

Date of Accident : 29/7/18 Accident Time: 1200 hrs (24-HR-Format)
Accident Place : Along Republic Ave
Vehicle. No. (Car Plate No.) : SJW 9463Z Make/Model: Toyota Prius 1.8 Hybrid
Insurance Company : Tokio Policy No: MJ000787
Owner or Company Name /IC No. : Yeo Wee Ming
Owner or Company Contact No. : 93391848 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Yeo Wee Ming S7012352/E
DRIVER'S Date Of Birth : 27/4/1970 DRIVER'S License Pass Date 09/2/1991
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : Blk 534 Hougang St 52 #06-28 S (530534)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 4 passengers
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle. No: SLR 5332 Y (Alor)	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

3 Grab passenger

SKETCH PLAN

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.

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.:

SKETCH PLAN

Veh A - SJW 9463Z
Veh B - SLR 5332 Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to police report no : T/2018 0730/2113

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.:



SINGAPORE POLICE FORCE



T/20180730/2113

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20180730/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2018 15:37	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: YEO WEE MING			Address: APT BLK 534 HOUGANG STREET 52 #06-28 SINGAPORE 530534	
ID Type / ID No.: NRIC NO / S7012352E			Contact No.: Home/Office: Mobile: 93391848	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 27/04/1970	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2018 12:00	Type of Location: Straight Road
Location: Along Road 1 REPUBLIC AVENUE TRAFFIC LIGHT JUNCTION NEAR NICOLL HIGHWAY MRT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
SJW9463Z	Car	TOYOTA	PRIUS HYBRID 1.8S A	Red	Slightly Damaged	3
SLR5332Y	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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109 Tampines Street 11 #01-261
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Tel No: 1800-7819999

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Report No. T/20180730/2113

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW9463Z	TOKIO MARINE INSURANCE SINGAPORE LTD.	MJ000787	11/06/2018	10/06/2019

Brief Details.

On 29th July 2018 at about 12pm, I was travelling in my car (SJW9463Z) with 3 of my Grab passengers. I was travelling on the right-most lane of Republic Avenue. I wanted to turn right into Nicoll Highway but came to a stop as the traffic light was red at that time.

Suddenly, a car behind me (SLR5332Y) hit the rear of my vehicle. My vehicle sustained dents at the rear bumper area. I had an in-car camera but it was not recording at the time of the accident as there was not enough memory in my SD card.

On 30th July 2018, I went to see the doctor at Care Medical Clinic at Hougang and was granted a 4-day MC from 30th July 2018 to 2nd August 2018 for neck and left hand injuries.

Driver's particulars:

Shawn
HP: 96205603



**SINGAPORE
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T/20180730/2113

Police Station Of Origin:
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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20180730/2113

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:
G /
Sgt 2 WONG TARYN ESMERELDA XIN YI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/07/2018 15:37

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE