Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 27/07/2018 13:53

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 witholding 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	25/07/2018 13:23
Date Of Accident	20/07/2018 16:00
Exact Location Of Accident	SLE TOWARDS CTE NEAR LENTOR EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH2298D
Insured/Policyholder	
Name Of Registered Owner	LICENSING SERVICES
Co Reg No	53263131E
Email Address	TEOHBROTHERSPTELTD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86579011
Alternative Phone No	OFFICE-86579011
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE DX 3.0 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099364196
Cover Note Number	
Driver	
Name of Driver	YAP KOK SENG ANTHONY
NRIC No	S1662022Z
Date Of Birth	12/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86579011
Fax Number	
Contact Number	OTHERS-86579011
EMail Address	TEOHBROTHERSPTELTD@GMAIL.COM

Address	BLK 121 YUAN CHING ROAD #04-417
Postcode	610121
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	
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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

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/20180720/2211

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

GDH2298D

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 liability**.
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

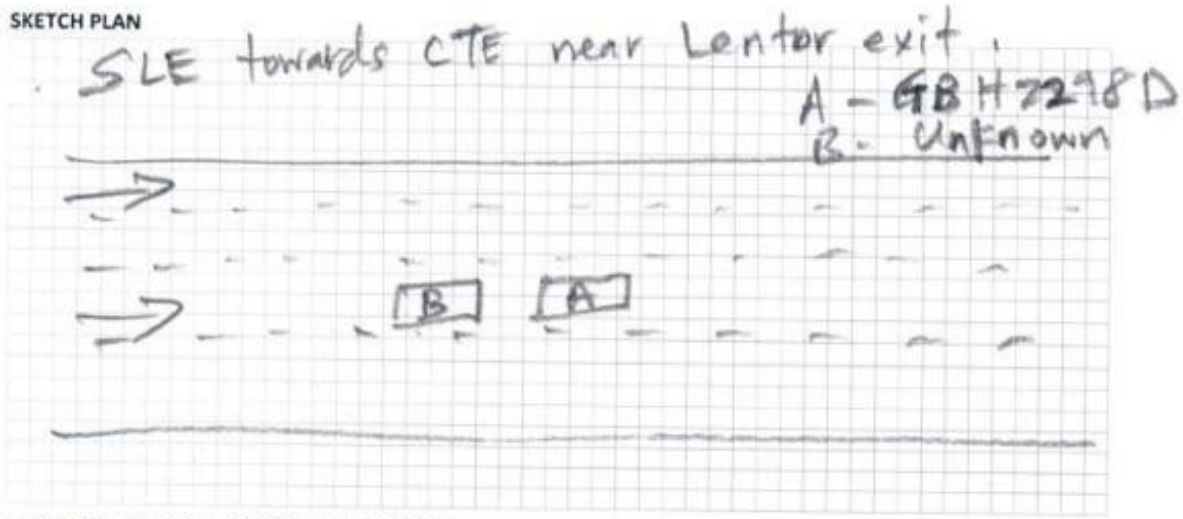
   (ii) for complying with requirements under any regulations, laws or court orders.

LICENSING SERVICES

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	25/7/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report T/20180720/2211

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:

25/7/2018

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

Sketch Plan #3

SINGAPORE POLICE FORCE

T/20180720/2211

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

Report No. T/20180720/2211

CONTINUATION OF REPORT

Driver			
Name	YAP KOK SENG ANTHONY	ID No.	S1662022Z
Related Vehicle	GBB2289H (Van)	Contact No.	86579011
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.

I was driving my van along SLE (CTE) when nearing to Lentor Ave exit, I felt an impact from the rear. I then went to exit the expressway to make a check and discovered my van's rear was damaged and the rear window shattered. I then called for police reference F/20180720/0167 and Traffic Police attended to me.

Sketch Plan #4

SINGAPORE
POLICE FORCE

CASE CARD

Report Number : F/[illegible]/0167

Classification : Theft

Actions Taken

For further investigation

Advised to file Magistrate's Complaint

Advised to seek Community Mediation

✓ Others: L.R.

Officer Name: Daniel

Contact Number: 6547 6152

For more information, visit www.police.gov.sg or the agencies below:

Magistrate's Complaint
www.statecourts.gov.sg

Community Mediation Centre
www.mlaw.gov.sg/content/cmc

Samaritans of Singapore
www.sos.org.sg

Family Violence Centre
www.ncss.gov.sg

Municipal Services Office
www.oneservice.sg

Consumer Association of Singapore
www.case.org.sg

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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SINGAPORE POLICE FORCE

T/20180720/2211

Report No. T/20180720/2211

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
20/07/2018 22:13	F/20180720/0167	538

Informant's Particulars

Name of Informant: YAP KOK SENG ANTHONY			Address: APT BLK 121 YUAN CHING ROAD #04-417 SINGAPORE 610121	
ID Type / ID No.: NRIC NO / S1662022Z			Contact No.: Home/Office: Mobile: 86579011	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 12/06/1964	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/07/2018 16:00	Type of Location: Expressway
Location: Along Road 1 SELETAR EXPRESSWAY SLE towards CTE near lentor exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No:	Type	Make	Model	Color	Condition	No of Passenger
GBB2289H	Van				Slightly Damaged	0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20180720/2211

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

Report No. T/20180720/2211

CONTINUATION OF REPORT

Driver			
Name	YAP KOK SENG ANTHONY	ID No.	S1662022Z
Related Vehicle	GBB2289H (Van)	Contact No.	86579011
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.

I was driving my van along SLE (CTE) when nearing to Lentor Ave exit, I felt an impact from the rear. I then went to exit the expressway to make a check and discovered my van's rear was damaged and the rear window shattered. I then called for police reference F/20180720/0167 and Traffic Police attended to me.

SINGAPORE POLICE FORCE

T/20180720/2211

Report No. T/20180720/2211

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

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 / Sr Staff Sgt MOHAMMAD AZRI BIN JUMAHAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2018 22:13
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:

Authentication Stamp
NP168

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / GST Reg. No.: M400017735

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 : MNA11809606 6 Vehicle Registration No: GBH2298D

Name(as shown in NRIC) : YAP KOK SENG ANTHONY NRIC/FIN/Passport No : S1662022Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 121, YUAN CHING ROAD, #04-417 Singapore 610121

Contact (Tel) : — Mobile No. : 86579011

Email Address : TECHBROTHERSPTELTD @ GMAIL . COM

Date of Accident : 20/07/2018 Time of Accident : 16:00

Place of Accident : SLE TOWARDS CTE NEAR LENTOR EXIT.

Insurance Company: NTUC Income Insurance Co-operative 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:

Amend to employee (Yes) Driver

Policyholder / Driver's Signature
Date:

27/7/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: