

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
Insured/Policyholder	
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 #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 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

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

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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

YP 9737T sm61 4996J

A diagram showing two connected cylinders, labeled B and A. Cylinder B is on the left and cylinder A is on the right. They are connected by a horizontal tube. A piston is shown in cylinder A, with a downward arrow indicating its movement.

Along THOMPSON ROAD (BELOW THOMPSON 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: Rach' W
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: 26/02/2019 23:16	Vide Report No.:	Station Diary No.: 237
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Informant's Particulars

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

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD Below THOMSON FLYOVER				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
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

Driver			
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 Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	26/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	SOORAJ		ID No. S9238945F
Related Vehicle	NIL		Contact No. 83996410
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 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

3 of 3

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/CLASSIE

Class	Description	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 *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



Accident Photo



Accident Photo



Accident Photo



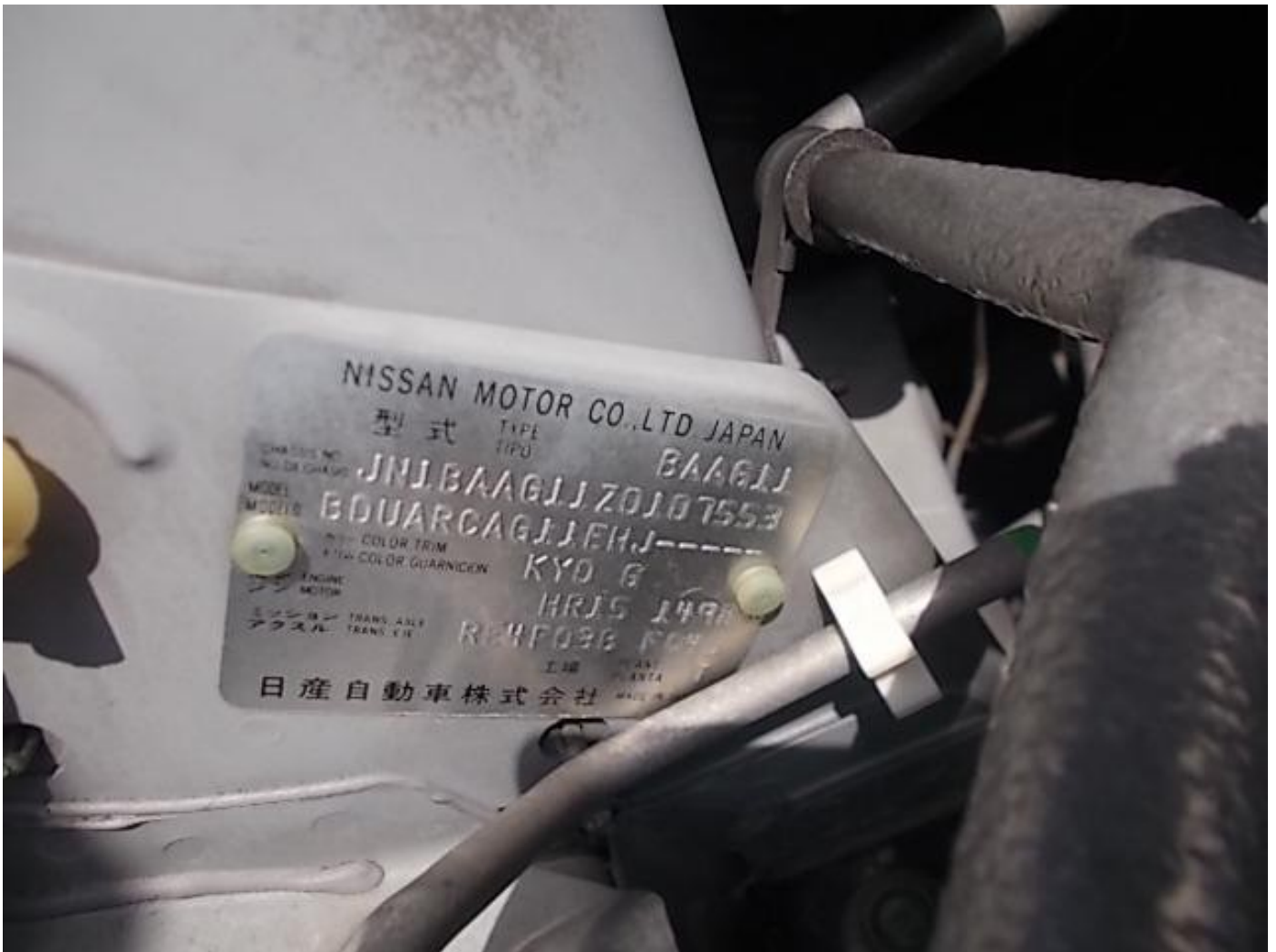
Accident Photo



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 UPLOADED VIDEO

Policyholder / Driver's Signature
Date:

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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / 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 : MNA419027482-01 Vehicle Registration No: SMG4996J
Name (as shown in NRIC) : Tom Yuck Thuan NRIC/FIN/Passport No : S1426841C
(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9289211
Email Address : _____
Date of Accident : 26/01/2015 Time of Accident : 18:30
Place of Accident : Plaza Harmon Avenue
Insurance Company : WAI K

(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:

TO UPLOAD THE CORRECT PHOTOS

Policyholder / Driver's Signature
Date:

26/01/2015
Reporting Centre Personnel's Signature
Name: Rafael Lim
NRIC/FIN No.:
Date: