

## 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             | 27/02/2019 17:34                           |
| Date Of Accident           | 26/02/2019 18:30                           |
| Exact Location Of Accident | ALONG THOMSON ROAD (BELOW THOMSON FLYOVER) |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SMG4996J                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | TODDS PARTNERS PTE. LTD. |
| Co Reg No                   | 201533177E               |
| Email Address               | NOEMAIL                  |
| Mobile Phone No             | (LOCAL) +65-92389211     |
| Alternative Phone No        | OFFICE-92389211          |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | NISSAN       |
| Model  | LATIO        |
| 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 HIRE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5107124680                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TAN YEUK THENG        |
| NRIC No              | S1426841C             |
| Date Of Birth        | 16/10/1959            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 30/01/1980            |
| Driving Experience   | 39 YEARS AND 0 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-92389211  |
| Fax Number           |                       |
| Contact Number       | OTHERS-92389211       |
| EEmail Address       | NOEMAIL               |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 153 YISHUN STREET 11<br>#11-60 |
| Postcode  | 760153                             |
| Was driver an employee of the Insured's Company     | NO                                 |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                      |
| 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?  | 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: : PASSENGER<br>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                    | <b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299                                |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190226/2198

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | YP9737T            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              | SOORAJ             |
| NRIC/Passport Number        | S9238945F          |
| Contact Number              | 83996410           |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name TAN YEUK THENG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SMG4996J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

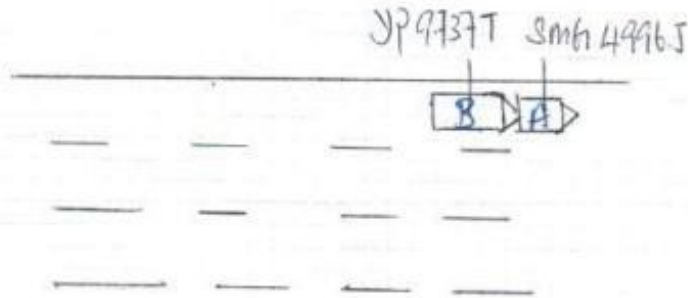
Policyholder's Signature  
Date & Time:

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



Along THOMSON ROAD (BELOW Thomson Flyover)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report  
T/20190226/2198

## 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/20190226/2198

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

1 of 3  
Report No. T/20190226/2198

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>26/02/2019 23:16 | Vide Report No.: | Station Diary No.:<br>237 |
|--|------------------|---------------------------|

### Informant's Particulars

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>TAN YEUK THENG     |            |                              | Address:<br>APT BLK 153 YISHUN STREET 11 #11-60 SINGAPORE 760153 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1426841C |            |                              | Contact No.:<br>Home/Office: Mobile: 92389211                    |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |  |                            |
| Sex:<br>Male                             | Age:<br>59 | Date of Birth:<br>16/10/1959 | Type of Informant:<br>Driver                                     |  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English   |  | Institution / School Name: |
| Occupation:<br>GRAB DRIVER               |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3,4               |  | Date of Expiry:            |

### General Information of the Accident

|  |                  |                      |  |                                     |
|--|------------------|----------------------|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No   | Date/Time of Accident:<br>26/02/2019 18:30 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>THOMSON ROAD<br>Below THOMSON FLYOVER |                  |                      |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry | Road Speed Limit:                          |                                     |
| Traffic Flow:  |                  | Traffic Control:     | Traffic Volume:<br>Heavy                   |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear       |                  |                      |  | Anyone conveyed by ambulance:<br>No |

### Details of Vehicle Involved

| Vehicle No. | Type  | Make | Model | Color | Condition        | No of Passenger |
|-------------|-------|------|-------|-------|------------------|-----------------|
| SMG4996J    | Car   |      |       |       | Slightly Damaged | 1               |
| YP9737T     | Lorry |      |       |       |                  | 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/20190226/2198

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

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Report No. T/20190226/2198

## CONTINUATION OF REPORT

|                                   |                         |                  |   |
|-----------------------------------|-------------------------|------------------|---|
| <b>Driver</b>                     |                         |                  |   |
| Name                              | TAN YEUK THENG          |                  | ID No. S1426841C  |
| Related Vehicle                   | SMG4996J (Car)          |                  | Contact No. 92389211  |
| Hospital/Clinic                   | HEARTLAND FAMILY CLINIC |                  | Class of Driving Licence & Expiry Date<br>Class: 2B,2A,2,3,4<br>Date of Expiry: NIL |
| Date Treatment                    | 26/02/2019              | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | 05                      | Degree of Injury | Slight  |
| <b>Driver</b>                     |                         |                  |   |
| Name                              | SOORAJ                  |                  | ID No. S9238945F  |
| Related Vehicle                   | NIL                     |                  | Contact No. 83996410  |
| Hospital/Clinic                   | NIL                     |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL         |
| Date Treatment                    | NIL                     | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury | NIL   |

### Brief Details.

On 26/02/2019 at about 1830hrs, I was driving my vehicle bearing the registration number SMG4996J along Thomson Road together with one passenger seated at the front passenger seat. I was driving along Thomson Road towards Toa Payoh. I was at the most left lane turning left into Toa Payoh, just below the flyover, I noticed that the vehicle in front of me had made an emergency brake. I then also applied my emergency brake and managed to stop in time. Suddenly, I felt and heard a loud impact from the rear of my vehicle. I then alighted and discovered that a lorry bearing the registration number YP9737T had hit onto the rear of my vehicle. We then exchanged details and left. I then felt pain at the back of my body including my neck. As such, I went to a clinic and seek medical treatment. I was then given 5 days of medical leave. My vehicle suffered dents and scratches due to the collision. There is an in car camera installed in my vehicle.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190226/2198

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

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Report No. T/20190226/2198

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 /  
Staff Sgt MOHAMMED ZUFARHAN BIN  
BOHARI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/02/2019 23:16

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1426841C**



Name  
**TAN YEUK THENG**  
**陳怡辰**

Race  
**CHINESE**

Date of birth  
**16-10-1959**

Country of birth  
**SINGAPORE**

Sex  
**M**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1426841C**

Name  
**TAN YEUK THENG**

Date of Birth **16 Oct 1959**

Issue Date **09 May 2007**





4180045



DRIVER No. **S1426841C**



Date of Issue  
**16-01-2008**

Address  
**APT BLK 153 YISHUN STREET 11  
#11-60  
SINGAPORE 750153**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/CLASSES

| CLASS    | VEHICLE CLASS  | PASS DATE   |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc  | 30 Jan 1990 |
| Class 2A | Motorcycles between 201 cc and 400 cc  | 30 Jan 1990 |
| Class 2  | Motorcycles > 400 cc   | 30 Jan 1990 |
| Class 3  | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg   | 27 Dec 1979 |
| Class 4  | *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg<br>*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg | 04 Sep 2008 |

NP 428A

Licence No: **S1426841C**



Accident Photo



Accident Photo







Accident Photo





Accident Photo





Accident Photo





# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048560  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S665500100 / GST Reg. No: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MA449037482 Vehicle Registration No: SMG4996J  
Name (as shown in NRIC): Tan Yack Heng NRIC/FIN/Passport No: S426841C  
☒ Vehicle Driver / ☐ Vehicle Owner (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 97389211  
Email Address: \_\_\_\_\_  
Date of Accident: 26/08/2019 Time of Accident: 18:30  
Place of Accident: North Buona Road (Below Thomson Flyover)  
Insurance Company: YMC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① PASSENGER IS (MALE)

⑤ 2x UPLD VIDEO

Policyholder / Driver's Signature  
Date:

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