

## 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	11/03/2019 16:51
Date Of Accident	07/03/2019 22:30
Exact Location Of Accident	JUNC OF LOR 1 GEYLANG & SIMS AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8912X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103424803
Cover Note Number	-

### Driver

Name of Driver	YIP YEW KIONG
NRIC No	S1585890G
Date Of Birth	09/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91778139
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 63 KALLANG BAHRU #08-439
Postcode	330063
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	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

#### 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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG4712L
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)

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

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/20190308/2005

2 of 3

Report No. T/20190308/2005

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

CONTINUATION OF REPORT

<b>Driver</b>			
Name	YIP YEW KIONG	ID No.	S1585890G
Related Vehicle	SLJ8912X (Car)	Contact No.	91778139
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.**

AS STATED TIME, DATE AND LOCATION, MY VEHICLE WAS STATIONARY AT THE JUNCTION OF SAID LOCATION AS THE TRAFFIC LIGHT WAS RED. I WAS ON THE 3RD LANE OF FOUR LANES. WHEN THE TRAFFIC TURNED GREEN, I MOVED OFF SLOWLY TURNING LEFT TOWARDS SIMS AVE. WHILE I HALF WAY TURNING LEFT AND FOLLOWING THE DOTTED LINE, SUDDENLY, A VEHICLE FROM THE LEFT LANE COLLIDED ONTO MY LEFT PORTION OF MY VEHICLE. THE COLLISION MADE SOME SCRATHES ON MY CAR. I TRIED TO STOP THE DRIVER TWICE BUT SHE REFUSED TO STOP. I THEN CALLED POLICE FOR HELP.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190308/2005

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

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Report No. T/20190308/2005

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 /  
AHMAD JALALUDDIN BIN AHMAD

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/03/2019 00:50

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL  
Contact No.: 65476131

Classification Of Case:

Authentication Stamp  
NP168

Signature:

POLICE REPORT



T/20190308/2008

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Report No. T/20190308/2008

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20190308/2005  
 Report Number T/20190308/2008  
 Vide Report Number G/20190307/0186  
 Date/Time of Report Made 08/03/2019 01:28  
 Place Report Lodged Traffic Police  
 Type of Informant Driver  
 Name of Informant YIP YEW KIONG  
 ID Type / ID No. NRIC NO / S1585890G  
 Home/Office  
 Mobile 91778139  
 Email  
 Type of Accident Non-Injury / Attended by Police  
 Drink Drive No  
 Anyone conveyed by ambulance No  
 Date/Time of Accident 07/03/2019 22:30



Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ8912X	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT		Slightly Damaged	0
SMG4712L	Car	MERCEDES BENZ	C 180 CGI			0

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

POLICE REPORT



T/20190308/2008

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Report No. T/20190308/2008

**Continuation of CSF For NP168**

<b>Driver</b>			
Name	YIP YEW KIONG		ID No. S1585890G
Related Vehicle	SLJ8912X (Car)		Contact No. 91778139
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
<b>Driver</b>			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SMG4712L (Car)		Contact No. NIL
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 Facts.**

AS STATED TIME, DATE AND LOCATION, MY VEHICLE WAS STATIONARY AT THE JUNCTION OF SAID LOCATION AS THE TRAFFIC LIGHT WAS RED. I WAS ON THE 3RD LANE OF FOUR LANES. WHEN THE TRAFFIC LIGHT TURNED GREEN, I MOVED OFF SLOWLY TURNING LEFT TOWARDS SIMS AVE. WHILE I HALF WAY TURNING LEFT AND FOLLOWING THE DOTTED LINE, SUDDENLY, THIS SAID VEHICLE (SMG4712L) FROM THE LEFT LANE COLLIDED ONTO MY LEFT PORTION OF MY VEHICLE. THE COLLISION CAUSE SOME SCRATHES ON MY CAR. I TRIED TO STOP THE DRIVER TWICE BUT SHE REFUSE TO STOP. I THEN CALLED POLICE FOR HELP.

POLICE REPORT



T/20190308/2008

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Report No. T/20190308/2008

**Continuation of CSF For NP168**

**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MUHAMMAD KHAIRIL BIN KAMAL
Classification of Case	1) NON-INJURY / ATTENDED BY POLICE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



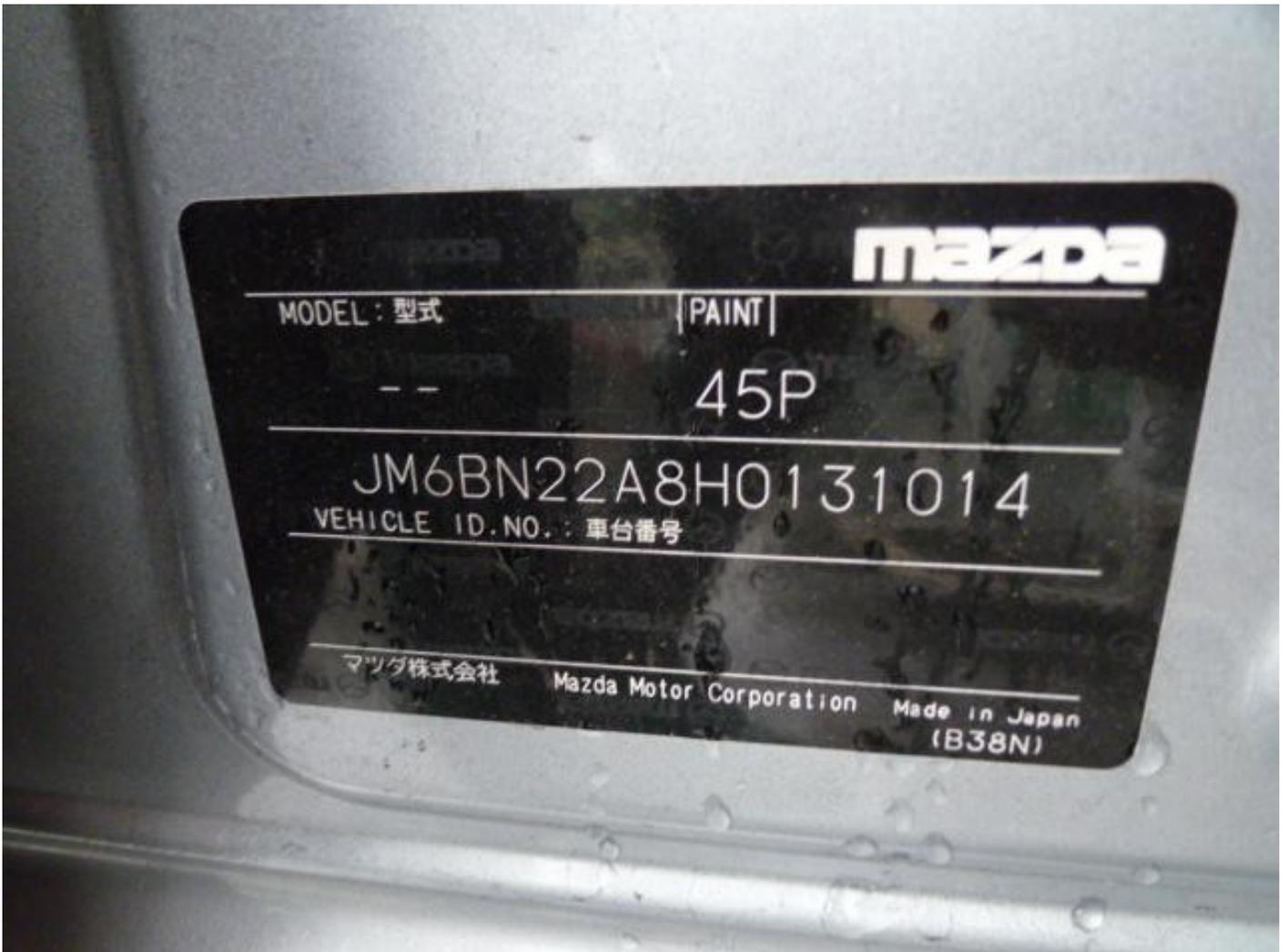
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / 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 : MMA119032704 Vehicle Registration No: SLJ 8912X
Name (as shown in NRIC) : Neo Auto Leasing pte ltd NRIC/FIN/Passport No :
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : Singapore ( )
Contact (Tel) : Mobile No.: 9144 9265
Email Address :
Date of Accident : 7/3/19 Time of Accident : 22:30
Place of Accident : Junc of Lor 2 Geylang & Sims Ave.
Insurance Company: NTUC.

(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:

Amend Policy number : 510 3424803
[Multiple blank lines for additional amendments]

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 12/3/19