

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	05/01/2019 11:12
Date Of Accident	04/01/2019 17:35
Exact Location Of Accident	PIE TOWARDS CHANGI, BEFORE CTE (SLE)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKL1225T
Insured/Policyholder	
Name Of Registered Owner	YIP PENG KUAN
NRIC No	S1306013D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97922893
Alternative Phone No	OFFICE-97922893
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	POLO 1.2L AT 6R14F7
Exact Purpose for which vehicle was being used at time of accident	
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101276130 CLASSIC
Cover Note Number	
Driver	
Name of Driver	YIP PENG KUAN
NRIC No	S1306013D
Date Of Birth	31/12/1957
Occupation	INDOOR
Date Of Driving Pass	10/05/1976
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97922893
Fax Number	
Contact Number	OFFICE-97922893
Email Address	NOEMAIL

Address	13 ROSEWOOD DRIVE #12-25 TOWER 13
Postcode	737940
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 (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: : JASMINE YIP GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	FBL4771U
Vehicle Make/Model/Colour	HONDA CBF190WH
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

RIDER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBL4771U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.

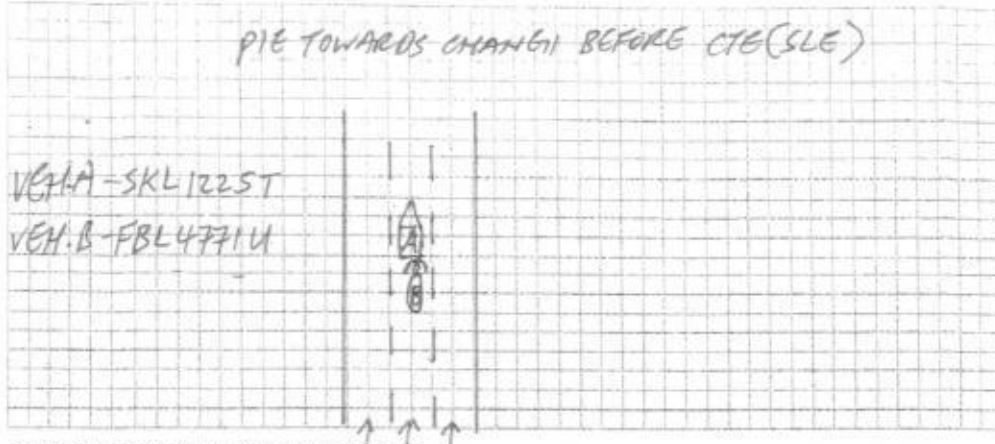

Policyholder's Signature:
Date & Time:

5 JAN 2019


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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: jackb@singnet.com.sg
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME - I, VEHICLE 'A'
 WAS TRAVELLING ON THE STATED VENUE. AS
 THE FRONT VEHICLE SLOW DOWN, I FOLLOW SUIT.
 SUDDENLY, VEHICLE 'B' BANG ONTO MY VEHICLE
 REAR PORTION.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
 Date & Time: - 5 JAN 2019

GAAMA SketchPlanForm_V3

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vaekb@singnet.com.sg
 Name:
 NRIC/TIN No.:



**SINGAPORE
POLICE FORCE**



T/20190104/2179

1 of 3

Report No. T/20190104/2179

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No. 1800-363 9999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2019 23:58		Vide Report No.: E/20190104/0107		Station Diary No.: 529	
Informant's Particulars					
Name of Informant: YIP PENG KUAN			Address: BLK 13 ROSEWOOD DRIVE #12-25 SINGAPORE 737940		
ID Type / ID No.: NRIC NO / S1306013D			Contact No.: Home/Office:		Mobile: 97922893
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 31/12/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/01/2019 17:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE TOWARDS CHANGI NEAR KIM KEAT LINK EXIT				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL4771U	Motorcycle				Slightly Damaged	0
SKL1225T	Car	VOLKSWAGO N	POLO 1.2L AT 6R14F7	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKL1225T	NTUC Income Insurance Co-Operative Limited	5101276130	04/07/2018	03/07/2019



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20190104/2179

2 of 3



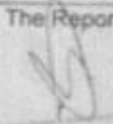
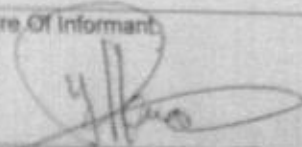

Report No. T/20190104/2179

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YIP PENG KUAN	ID No.	S13060130
Related Vehicle	NIL	Contact No	97922893
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 4/1/2019 at about 1735hrs, I was driving along PIE towards Changi near Kim Keat Link Exit, I was driving my vehicle V1) SKL1225T on the lane 2 of a 4 lane road, when the vehicle in front had slowed down due to a traffic, and I had thus slowed down as well. I then saw from my rear view mirror a motorbike V2) FBL4771U moving fast towards my vehicle from lane 1. I then felt an impact on the rear right of my vehicle as the motorbike had hit onto my car. I then stopped my vehicle and stepped out to make a check. The rider was conscious and conveyed to hospital by ambulance. My rear glass mirror had shattered and there were damages at the rear of my vehicle. Police was at scene and I handed over my In-car camera SD Card to the officer. My passenger and I are not injured. This is the first time that such thing has happened to me.

 SINGAPORE POLICE FORCE		 1/25/190104/2179
Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No. 1800-363 9999		3 of 3 Report No. 1/25/190104/2179
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: L/ TEO DA YU		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 04/01/2019 23:58
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No. 65476202	Classification Of Case:	
Authentication Stamp NP166		