

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 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. 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	08/11/2018 11:43
Date Of Accident	08/11/2018 08:00
Exact Location Of Accident	ALONG CTE BESIDE EXIT 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8251D
Insured/Policyholder	
Name Of Registered Owner	YAP ENG SENG
NRIC No	S1304911D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93880159
Alternative Phone No	OTHERS-93880159

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V05206/VPC2/R00
Cover Note Number	

Driver

Name of Driver	YAP ENG SENG
NRIC No	S1304911D
Date Of Birth	26/04/1958
Occupation	INDOOR
Date Of Driving Pass	29/11/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93880159
Fax Number	
Contact Number	OTHERS-93880159
Email Address	NOEMAIL

Address	BLK 28 BALAM ROAD #08-29
Postcode	370028
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181108/2030

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	XD6628U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAKSHMANAN SUBRAMANIAN
NRIC/Passport Number	G7724570M
Contact Number	91676861
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YAP ENG SENG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKT8251D

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: 8/11/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

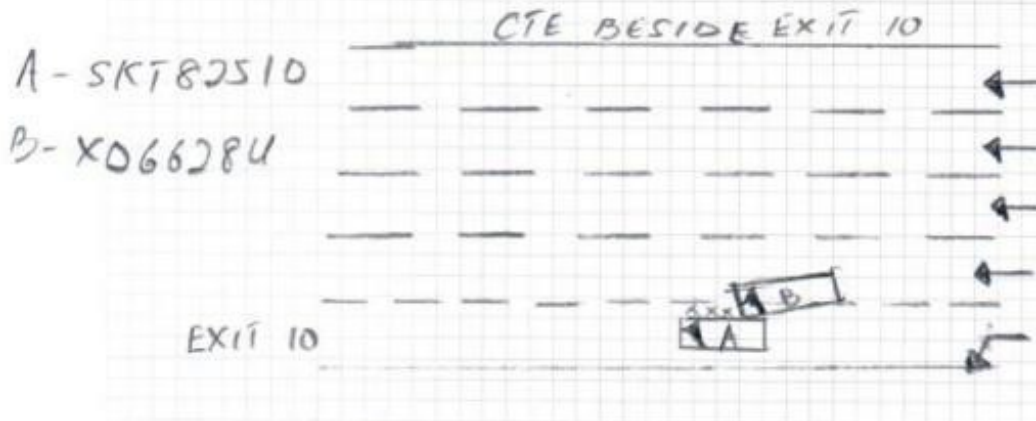
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/2018/1108/2030

DECLARATION

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

Policyholder's Signature

Date & Time: 8/11/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181108/2030

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20181108/2030

CONTINUATION OF REPORT

Driver			
Name	YAP ENG SENG		ID No. S1304911D
Related Vehicle	SKT8251D (Car)		Contact No. 93880159
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	08/11/2018	Date Discharge	08/11/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Lakshmanan Subramanian		ID No. G7724570M
Related Vehicle	XD6628U (Lorry)		Contact No. 91676861
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 08/11/2018 at about 0800hrs, I was driving my vehicle a grey in color Honda city bearing license plate number SKT8251D along Central Expressway (CTE) and was exiting via exit 10 when I noticed that there was a Volvo lorry bearing license plate number XD6628U driving very close on the lane beside me. Suddenly, the lorry then started moving into my lane and it resulted in his vehicle side-swiping the right side of my vehicle. It resulted in damages to the entire right side of my vehicle body. We then stopped at the side and exchanged particulars. However, I felt some discomfort and as such, proceeded to see a doctor and was awarded a 5 days medical certificate.

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

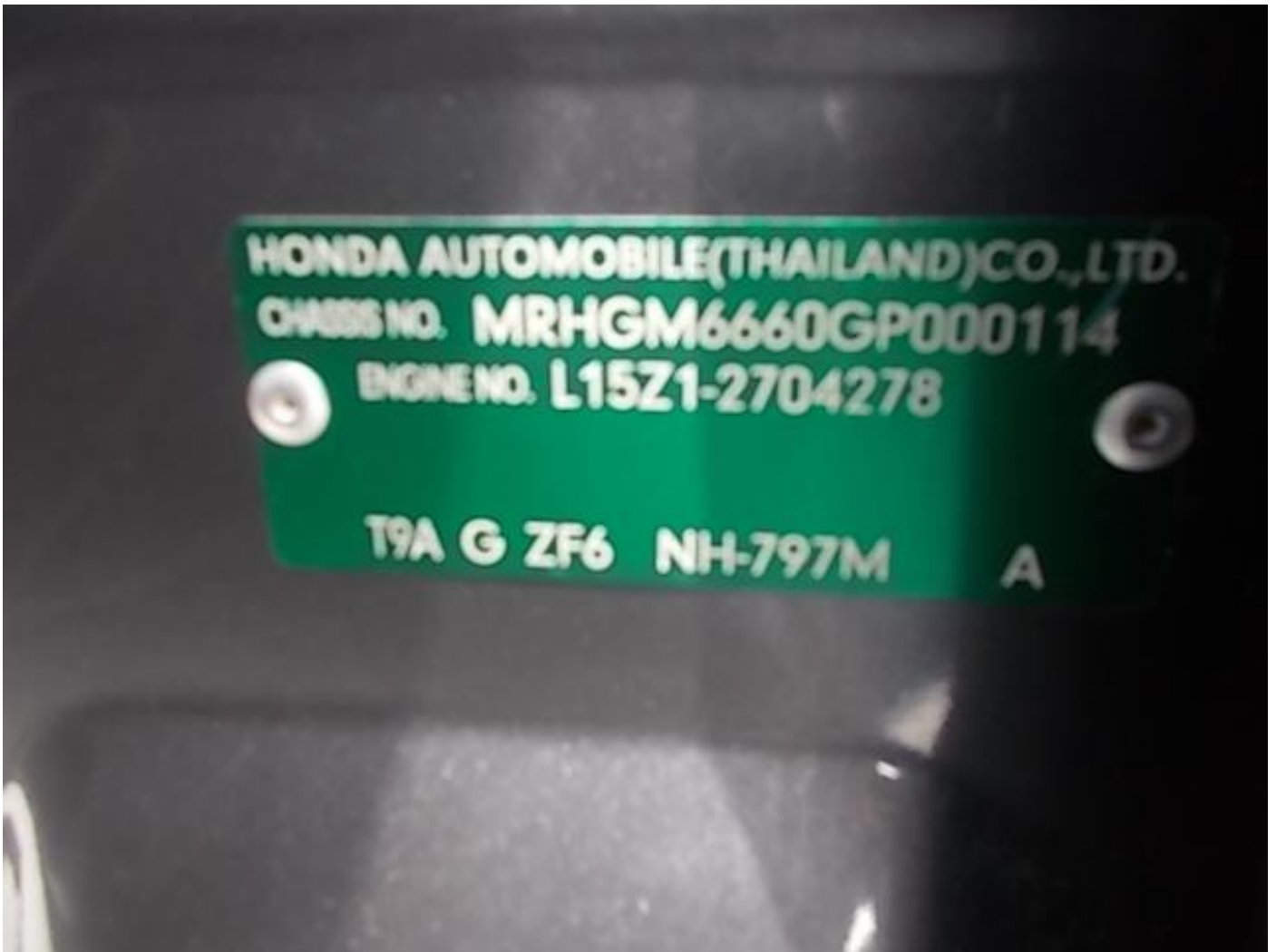


Accident Photo



Accident Photo





Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181108/2030

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20181108/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2018 11:00		Video Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: YAP ENG SENG			Address: APT BLK 28 BALAM ROAD #08-29 SINGAPORE 370028		
ID Type / ID No.: NRIC NO / S1304911D			Contact No.: Home/Office: Mobile: 93880159		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 25/04/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Building construction engineer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink: Drive: No	Date/Time of Accident: 08/11/2018 09:00	Type of Location: Expressway exit
Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE beside Exit 10				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT8251D	Car	HONDA	CITY 1.5 SV CVT	Grey	Seriously Damaged	0
XD8628U	Lorry	VOLVO	FMX370 64R SLEEPER CAB	White	Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181108/2030

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486969

2 of 3

Report No: T/20181108/2030

CONTINUATION OF REPORT

Driver			
Name	YAP ENG SENG		ID No. S1304911D
Related Vehicle	SKT8251D (Car)		Contact No. 93880159
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	08/11/2018	Date Discharge	08/11/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Lakshmanan Subramanian		ID No. G7724570M
Related Vehicle	XD6628U (Lorry)		Contact No. 91676861
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 08/11/2018 at about 0800hrs, I was driving my vehicle a grey in color Honda city bearing license plate number SKT8251D along Central Expressway (CTE) and was exiting via exit 10 when I noticed that there was a Volvo lorry bearing license plate number XD6628U driving very close on the lane beside me. Suddenly, the lorry then started moving into my lane and it resulted in his vehicle side-swiping the right side of my vehicle. It resulted in damages to the entire right side of my vehicle body. We then stopped at the side and exchanged particulars. However, I felt some discomfort an as such, proceeded to see a doctor and was awarded a 5 days medical certificate.

Police Report



SINGAPORE
POLICE FORCE



T/20181108/2030

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20181108/2030

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:

G /

Sgt 2 TOO YONG FOOK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/11/2018 11:00

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP-168

SINGAPORE POLICE FORCE

Classification Of Case:

Identification Card

