

## 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	25/06/2018 10:25
Date Of Accident	22/06/2018 22:10
Exact Location Of Accident	ALONG SIMS AVE BEFORE JUNC JLN EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ4578R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOEL YONG SERVICES
Co Reg No	53366646E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E 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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MI001162-R00
Cover Note Number	

### Driver

Name of Driver	YONG SHENG JUN JOEL (YANG SHENGJUN)
NRIC No	S8314042I
Date Of Birth	13/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96174018
Fax Number	
Contact Number	OFFICE-96174018
Email Address	NOEMAIL

Address	BLK 11 EUNOS CRESCENT #02-2737
Postcode	400011
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180623/2060.

#### 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	SGB3786C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMEDIMRAAN BIN MOHAMED SHAFFI
NRIC/Passport Number	S8114251C
Contact Number	91459195
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)7

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

Passenger 4

NAME: :

GENDER: :

Passenger 5

NAME: :

GENDER: :

Passenger 6

NAME: :

GENDER: :

## Accident Sketch Plan

### SKETCH PLAN

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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:

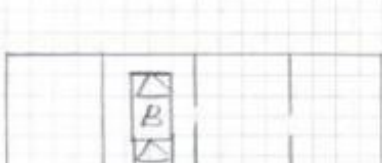
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN

Euros Avenue



A = SKJ 4538 R  
B = SHB 3786C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180623/2060.

## 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180623/2060

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180623/2060

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2018 12:58	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: YONG SHENG JUN JOEL	Address: APT BLK 11 EUNOS CRES #02-2737 HDB-GEYLANG SINGAPORE 400011		
ID Type / ID No.: NRIC NO / S83140421	Contact No.:	Mobile: 96174018	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 35	Date of Birth: 13/05/1983	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: INSURANCE AGENT	Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2018 22:10	Type of Location:
Location: Along Road 1 SIMS AVENUE  OUTSIDE EUNOS MRT				
Weather:	Road Surface:		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB3786C	Car	HONDA	STREAM 1.8X A		Slightly Damaged	6
SKJ4578R	Car	TOYOTA	VIOS E AUTO		Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180623/2060

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180623/2060

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MOHAMEDIMRAAN BIN MOHAMED SHAFFI		ID No. S8114251C
Related Vehicle	SGB3786C (Car)		Contact No. 91459195
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	YONG SHENG JUN JOEL		ID No. S8314042I
Related Vehicle	SKJ4578R (Car)		Contact No. 96174018
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 22/6/18 at about 2210hrs

While driving along Sims Avenue outside Eunos MRT, at the traffic light I thought the light turned green so I just lifted my leg off the brakes, my vehicle then moved forward and collided onto the car in front of me. There was no reported injury at the scene however I was informed today one of the other party passenger has back pain and will be seeing a doctor

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180623/2060

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180623/2060

### 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:  
TP /  
LEE KWANG HONG KENDRICK

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:  
23/06/2018 12:58

Classification Of Case:



## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of JOEL YONG SERVICES (53366646E)

Date: 16/07/2017

## The Following Are The Brief Particulars of :

Name of Business	: JOEL YONG SERVICES
Former Name(s) if any	:
Date of Change of Name	:
Registration No.	: 53366646E
Registration Date	: 16/07/2017
Commencement Date	: 17/07/2017
Status of Business	: Live
Status Date	: 16/07/2017
Renewal Date	:
Expiry Date	: 16/07/2018
Renewal via GIRO	: NO
Constitution of Business	: Sole-Proprietor
Principal Place of Business	: 11 EUNOS CRESCENT #02-2737 SINGAPORE (400011)
Date of Change of Address	:

## Principal Activities

Activities (I)	: PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	: PRIVATE HIRE CAR
Activities (II)	:
Description	:

## Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Position
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## Business Profile (Business) of JOEL YONG SERVICES (53366646E)

Date: 16/07/2017

## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
YONG SHENG JUN JOEL	S8314042I	SINGAPORE CITIZEN	11 EUNOS CRESCENT #02-2737 SINGAPORE (400011)	ACRA	18/07/2017 Owner

## Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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## Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. : ACRA170716046297 (Free Business Profile by ACRA)

DATE : 16/07/2017

This is computer generated. Hence no signature required.

Accident Photo





Accident Photo



Accident Photo

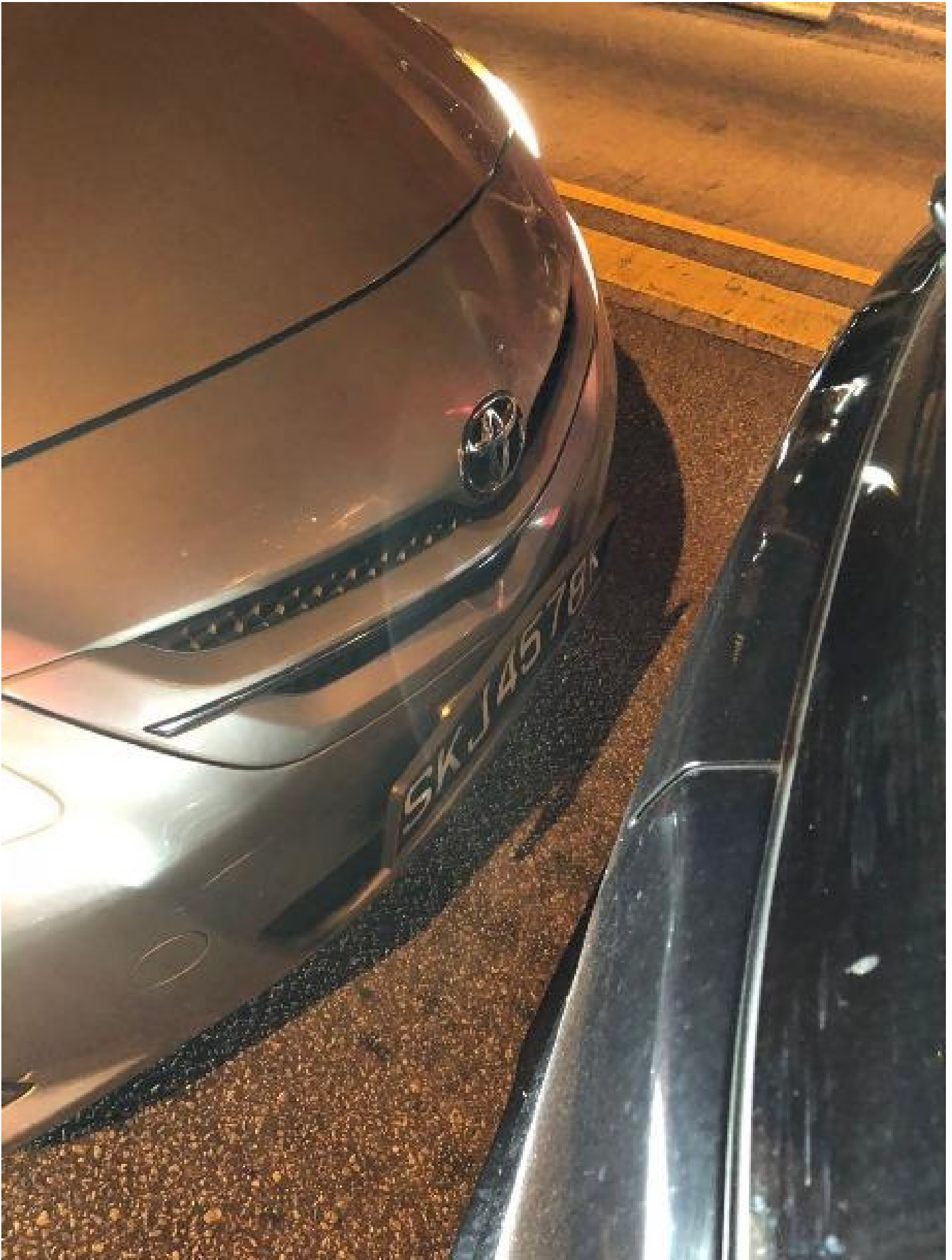




Accident Photo



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