

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	24/12/2018 14:18
Date Of Accident	23/12/2018 22:00
Exact Location Of Accident	SLIP ROAD OF AYE AND ALEXANDER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY3860A
Insured/Policyholder	
Name Of Registered Owner	YAP PAU CHIN
NRIC No	S1485026J
Email Address	JACKYAP18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96665712
Alternative Phone No	OTHERS-96665712

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100510961-01
Cover Note Number	

Driver

Name of Driver	YAP WEI EN NATHANAEL
NRIC No	S9105623B
Date Of Birth	19/02/1991
Occupation	INDOOR
Date Of Driving Pass	28/10/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98003938
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 150 PRINCE CHARLES CRESCENT #08-06
Postcode	159012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : KELLYN KEAY YOUJIA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF8845X
Vehicle Make/Model/Colour	TOYOTA LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BALAKRISHNASAMY KANNAN
NRIC/Passport Number	S6985064B

Contact Number
Address
Postcode
Insurance Company Name EQ INSURANCE COMPANY LTD
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KELLYN KEAY YOUJIA
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGY3860A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address 3 SIGLAP ROAD
#03-26
Postcode 448907

DETAILS OF INJURED PERSON 2

Name YAP WEI EN NATHANAEL
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGY3860A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address 150 PRINCE CHARLES CRESCENT
#08-06
Postcode 159012

SKETCH PLAN

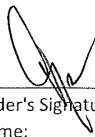
IMPORTANT NOTICE

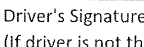
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8. Consent under the Personal Data Protection Act (PDPA)

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.

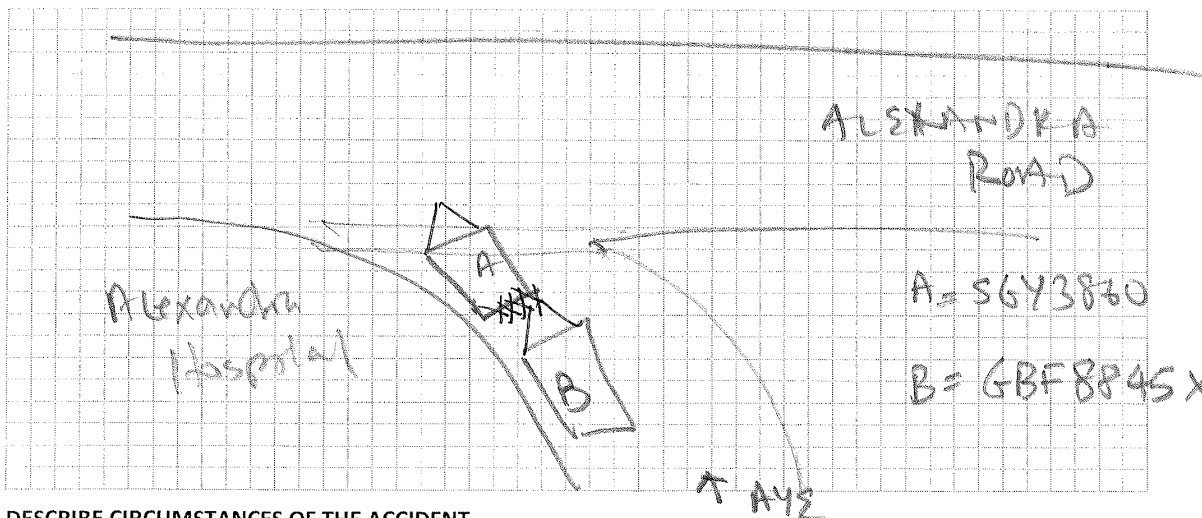

Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO:

[illegible]

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:


Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.: _____



**SINGAPORE
POLICE FORCE**



T/20181223/2098

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20181223/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2018 23:41		Vide Report No.: D/20181223/0137		Station Diary No.: 80	
Informant's Particulars					
Name of Informant: YAP WEI EN, NATHANAEL			Address: 150 PRINCE CHARLES CRESCENT #08-06 SINGAPORE 159012		
ID Type / ID No.: NRIC NO / S9105623B			Contact No.: Home/Office: Mobile: 98003938		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 19/02/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lawyer (excluding advocate and solicitor)			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident					
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/12/2018 22:00	Type of Location: Bend	
Location: Along Road 1 ALEXANDRA ROAD					
Slip Road of AYE Towards Alexandra Road.					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF8845X	Lorry	TOYOTA		Blue		0
SGY3860A	Car	MAZDA	3	Grey	Seriously Damaged	0

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



**SINGAPORE
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T/20181223/2098

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20181223/2098

CONTINUATION OF REPORT

Driver			
Name	BALAKRISHNASAMY KANNAN	ID No.	S6985064B
Related Vehicle	GBF8845X (Lorry)	Contact No.	NIL
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 WEI EN, NATHANAEL	ID No.	S9105623B
Related Vehicle	SGY3860A (Car)	Contact No.	98003938
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	KELLYN KEAY YOUJIA	ID No.	S9302318H
Related Vehicle	SGY3860A (Car)	Contact No.	96162723
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	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	Slight

Brief Details.

On 23/12/2018 at about 2200hrs, I was driving my grey Mazda 3 car, registration number SGY3860A, along AYE Towards Alexandra Road, at the slip road. My girlfriend was a passenger of my car. That point of time, I was at a stop checking for any incoming vehicles. Suddenly, I felt a hard impact from the rear. I then alighted from my vehicle to make a check. I realized that a blue pick-up truck had hit onto my car from the rear. It was so hard that the rear part of my car was bend inwards. We managed to exchanged particulars. I called the police and the police came together with the ambulance. My girlfriend was conveyed to hospital via ambulance. I was given report number D/20181223/0137 by the traffic police officer.



**SINGAPORE
POLICE FORCE**



T/20181223/2098

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Report No. T/20181223/2098

CONTINUATION OF REPORT



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POLICE FORCE**



T/20181223/2098

Police Station Of Origin:
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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20181223/2098

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: D / Sgt 1 NOORHIDAYAT BIN WAHID	Signature Of Informant: M
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2018 23:41
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

