

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	02/01/2019 15:34
Date Of Accident	28/12/2018 21:15
Exact Location Of Accident	AMK AVE 3 TWDS AMK AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ8438H
Insured/Policyholder	
Name Of Registered Owner	YAM LAM KEONG PETER
NRIC No	S1451261F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88762235
Alternative Phone No	OFFICE-88762235

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099315497
Cover Note Number	

Driver

Name of Driver	YAM LAM KEONG PETER
NRIC No	S1451261F
Date Of Birth	26/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88762235
Fax Number	
Contact Number	OFFICE-88762235
Email Address	NOEMAIL

Address	BLK 388 YISHUN RING ROAD #12-1677
Postcode	760388
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 - CHANGE/CROSS LANE
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?	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)	3
Passenger 1	NAME: : DESMOND GENDER: : MALE
Passenger 2	NAME: : KEVIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181229/2118.

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	SMA9015P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	YAM LAM KEONG PETER
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SGJ8438H
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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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:

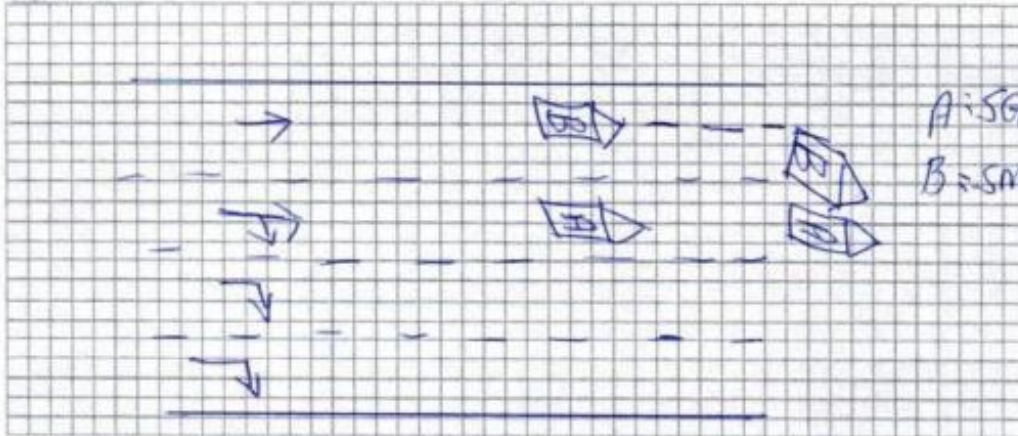
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



A: SGJ 8438H
B: SMA 9015P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/2018/229/2118

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/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181229/2118

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 4
Report No. T/20181229/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/12/2018 23:04		Vide Report No.:		Station Diary No.: 182	
Informant's Particulars					
Name of Informant: YAW LAM KEONG PETER			Address: APT BLK 388 YISHUN RING ROAD #12-1677 SINGAPORE 760388		
ID Type / ID No.: NRIC NO / S1451261F			Contact No.: Home/Office: Mobile: 88762235		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 26/10/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB-CAR DRIVER			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: 28/12/2018 21:15	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 ANG MO KIO AVENUE 3 ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ8438H	Car	TOYOTA	WISH 1.8 A	Grey	Slightly Damaged	2
SMA9015P	Car	KIA	CARENS 1.7 DCT DIESEL 5DR FWD	Brown		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181229/2118

Police Station Of Origin:
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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20181229/2118

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGJ8438H	NTUC Income Insurance Co-Operative Limited	5099315497	29/03/2018	21/07/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YAW LAM KEONG PETER		ID No.	S1451261F
Related Vehicle	SGJ8438H (Car)		Contact No.	88762235
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/12/2018		Date Discharge	29/12/2018
No. of Days granted Medical Leave		05	Degree of Injury	Slight
Driver				
Name	-		ID No.	S1717217D
Related Vehicle	NIL		Contact No.	84577727
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

Brief Details.

On 28/12/2018 at about 2115hrs, I was driving my car bearing registration plate no. SGJ8438H along Ang Mo Kio Avenue 3 towards Ang Mo Kio Avenue 5 on lane 3. Subsequently, as the traffic light was in my favor, I had proceeded straight towards Central Expressway (CTE), however, another car bearing registration plate no. SMA9015P which was on my left had out of the sudden cut into my lane to make a right turn. As it was very sudden, I was unable to brake in time whereby I had collided into the right side of the said car. Thereafter, I alighted my car to make a check whereby I had discovered damages on my car front bumper, left side fender, left side mirror, front left rim and tire. No Ambulance or Traffic Police was called to scene.

On 29/12/2018, as I was feeling uncomfortable, I gone to Mount Alvernia Hospital to seek medical treatment and was given 5 days Medical Leave for the period from 29/12/2018 to 02/01/2019 whereby I had sustained from neck strain and back pain due to the collision. I wish to state that I have an in-car camera installed in my car. That is all.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181229/2118

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31 Yishun Central SINGAPORE 768827
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Report No. T/20181229/2118

CONTINUATION OF REPORT

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181229/2118

Police Station Of Origin:
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Tel No: 1800-8529999

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Report No. T/20181229/2118

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:
L /
Sgt 1 RICKSON ONG KIAN MENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/12/2018 23:04

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

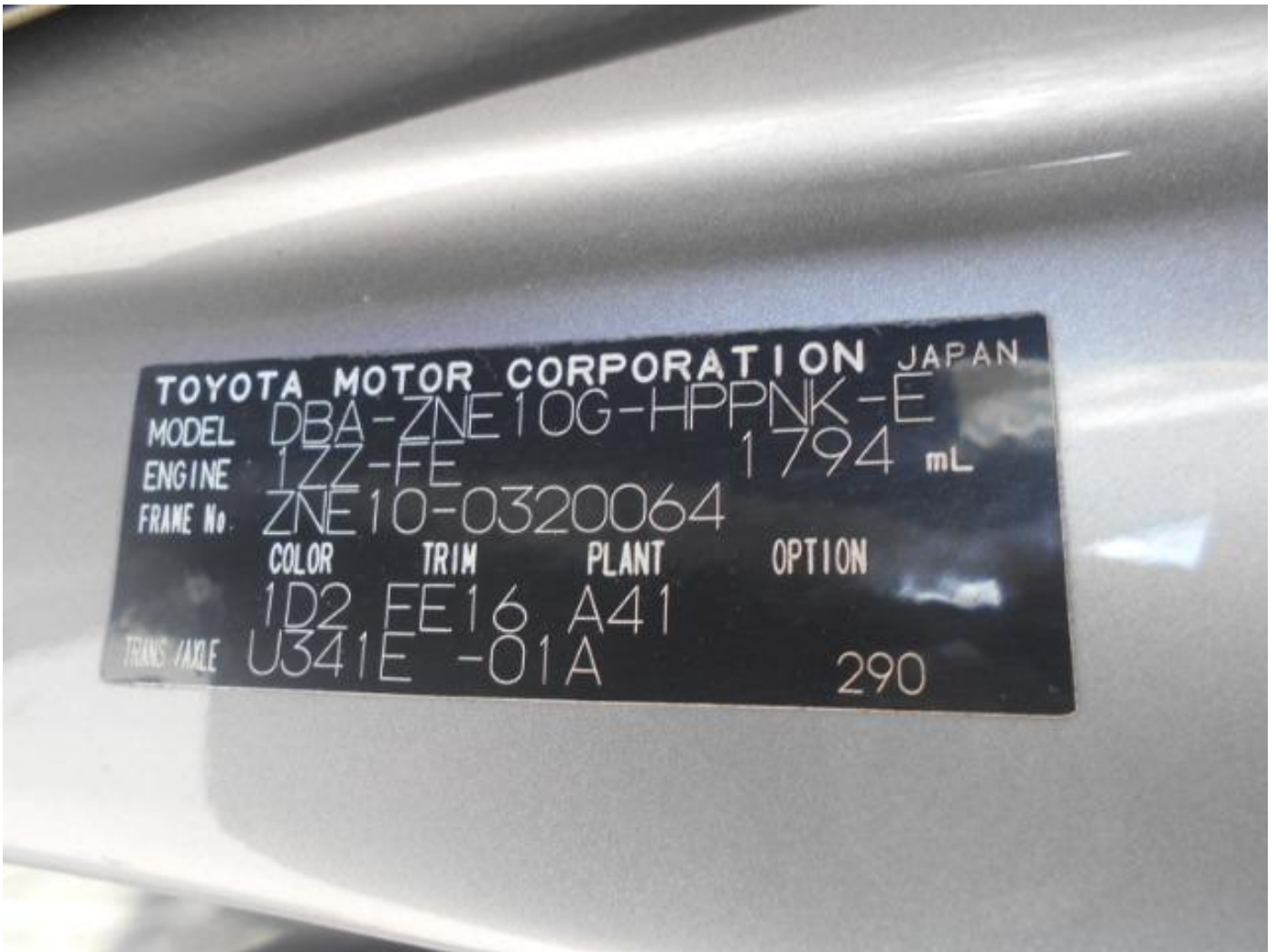




Accident Photo



Accident Photo



Accident Photo

