorcycle collided into the right side of my vehicle. Both our vehicle sustained damages. Both the motorist and his pillion were conveyed to hospital. My passenger and I suffered from backlash.

The head of the motorcycle was badly damaged. The right side of my vehicle was badly damaged.

I wish to mention that at the point of the accident, there was another vehicle that was on the same lane as the motorist and the driver namely Nick witness the accident.

Sketch Plan #4



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: A120480016/0187
Traffic Accident along Serangoon Rd x Rangoon Rd.
involving vehicles: POF12143 83E 337AD
on 16/06/2008 at about 2236 am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPP Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on _____
at about _____ am/pm to see the Investigation Officer to assist in the
investigation to the traffic accident.

2. Please bring along your:

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: PO Shahrul Nizam
Contact: 65476904

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T/20180617/2040

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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180617/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2018 15:29	Vide Report No.: A/20180616/0187	Station Diary No.: 53
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Informant's Particulars			
Name of Informant: YAP HOCK CHUAN		Address: APT BLK 739 JURONG WEST STREET 73 #07-58 SINGAPORE 640739	
ID Type / ID No.: NRIC NO / S8736580H		Contact No.: Home/Office: Mobile: 91192747	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 10/11/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: IT CONSULTANT		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/06/2018 22:35	Type of Location: X-Junction
Location: Along Road 1 SERANGOON ROAD RANGOON ROAD Junction of Rangoon Road and Serangoon Road				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1321L	Motorcycle				Seriously Damaged	1
SJZ5377A	Car	MINI	COOPER S HB 1.6 AT HID SR ABS TC 2WD	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20180617/2040

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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
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Report No. T/20180617/2040

CONTINUATION OF REPORT

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No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
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Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/06/2018		Date Discharge	17/06/2018
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Name	TRAN THI THU DIEM		ID No.	G1583978W
Related Vehicle	SJZ5377A (Car)		Contact No.	96525562
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No. of Days granted Medical Leave	05		Degree of Injury	Slight

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180617/2040

3 of 4

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Kampong Java N.P.C
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Report No. T/20180617/2040

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20180617/2040

4 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180617/2040

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: E / Staff Sgt JIM SOON JIANWEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2018 15:29
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp NP168 SN 167	