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### 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.	
AND	ACCIDENT STATEMENT
Date Of Report	01/08/2018 15:40
Date Of Accident	31/07/2018 01:30
Exact Location Of Accident	KRANJI EXPRESSWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM3671H
Insured/Policyholder	
Name Of Registered Owner	OPTIMUM CAR LEASING PTE LTD
Co Reg No	201633831N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81275971
Alternative Phone No	OFFICE-81275971
Vehicle Particulars	
Manufacturer	SUZUKI
Model	VITARA 2WD A
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5089242870
Cover Note Number	
Driver	
Name of Driver	YAP JUNE SIONG ( YE JUNXIONG )
NRIC No	S8943786E
Date Of Birth	05/12/1989
Occupation	INDOOR
Date Of Driving Pass	19/04/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81275971
Fax Number	
Contact Number	OTHERS-81275971
EMail Address	NOEMAIL

BLK 801B KEAT HONG CLOSE Address

#06-19

Postcode 682801

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

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?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865 COUNTRY: Police Station Address

NO

NO

NO

YES

NO

YES

1

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180801/2058

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 INJURED PERSON 1** 

Name YAP JUNE SIONG (YE JUNXIONG)

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLM3671H YES

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Page 2 of 26

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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 Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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

Policyholder Date & Time 31d

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





1 of 3

Report No. T/20180801/2058

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 01/08/2018 13:24		Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars	THE RESERVE OF THE PARTY OF THE			
Name of Informant: YAP JUNE SIONG			Address: APT BLK 801B KEAT HONG CLOSE #06-19 KEAT HO CREST SINGAPORE 682801			
ID Type / ID No.: NRIC NO / S8943786E		Contact No.: Home/Office: Mobile: 81275971				
National SINGAP	ity: ORE CITIZ	EN .	Email:			
Sex: Male	Age: 28	Date of Birth: 05/12/1989	Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:			
Occupation: PET GROOMING		Driving Licence Informat Class: 3	ion: Date of Expiry:			

General Infor	mation of the Acci	dent	The last of the la	
Type of Accident:	of Injury Others		Date/Time of Accident: 31/07/2018 01:30	Type of Location: Straight Road
KRANJI EXP				
Weather: Clear	Weather: Roa			Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Moving Vehic	Anyone conveyed by ambulance: Yes			

Details of V	ehicle Invo	lved	Wanter Colonia	The William Database	in a first	A STILL MODE SAND LIFE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLM3671H	Car	SUZUKI	VITARA 2WD A			0





2 of 3

Report No. T/20180801/2058

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

CONTINUATION OF REPORT

## Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS DRIVING AT THE SAID LOCATION AT THE SPEED OF 80-90 KM/HR. BEFORE THE
ACCIDENT HAPPEN, THE VEHICLE WHEEL GOT PROBLEM AND FROM THERE I LOST BALANCE
AND SKIDED AND HIT ONTO THE WALL. I CAN'T REMEMBER MUCH WHAT ACTUALLY HAPPEN
AFTER THAT. THAT'S ALL.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180801/2058

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 / MUHAMMAD HAZIQ BIN SAIFUDDIN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	01/08/2018 13:24
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SSI KASMAWATI BTE SAMIAN	W IST W I SINGAPORE
Contact No.: 65476179	POLICE FORCE
Authentication Stamp	
	Signature

Reported on 01/8/2018.

# ACCIDENT STATEMENT

ACC	DENT DATE: 31 7 2018	_)(DD/MM/YYYY)	, TIME:( 01:3	<u>□ )(HH:MM)</u>
LOCA	MION: KRANJI	EXPRE	SSWAY	
1	DETAILS OF VEHICLE			
20	a) VEHICLE NUMBER:	SLM 3671	H .	
	b)INSURANCE COMPANY:			
338				
	C)POLICY NUMBER:	NSIVE / THIPD PAP	TY / THIRD PART)	FIRE ATHEFT)
	e)MAKE & MODEL:			
	fITYPE:(SALOON / COUPE / M	IPV /VAN / LORRY	/ MOTORCYCL	E / OTHERS)
	g) VEHICLE CATEGORY: (PRIV)		AL / MOTORCYC	(LE)
	h) PURPOSE OF USING AT ACC		PANCE (YES/NO	
2	IF NO, PLEASE STATE (THIRD F	PARIT CLAIM / KE	FORTING CINETY	
2.	A)NAME:		IMALE	/ FEMALE)
	b) NRIC/FIN/PASSPORT:		_CONTACT:	
	c)ADDRESS:			
. 10	<u> </u>		<u> </u>	
0 -	* CONTINUE TO 3.4 IF DRIVER	ALSO POLICY HO	LDER	50 (6)
o of passenger ocluding driver)	DRIVER a)NAME:		MAIF	/ FEMALE)
iduding driver)	b)NRIC/FIN/PASSPORT:			8127597
(	c)ADDRESS:			
5.303				
	*d)DATE OF BIRTH: (/_		AM/YYYY)	
	ejoccupation: (INDOOR / C	100000000000000000000000000000000000000		1000 N
22	1) YEARS OF DRIVING EXPRERIE		DIC COMPANYS	CARTINO) THO
4.	WAS DRIVER AN EMPLOYEE IF NO, RELATIONSHIP OF THE	HE DRIVER WITH	INSURED:	(1E37 NO) CIT
5.	a) WEATHER CONDITION: (CLE			
	b)ROAD SURFACE: (DRY / WET	0.02.02.05.07.2		
	WAS ANYBODY INJURED (YES)	140		
1.	IF YES, PLEASE STATE WHICH I			
8,	THIRD PARTY VEHICLE	POLICE STATION:		
of passenger	a) VEHICLE NUMBER;	81/1/9"	MODEL:	<u> </u>
	b) DRIVER'S NAME:	7		
) .	c) NRIC/FIN/PASSPORT:		_CONTACT:	
/ 9.	THIRD PARTY VEHICLE		MODEL	
of passanger	C) DRIVER'S NAME			
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The berson	S) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE  d) VEHICLE NUMBER: c) DRIVER'S NAME: I) NRIC/FIN/PASSPORT:  Sold A Contact Person  (ax = 1)  (and a cf Person	n: Thou	has	









<b>eBao</b> Tech							GeneralClaim				
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My Desktop Notice of Loss	Poli	cy Query									
	Policy N	io.				Date	of Accident	-	31/07/2018	1:30	
	Vehicle	Vehicle No.(For Motor)		SLM3671H		Certificate Number		r [			
						Search	l				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5089242870		OPTIMUM CAR LEASING PTE LTD	201633831N	GPC	Third Party	SLM3671H	SLM3671H	29/03/2017	03/09/2018
				THE PACK	[	Continue			1		

Policy No.	5089242870	Policyholder Name	OPTIMUM CAR L	EASING PTE LTI	Policyholder NRIC	201633831N				
Certificate No.		Name			NRIC					
Address	2 KALLANG PUDDING ROAD #0	8-12 MACTECH	H BUILDING SING	APORE 349307						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N				
Policy issue Date	28/03/2017	Effective Date	29/03/2017 00:0	00	Expiry Date	03/09/2018 23:59				
Third Party Excess	1500	Own damage Excess	0	Windscreer Excess		0		0		
Additional Excess		OS Premium	0							
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		1500		ingapore 1500			
Agent	SININS AGENCY PTE, LTD.	Agent Tel.	66310728		GST Flag	Y				
Co- insurance Flag	No									
Open Policy Info Certificate Info										
	nolder Mailing Address									
Address 1	2 KALLANG PUDDING ROAD	Address 2	#08-12 MACTEO	H BUILDING	Address 3	SINGAPORE 349307				
Address 4		Address	Singapore address		Post Code	349307				
Unit No.	08-12	Related Policy Number	5100191110							
	d Object: SLM3671H	110111001								
□ Endors	ements									
Sequen	ce Date of Endorsement	Endorse	ment Type	Endorsemer	nt Status	Endorsement Content Thank you for giving us the				
1	29/03/2017 00:00		Endorsement Take		Basic Information Endorsement Endo		e Effective	opportunity to serve you. We confirm that from 29 Mar 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLM3671H		
2	28/02/2018 00:00	POI Extension	on/Shorten Er	dorsement Take	e Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 29 Mar 2017 TO 03 Sep 2018 In view of this amendment, an additional premium of \$487.32 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC"				

Claim Handling

Accident MT/1005629					
Policy No.	5089242870	Vehicle No.	SLM3671H	GST Registration No.	
Certificate No.					
Policyholder Name	OPTIMUM CAR LEASING PTE LTD			Policyholder NRIC	2016
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81275971	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No N
KFK	₩ No ○ Yes	TCA	® No ○ Yes	eCode Reason	11/2=21
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Report Date	02/08/2018 09:37	Accident Report Within 24 hrs	Ves	Accident Type	Side
Date of Accident	31/07/2018	Time of Accident hh:mm	01:30	Country of Accident	Singi
Reporting Centre		Orange Force		ICM No.	
Accident Location	KRANJI EXPRESSWAY				
□ Benefits					
♥ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	The second second	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa	ation	50 100 V POLY ALL # 100 LOCAL COLORES 5-4-60			
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History			10 00 00 00 00 00 00 00 00 00 00 00 00 0	1,000	
Policyholder Mailing Ad	dress				
Address 1	2 KALLANG PUDDING ROAD	Address 2	#08-12 MACTECH BUILDING	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	3493
Unit No.	08-12	Related Policy Number	5100191110		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		_
Unnamed driver Name	YAP JUNE STONG ( YE JUNXTON)	Driver NRIC	S8943786E	Driver DOB	05/1
Register Date of Driver License	19/04/2011	Driver Age	28	Driving Experience	7
Contact No.(Mobile)	81275971	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 801B	Address 2	KEAT HONG CLOSE	Address 3	
Address 4		Address Type	Singapore address	Post Code	6828
Unit No.	#06-19	CONCEPCIO NO S		Total code	0020
Does he own a Singapore	○ Yes ☀ No	Driver Vehicle No.		Driver Insurer Company	
Registered car?		STITES VEHICLE NO.		Driver traurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
10 To 100					
Claim 001 OD-MX New					
Claim Type *	OD-MX	Insured Name	OPTIMUM CAR LEASING PTE LTI	Insured NRIC	Dave
Contact No.(Mobile)	81885420	Contact No.(Home)	OPTIMUM CAR LEASING FIE LI		2016
Email Address		OI Vehicle Number	SLM3671H	Contact No. (Office)	=
Claim Description	SLM3671H / RAILING ON 31 Jul 2018	OI Venice Number	BLM307IN	TP Vehicle Number  Name of Preferred Workshop	RAIL
Preferred Workshop Contact		Account to the contract of		wante of Preferred Workshop	-
No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	02/08/2018 10:01	Claim Close Date		Date Received	02/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
✓ Print AK letter					
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Attachment					
III ACCOMMON COMME					
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Accident No.	MT/1005629		Claim No.	001	

Last Doc. Received		● Yes ○ No			Upload Date		02/08	8/2016	09:50	
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