

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 18:44
Date Of Accident	13/08/2018 08:00
Exact Location Of Accident	PIE TWDS CHANGI B4 LOR 6 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5757A
Insured/Policyholder	
Name Of Registered Owner	YONG ZHI JIE CALVIN
NRIC No	S8619042G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84907111
Alternative Phone No	OTHERS-84907111

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA 200 URBAN
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1752941700
Cover Note Number	

Driver

Name of Driver	YONG ZHI JIE CALVIN
NRIC No	S8619042G
Date Of Birth	06/07/1986
Occupation	INDOOR
Date Of Driving Pass	02/03/2007
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84907111
Fax Number	
Contact Number	OTHERS-84907111
EEmail Address	NOEMAIL

Address	71 JURONG EAST STREET 13 #02-04
Postcode	6099650
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Foreign Vehicle Registration Number	JSK9569 (PRIVATE CAR)
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)	1

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/20180813/2018

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSK9569
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BRENDAN LIM WAI LOON
NRIC/Passport Number	831107055317
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YONG ZHI JIE CALVIN

Approximate Age

Injuries Sustain STOMACH PAIN

Injured person in which vehicle? SLS5757A

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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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)

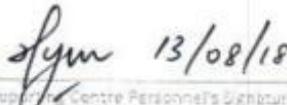
I understand, acknowledge, agree and consent that:

- (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.

x

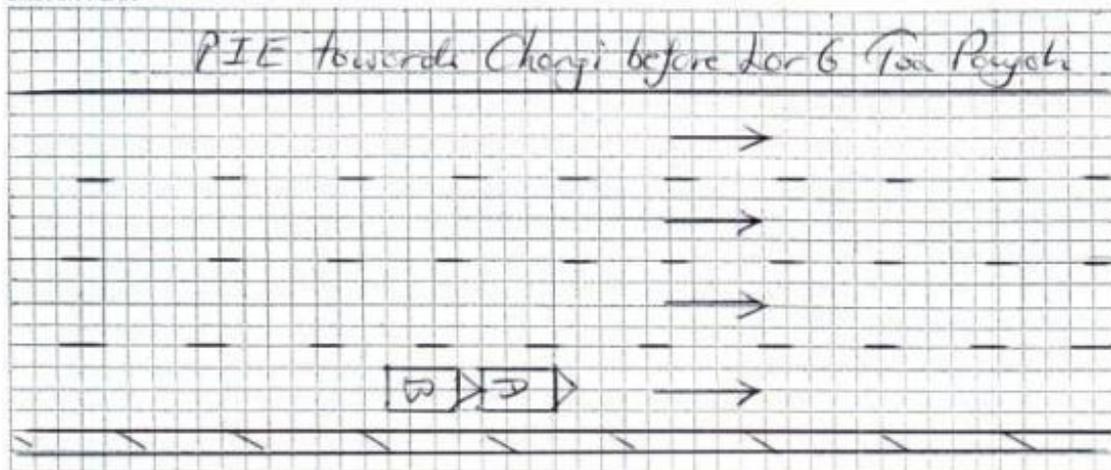

Policyholder's Signature
Date & Time:


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


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

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/08/2018 at about 0800 hrs at PIE towards Changi before Lor 6 Toa Payoh. I was travelling on the extreme Right lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my Vehicle.

(A) SLS 5757A
 (B) JSK 9569

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

x 

Policyholder's Signature
 Date & Time:



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

 13/08/18

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

CPD/CDC (R) (P) (S) (F) (M) (C) (S)

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180813/2018

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/20180813/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BRENDAN LIM WAI LOON	ID No.	831107055317
Related Vehicle	JSK9569	Contact No.	██████████
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	YONG ZHI JIE, CALVIN	ID No.	S8619042G
Related Vehicle	SLS5757A	Contact No.	██████████
Hospital/Clinic	INTEMDIECAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 13/08/2018 at about 8am, I was driving my vehicle (SLS5757A) along PIE towards Changi before Toa Payoh Lor 6 exit (Lane 1).

At the point of time, my vehicle was travelling straight and I saw the vehicle ahead of me stop as such I slow down my vehicle to a stop. Suddenly I felt an impact from the rear of my vehicle as such I alighted my vehicle to make a check and discovered that my vehicle was hit by vehicle (JSK9569)

Due to the accident, I felt pain on my stomach as such I went to consult doctor and was given a 3 days medical leaves.

I would wish to state that there was no police or ambulance attended to the accident and my vehicle does have front and rear in-built camera however I am not sure if my vehicle in-built camera did capture the footage of the accident.

I am lodging this report for insurance claim purpose.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180813/0018

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

2 of 4
Report No: T/20180813/0018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BRENDAN LIM WAI LOON	ID No.	831107055317
Related Vehicle	JSK9589	Contact No.	██████████
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	YONG ZHI JIE, CALVIN	ID No.	S8619042G
Related Vehicle	SLS5757A	Contact No.	██████████
Hospital/Clinic	INTEMDIECAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details:

On 13/08/2018 at about 8am, I was driving my vehicle (SLS5757A) along PIE towards Changi before Tse Layoh Lor 6 exit (Lane 1),

At the point of time, my vehicle was traveling straight and I saw the vehicle ahead of me stop as such I slow down my vehicle to a stop. Suddenly I felt an impact from the rear of my vehicle as such I alighted my vehicle to make a check and discovered that my vehicle was hit by vehicle (JSK9589)

Due to the accident, I felt pain on my stomach as such I went to consult doctor and was given a 3 days medical leaves.

I would wish to state that there was no police or ambulance attended to the accident and my vehicle does have front and rear in-built camera however I am not sure if my vehicle in-built camera did capture the footage of the accident.

I am lodging this report for insurance claim purpose.

Police Report

CONTINUATION OF REPORT

Police Station Of Origin
Bishan N.P.O.
21 Bishan Street 23 SINGAPORE 579757
Tel No. 1900-5522990

Report No. T201400132019

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SINGAPORE
POLICE FORCE



Police Report



SINGAPORE
POLICE FORCE



T20180813/2018

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-6529990

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Report No. T20180813/2018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

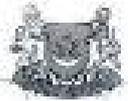
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474985 stating the report number as reference.

Signature Of Officer Recording The Report: EY Ggt 2 TAN CHIN SENG, JASON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2018 09:49
Officer In Charge Of Case: TP / AEIT / SIANG YI TING, STEPHANIE Contact No.: 65478414 	Classification Of Case: SN 061
Authentication Stamp NP118	

Identification Card

SLS 5757A
Owner & Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8619042G



Name
YONG ZHE JIE, GALVIN

Race
CHINESE
Date of Birth
08-07-1988
Country of Birth
SINGAPORE

Sex
M



S03AB01

IC No: S8619042G



Valid till
12-04-2018

Address
11 JURONG EAST STREET 12
#02-04
SINGAPORE 63000

Driving License

SLS 5797A
OWNER & DRIVER



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFI

EFFECTIVE DATE

- Class 1 Motor cars with unladen weight <= 2000kg with <= 7 passengers, excluding off-road motor vehicles with unladen weight <= 2000kg 02 Mar 2012

N° 4204

