



## 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 14:25
Date Of Accident	16/06/2018 09:50
Exact Location Of Accident	BRADDELL RD SLIP RD TO TOA PAYOH LOR 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH2708D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR YANG CHEE MING
NRIC No	S0076336E
Email Address	WILLIAMLCB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90687033
Alternative Phone No	OTHERS-90687033

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	17-MX010294-R03
Cover Note Number	

### Driver

Name of Driver	MR YANG CHEE MING
NRIC No	S0076336E
Date Of Birth	21/06/1952
Occupation	INDOOR
Date Of Driving Pass	08/11/1973
Driving Experience	44 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90687033
Fax Number	
Contact Number	OTHERS-90687033
Email Address	WILLIAMLCB@GMAIL.COM

Address	BLK 42 CASSIA CRESCENT #03-214
Postcode	390042
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	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?	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)	1

#### 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	SHB5567T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PETER YAP
NRIC/Passport Number	
Contact Number	82922632
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

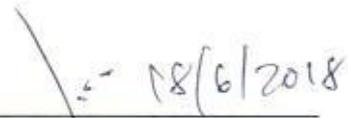
16-06-18 11.50 am



Driver's Signature

(If driver is not the policyholder)

Date & Time:

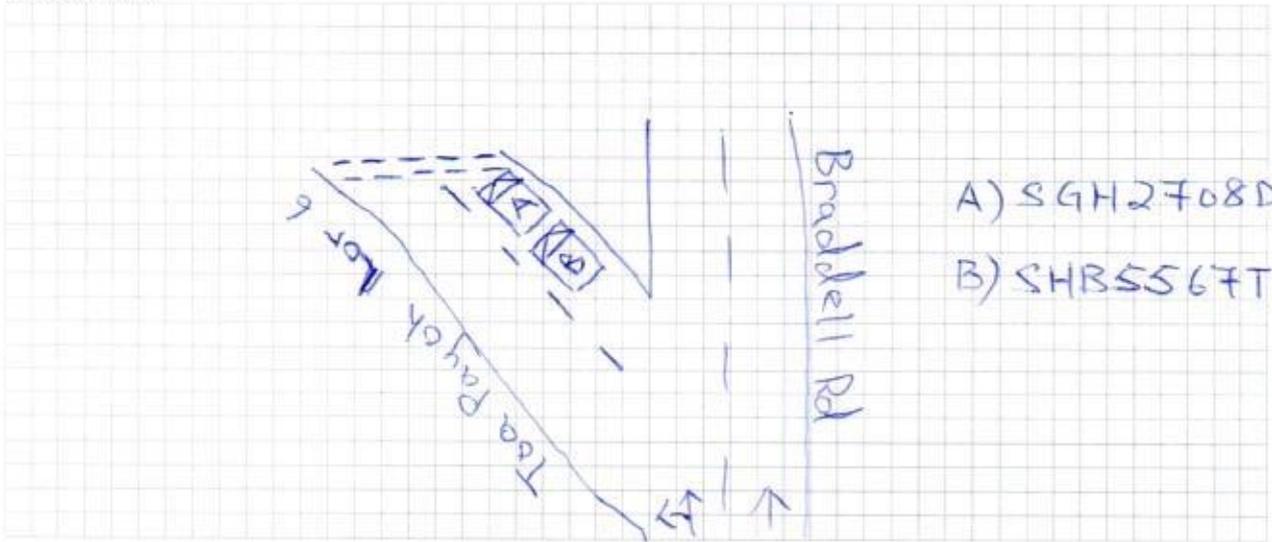


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving my car along stated location. While my car stop at the give way junction to wait for on-coming traffic to clear suddenly a taxi (SHB5567T) hit onto my car from behind

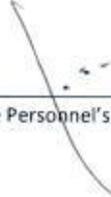
After the accident I feel uncomfortable on my neck

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:  
 16-06-18 11:50 AM

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

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

18/6/2018

Reported on 16/6/2018  
1200hrs

# ACCIDENT STATEMENT

ACCIDENT DATE: (16/06/2018) (DD/MM/YYYY). TIME: (09:50) (HH:MM)

LOCATION: Braddell Rd ~~at~~ Silp Rd to Tea Payoh Lor 6

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGH2708D
- b) INSURANCE COMPANY: \_\_\_\_\_
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Aris
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)?  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Yang Chee Ming (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No. of passengers  
(including driver)  
(1) ✓

- DRIVER
- a) NAME: Yang Chee Ming (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S0076336 E CONTACT: 90687033
- c) ADDRESS: Blk 42 Cassia Crescent #03-214  
(S) 390042

\*d) DATE OF BIRTH: ( ) / ( ) / ( ) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR) ✓
- f) DATE OF DRIVING PASS: \_\_\_\_\_
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ✓ OWNER
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_ ✓
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) ✓
- b) ROAD SURFACE: (DRY / WET / OTHERS) ✓
- 6. WAS ANYBODY INJURED (YES / NO) ✓
- 7. a) REPORTED TO POLICE (YES / NO) ✓
- IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

No. of passengers  
(including driver)  
No. of injured passengers  
No. of damaged vehicles

- a) VEHICLE NUMBER: SHB5567T MODEL: \_\_\_\_\_ ✓
- b) DRIVER'S NAME: Peter Yap
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 82922632

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: \_\_\_\_\_
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

✓ Email = William Leb@gmail.com  
Fax = \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0076336E



Name  
YANG CHEE MING

楊志明

Place  
CHINESE

Date of Birth 21-06-1952 Sex M

Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0076336E

Name  
YANG CHEE MING

Birth Date: 21 Jun 1952

Issue Date: 19 Sep 2003





1211009




NRIC No: S0076336E

Blood Group: O+ Date of issue: 15-08-1993

APT BLK 42 CASSIA CRESCENT #03-214  
SINGAPORE 390042  
NRIC No: S0076336E Date: 26/04/2011 No: 6730867

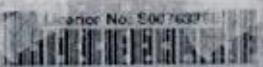
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE: 08 Nov 1973

Class 2 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver, and motor tractors/vehicles  $\leq$  2500 kg

S0076336E S / No. 9000290180

License No: S0076336E



NP 32CA



Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 17-MX010294-R03 (Private Motor Car)

Chassis No.: MR053ZEC107120059

1. Index Mark and Registration Number of Vehicle SGH2708D
2. Name of Policyholder MR YANG CHEE MING
3. Effective date of the Commencement of Insurance for the purposes of the Act 05/12/2017
4. Date of Expiry of Insurance 04/12/2018
5. Persons or Class of Persons entitled to drive\*

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his permission.

\* Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.  
The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

Account: 1861DDA

**ADDITIONAL INFORMATION**

Insurance Plan: Third Party, Fire & Theft  
Limit for total loss or theft: Prevailing Market Value

Tokio Marine Insurance Singapore Ltd.

Authorised Signature