

## 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	14/09/2018 21:53
Date Of Accident	14/09/2018 06:30
Exact Location Of Accident	SLE TOWARDS BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9802C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP TSIANG KWAN DANIEL
NRIC No	S1810610H
Email Address	DANIELYAP23@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81135058
Alternative Phone No	OTHERS-81135058

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18MPC00012125
Cover Note Number	

### Driver

Name of Driver	YAP TSIANG KWAN DANIEL
NRIC No	S1810610H
Date Of Birth	23/12/1967
Occupation	INDOOR
Date Of Driving Pass	14/08/1998
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81135058
Fax Number	
Contact Number	OTHERS-81135058
Email Address	DANIELYAP23@GMAIL.COM

Address	BLK 517 WOODLANDS DRIVE 14 #06-237
Postcode	730517
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO STATEMENT

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY9475D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NARTONO BIN SUJONOH
NRIC/Passport Number	S7409505D
Contact Number	
Address	BLK 278A COMPASSVALE BOW #04-539 S(541278)
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

(A) SLN 9802 C  
(B) SJY 9475 D

SLE TOWARDS BKE



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along SLE toward BKE exit, there was a heavy traffic and the front car slow down to a stop and so I stop and suddenly I heard a bang at the back of the car.

### DECLARATION

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

DANIEL JAP

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

☒ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident: 14-09-2018 Time: 06.30am SLA Location of Accident: TOWARDS BKE

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SLN 9802 C  
Name of Policyholder: YAP TSANG KWAN DANIEL  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1810610 H  
Address: BIK 517 WOODLAND DRIVE 14H 06-237  
Contact Number: Tel: 8113 5058 (S730617)  
Occupation: INDOR

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Hyundai ELANTRA AD 1.6 GLS AT  
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, M/cycle, Others  
Exact Purpose for which vehicle was being used: PRIVATE USE  
Are you claiming under your own insurance policy? ☒ Yes ☐ No  
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: INDIA  
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: 18MPC 00012125

### DRIVER

Name of Driver: DANIEL  
NRIC/ FIN/ Passport: 23-12-1967  
Date of Birth: 14-08-1998  
Occupation: INDOR  
Driving Pass Date: 14-08-1998  
Gender: ☒ Male ☐ Female  
Contact Number: Tel: 8113 5058  
Address: BIK 517 WOODLAND DRIVE 14H 06-237  
Email Address: (S730612)  
Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
If No, relationship of Driver with the Insured: OWNER

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc.): TP-HIT-INSURED  
Weather Conditions: ☒ Clear ☐ Raining ☐ Others  
Road Surface: ☐ Wet ☒ Dry ☐ Others  
Damage Area: 01

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes  
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any camera video footage (in car)? ☐ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station & Report No.:  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?

danielyap23@gmail.com

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SLW9802C

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SJY9475D

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

HARTONO BIN SUJONOH  
SF409505D

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

BK278A COMPASSALIZ BOW#04-539 (6541278)

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☒ Yes

☐ No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

DANIEL YAP

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time 14/9/18 9pm

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

## Individual Statement

### SKETCH PLAN

### IMPORTANT NOTICE

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### **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.:



## IDENTITY CARD & DRIVING LICENCE

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	02 Jul 1990
Class 2A	Motorcycles between 201 cc and 400 cc	02 Jul 1990
Class 2	Motorcycles > 400 cc	07 Oct 1991
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	14 Aug 1998

NP 428A

Licence No S1810610H

0788132

NRIC No: S1810610H

Street Group: A+ Date of issue: 18-01-1993

Address: APT BLK 517 WOODLANDS DRIVE 14 806-237 SINGAPORE 730517

NRIC No: S1810610H Date: 19-06-1998 (R) No: 2991151

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: S1810610H

Name: YAP TSIANG KWAN DANIEL

Birth Date: 23 Dec 1967

Issue Date: 15 Oct 2016

002619998G

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. S1810610H

Name: YAP TSIANG KWAN DANIEL

叶声坤

Race: CHINESE

Date of Birth: 23-12-1967 Sex: M

Country of Birth: SINGAPORE

# CERTIFICATE OF INSURANCE



**INDIA INTERNATIONAL INSURANCE PTE LTD**

Ce. Reg. No. 198703792k | GST Reg. No. M2-0078806-X  
 64 Cecil Street, #04 | #05 | #06-02 | RHB Building | Singapore 049711  
 Office (65) 62476100 Email: [insure@ii.com.sg](mailto:insure@ii.com.sg)  
 Fax: (65) 62244174 Website: [www.ii.com.sg](http://www.ii.com.sg)

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1958 (MALAYSIA)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.**

<b>CERTIFICATE NO. : 18MPC00012125</b>		<b>COVER: COMPREHENSIVE</b>	
1.	Index Mark and Registration Number of Vehicle Chassis No	:	SLN9802C KMHD841CMHU460222
2.	Name of Policyholder	:	YAP TSIANG KWAN DANIEL
3.	Effective date of Insurance	:	24/05/2018
4.	Expiry date of Insurance	:	23/05/2019
5.	Person or Classes of Persons entitled to drive* (a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner. (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
<b>Limitations as to use*</b> Use only for social, domestic and pleasure purposes and for the Policyholder's business.			
<b>The Policy does not cover</b> a) Use for hire or reward. b) Use for racing, pace-making, reliability trial, speed-testing. c) Use for the carriage of goods other than samples in connection with any trade or business. d) Use for any purpose in connection with the Motor Trade.			
<i>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</i>			
Insured/Named Drivers Excess		SGD 600.00	
Unnamed Drivers Excess		SGD 1,100.00	
Windscreen Excess		SGD 100.00	
Hire Purchase Company		Maybank	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE			
I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).			
Agent/Broker : SUNMEX ENTERPRISE-87396SE-001 Date of Issue : 07/05/2018 15:00:03 MX1			

**Signed for and on behalf of the Company**

\_\_\_\_\_  
**Authorised Signatory**



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo





Accident Photo



# Accident Photo



Accident Photo



Accident Photo





Accident Photo

