

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	15/01/2019 15:18
Date Of Accident	14/01/2019 09:25
Exact Location Of Accident	SENGKANG EAST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG2889Z
Insured/Policyholder	
Name Of Registered Owner	HONZEL PTE LTD
Co Reg No	201838088G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	5106163512
Cover Note Number	

Driver

Name of Driver	HO YOUYI
NRIC No	S8138217D
Date Of Birth	17/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98258775
Fax Number	
Contact Number	OFFICE-98258775
EEmail Address	NOEMAIL

Address	BLK 263 WATERLOO STREET #18-215
Postcode	180263
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : LEE CHIN NEE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190114/2142.

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	PC5006X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	HO YOUYI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMG2889Z
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.



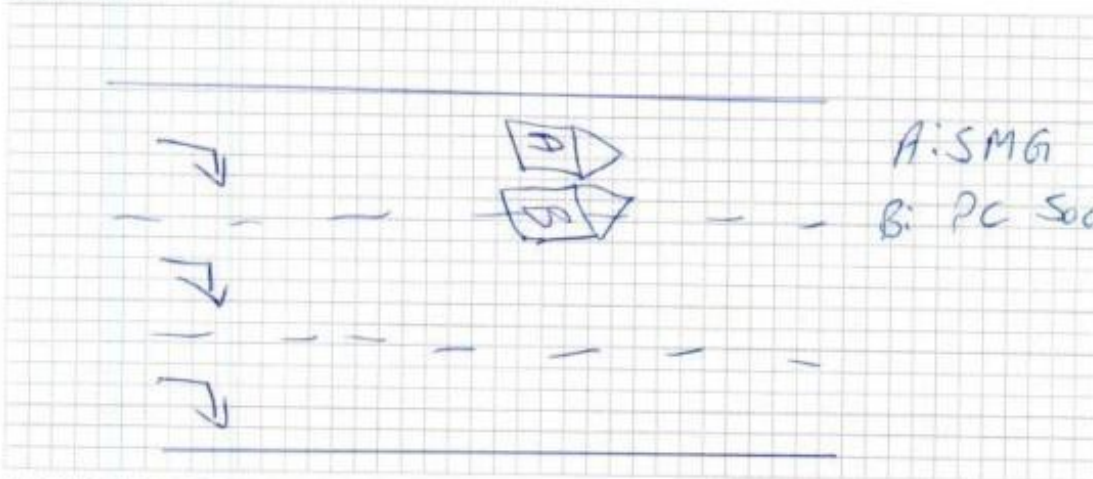
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS a police Report J/20190114/2142

DECLARATION

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

Policyholder's Signature:
Date & Time:

SIAMM SketchPlanForm_V3

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/20190114/2142

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190114/2142

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2019 18:55	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HO YOUYI	Address: APT BLK 263 WATERLOO STREET #18-215 SINGAPORE 180263		
ID Type / ID No.: NRIC NO / S8138217D	Contact No.: Home/Office: Mobile: 98258775		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 37	Date of Birth: 17/11/1981	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/01/2019 09:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 SENGKANG EAST AVENUE SENGKANG EAST DRIVE SENGKANG EAST AVENUE TOWARDS SENGKANG EAST DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		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
PC5006X	Van					0
SMG2889Z	Car				Slightly Damaged	1

Details of Person Involved

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

Video - Accident



**SINGAPORE
POLICE FORCE**



T/20190114/2142

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190114/2142

CONTINUATION OF REPORT

Driver			
Name	ABDULLAH BIN ABDUK AZIZ		ID No. S1804363G
Related Vehicle	PC5006X (Van)		Contact No. 87551323
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	HO YOUYI		ID No. S8138217D
Related Vehicle	SMG2889Z (Car)		Contact No. 98258775
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	14/01/2019		Date Discharge 14/01/2019
No. of Days granted Medical Leave	05		Degree of Injury NIL

Brief Details.

ON THE ABOVE MENTIONED THE DATE, TIME AND LOCATION THE TRAFFIC FLOW WAS MODERATE AND THE ROAD SURFACE WAS DRY. I WAS TRAVELLING SENGKANG EAST AVENUE TOWARDS SENGKANG EAST DRIVE ON THE EXTREME LEFT LANE OUT OF 3 LANES, MY VEHICLE WAS IN A STATIONARY POSITION AS THE TRAFFIC LIGHT WAS RED. AS THE TRAFFIC LIGHT TURN GREEN AND THE VAN ON MY RIGHT HAND SIDE TRY TO CUT INTO MY LANE WITHOUT ANY SIGNAL. I TAP MY HONK TO WARN THE VAN DRIVER AND HE STOP BUT HOWEVER HE WAS ENTERING INTO MY LANE A BIT. AS I DRIVING PASSING BY HIM, THE VAN DRIVER DID NOT WAIT TILL I WAS FULLY PASSBY HIM BEFORE ENTERING INTO THE LANE. HE COLLIDED ONTO THE REAR RIGHT PORTION OF MY VEHICLE AND WE STOP OUR VEHICLE. LATER I MAKE A QUICK CHECKED ON MY PASSENGER, SHE INFORM ME THAT SHE WAS FINE AND NOT INJURED. LATER WE EXCHANGE PARTICULARS AND TOOK PHOTOS OF THE INCIDENT. LATER ON, I SEEK MEDICAL TREATMENT AND WAS GIVEN 5 DAYS MC. I HAVE FOOTAGE OF THE INCIDENT. THAT'S ALL

Police Report



**SINGAPORE
POLICE FORCE**



T/20190114/2142

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190114/2142

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:

TP /

KEE CHUAN JIA MARCUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/01/2019 18:55

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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