

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	13/08/2018 15:30
Date Of Accident	11/08/2018 15:15
Exact Location Of Accident	PIE TWDS CHANGI AFT BEDOK NORTH AVE 3 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8530R
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE. LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5098811203
Cover Note Number	

Driver

Name of Driver	YAP CHEE BOON(YE ZHIWEN)
NRIC No	S7229570F
Date Of Birth	15/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90148989
Fax Number	
Contact Number	
EEmail Address	SHAMEL8989@GMAIL.COM

Address	BLK 107 ANG MO KIO AVE 4 #08-162
Postcode	560107
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 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?	YES
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180811/2129

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3499E
Vehicle Make/Model/Colour	HONDA HRV
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SON CHEE KIONG
NRIC/Passport Number	S6940185F
Contact Number	91088509
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YAP CHEE BOON(YE ZHIWEN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLX8530R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

[Signature] 13/8/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 13/8/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

DIE TWO'S CHANGI AFT BEDOK NORTH
AVE 3 EXIT

A - SLX8530R
B - SLJ3499E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180811/2129

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:

13/8/18

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

13/08/18

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180811/2129

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180811/2129

CONTINUATION OF REPORT

Driver			
Name	SON CHEE KIONG		ID No. S6940185F
Related Vehicle	SLJ3499E (Car)		Contact No. 91088509
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
Driver			
Name	YAP CHEE BOON		ID No. S7229570F
Related Vehicle	SLX8530R (Car)		Contact No. 90148989
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	11/08/2018	Date Discharge	11/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 11 August 2018, at around 03:15pm, I was driving vehicle: SLX8530R along PIE towards Changi after Bedok North Avenue 3 exit when I saw the vehicle in front of me slowing down as such I followed suit. Suddenly, I felt a hard impact from the rear and due to the hard impact, it moved my car to the front and come to a stop.

I came down to check my vehicle and realized that vehicle: SLJ3499E had hit my rear bumper causing it dented. I also took photos of the scene before exchanging particulars with the other party. I wish to state that I have 4 passengers in my vehicle however no one was injured at that point of time. I also wish to state that after the incident I felt some pain in the neck and shoulder area as such I went to see the doctor and was given 5 days MC. I also wish to state that I have an in-car camera in my vehicle. I am lodging this report for insurance claims.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180811/2129

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No: T/20180811/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2018 22:16		Vide Report No.:		Station Diary No.: 160
Informant's Particulars				
Name of Informant: YAP CHEE BOON		Address: APT BLK 107 ANG MO KIO AVENUE 4 #08-182 SINGAPORE 560107		
ID Type / ID No.: NRIC NO / S7229570F		Contact No.: Home/Office:		Mobile: 90148989
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 45	Date of Birth: 15/08/1972	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 Driver: No	Date/Time of Accident: 11/08/2018 15:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Changi after Bedok North Avenue 3 Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SLJ3499E	Car	HONDA	HRV 1.5 DX CVT	Red	Slightly Damaged	0
SLX8530R	Car	TOYOTA	PRIUS 1.8E CVT	Silver	Slightly Damaged	4

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180811/2129

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No: T/20180811/2129

CONTINUATION OF REPORT

Driver			
Name	SON CHEE KIONG	ID No.	S6940185F
Related Vehicle	SLJ3499E (Car)	Contact No.	91088509
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
Driver			
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Police Report



SINGAPORE
POLICE FORCE



T/20180811/2129

3 of 3

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Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20180811/2129

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 /

Sgt 2 KHAIRUL SYAZWAN BIN SAHAK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/08/2018 22:18

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No: 65476428

Classification Of Case:

Authentication Stamp

NP158



SINGAPORE
POLICE FORCE

SN 061

SIGNATURE