

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	13/09/2018 16:38
Date Of Accident	12/09/2018 15:00
Exact Location Of Accident	MARSILING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN6842T
Insured/Policyholder	
Name Of Registered Owner	LYE YEEN FONG
NRIC No	S8578345I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98595510
Alternative Phone No	OFFICE-98595510

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT104162
Cover Note Number	

Driver

Name of Driver	LYE YEEN FONG
NRIC No	S8578345I
Date Of Birth	21/06/1985
Occupation	INDOOR
Date Of Driving Pass	30/12/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98595510
Fax Number	
Contact Number	OFFICE-98595510
Email Address	NOEMAIL

Address	BLK 108B CANBERRA WALK #08-49
Postcode	752108
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?	NO
Number of vehicles involved in the accident	2
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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180912/2163.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4972M
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN LIK HENG
NRIC/Passport Number	S1505091H
Contact Number	97389404
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LYE YEEN FONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKN6842T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.

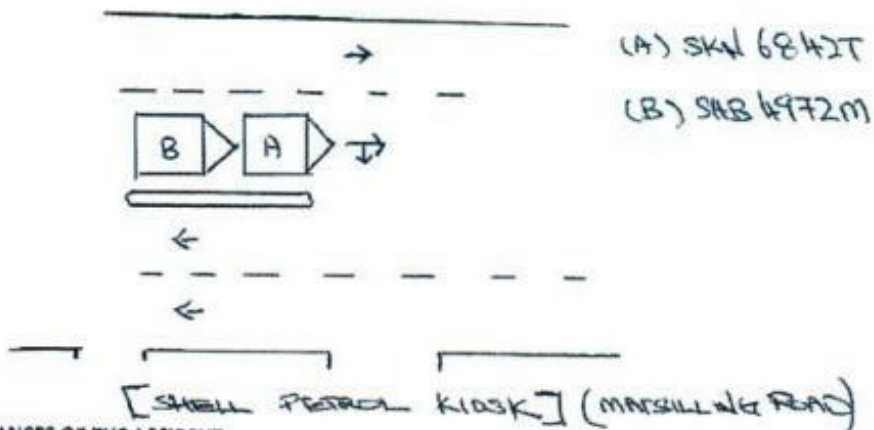

Policyholder's Signature
Date & Time


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


Reporting Centre Person's Signature
Name
NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS POLICE REPORT

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/Pass No. _____

Police Report



**SINGAPORE
POLICE FORCE**



T/20180912/2163

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3
Report No. T/20180912/2163

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2018 18:59	Vide Report No.:	Station Diary No.: 100
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: LYE YEEN FONG		Address: APT BLK 108B CANBERRA WALK #08-49 SINGAPORE 752108	
ID Type / ID No.: NRIC NO / S8578345I		Contact No.: Home/Office: Mobile: 98595510	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 21/06/1985	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Engineer		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/09/2018 15:00	Type of Location:
Location: Along Road 1 MARSILING ROAD				
Marsiling Road towards Shell Petrol Kiosk Station				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Stationary			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4972M	Comfort Delgro Taxi	HYUNDAI		Yellow	Totally Damaged	0
SKN6842T	Car	HONDA	STREAM 1.8X A	Silver	Totally Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKN6842T	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT104162	27/06/2018	26/06/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180912/2163

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3
Report No. T/20180912/2163

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Taxi Driver			
Name	Tan Lik Heng	ID No.	S1505091H
Related Vehicle	SHB4972M (Comfort Delgro Taxi)	Contact No.	97389404
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	LYE YEEN FONG	ID No.	S8578345I
Related Vehicle	SKN6842T (Car)	Contact No.	98595510
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/09/18 at about 1500hrs, I was inside my vehicle (Honda, Silver, SKN6842T) stationary along Marsiling Road, waiting to make a right turn into shell petrol kiosk station. I also did showed signal that I am going to make a right turn. My car has in car camera installed at the front however I am unsure if it is operating. While waiting to make a right turn, out of a sudden, I felt a huge impact coming from the rear of my vehicle. After the collision, I came down to make a check and noticed one taxi (Hyundai, Yellow, SHB4972M) had hit onto the rear of my vehicle. As a result, both vehicles suffered damages and both vehicles need to be towed. I also exchanged particulars with the taxi driver and he told me he was not injured. The taxi driver told me due to the bright sunlight shinning at his eyes, he was unable to see clearly in front and as a result, his taxi hit onto my car.

After the collision, I felt pain on my neck and headache. I then went to Khoo Teck Puat hospital to seek medical treatment and was given three days of medical leave.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999



T/20180912/2163

3 of 3

Report No. T/20180912/2163

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:
F / 
Sgt 2 OOI JIA JUN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp MOHAMMED FAZLY BIN ABDUL AZIZ
Contact No.: 65476355

Authentication Stamp
NP168

Signature Of Informant:




Date/Time:
12/09/2018 18:59

Classification Of Case:

SN 095



Signature: 

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



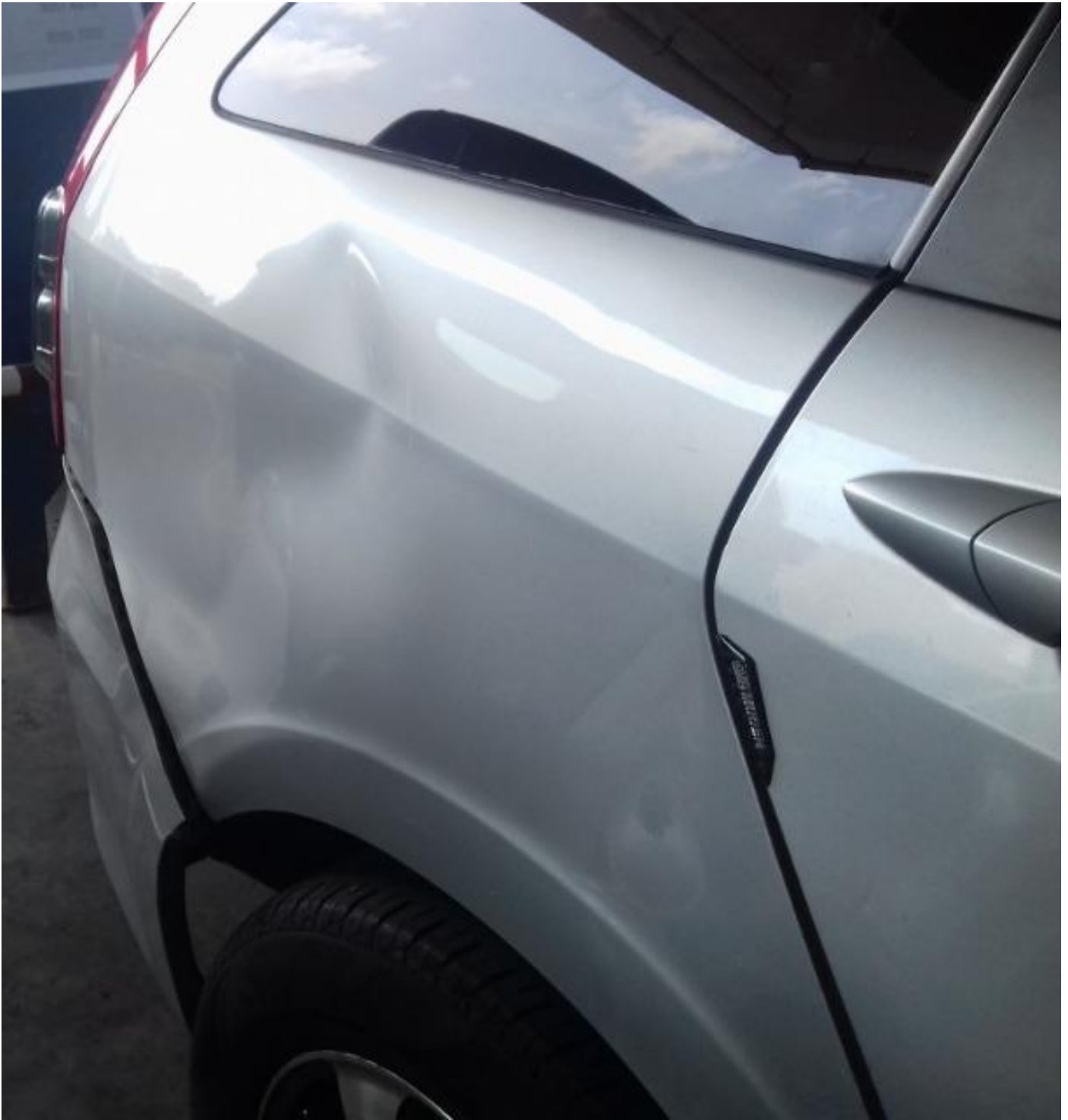
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



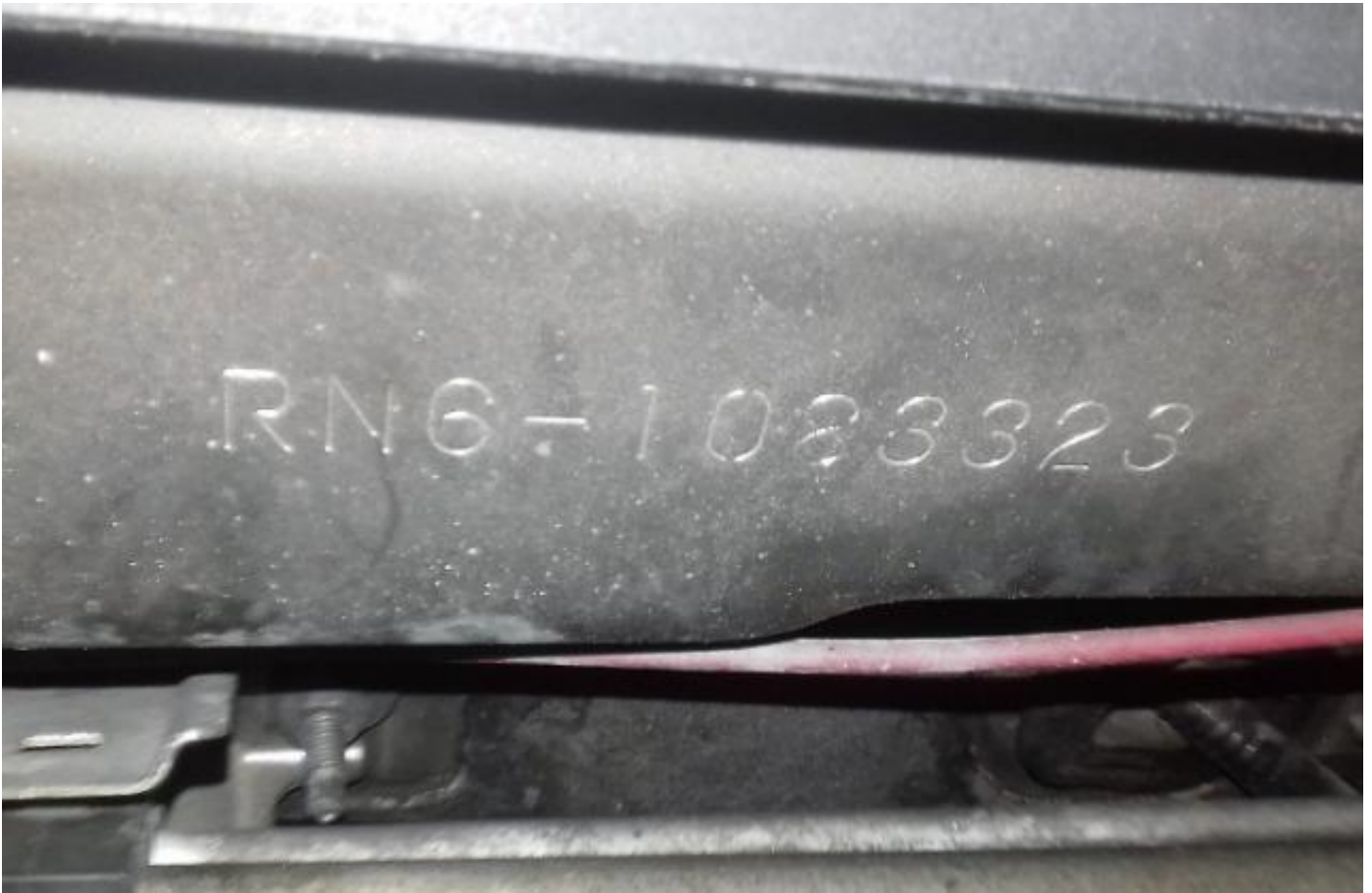
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

