

## 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	14/03/2019 17:44
Date Of Accident	14/03/2019 11:30
Exact Location Of Accident	JLN BUKIT MERAH BETWEEN JLN MEMBINA/KIM TIAN PLACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8957C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP TEIK YUNG DANIEL
NRIC No	S7325918E
Email Address	HUITAY@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98800829
Alternative Phone No	OTHERS-98800829

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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 CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100190953-09
Cover Note Number	

### Driver

Name of Driver	YAP TEIK YUNG DANIEL
NRIC No	S7325918E
Date Of Birth	20/07/1973
Occupation	INDOOR
Date Of Driving Pass	27/07/1998
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98800829
Fax Number	
Contact Number	OTHERS-98800829
Email Address	HUITAY@SINGNET.COM.SG

Address	BLK 73 TELOK BLANGAH HEIGHTS #15-313
Postcode	100073
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	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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SKA254Z
Vehicle Make/Model/Colour	TOYOTA CHR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEFF TEAY
NRIC/Passport Number	
Contact Number	83385254
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 14/3/19  
2.15p

Driver's Signature

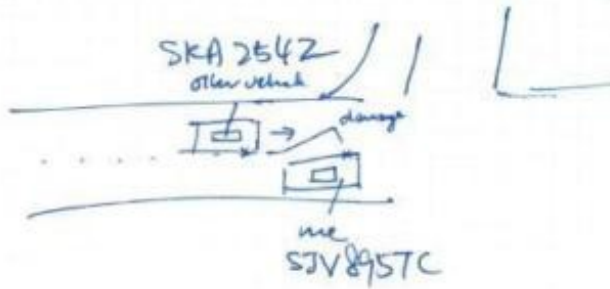
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: Rishi Hartar  
NRIC/FIN No.:

# Accident Sketch Plan

SKETCH PLAN Jln BT Merah Berhampai Jln Mambina/Kim Liong Road



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 11.30 am, was driving along Jalan Bukit Merah between Jln Mambina and Kim Liong Rd. I was changing lanes and had turned on my signal indicator and looked behind to check road had sufficient clearance space.

As I was making way to the left most lane, the other vehicle did not stop nor slow down to give way and collided unnecessarily into my vehicle.

Damage to both vehicles was light and persons unharmd.

## DECLARATION

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

Policyholder's Signature

Date & Time: 14/3/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7325918E**



Name

**YAP TEIK YUNG DANIEL**

**叶 德 荣**

Race

**CHINESE**

Date of Birth

**20-07-1973**

Sex -

**M**

Country of Birth

**SINGAPORE**

S7325918E

Identification Card

30362



NRIC No. S7325918E

Blood Group Date of issue

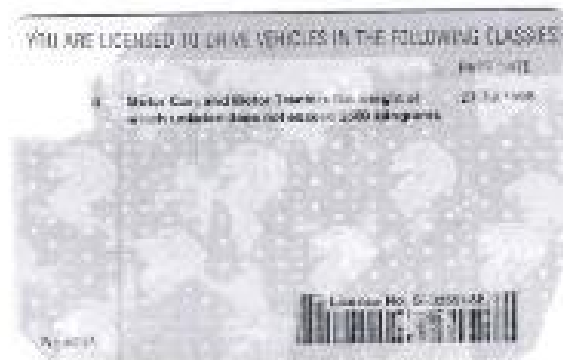
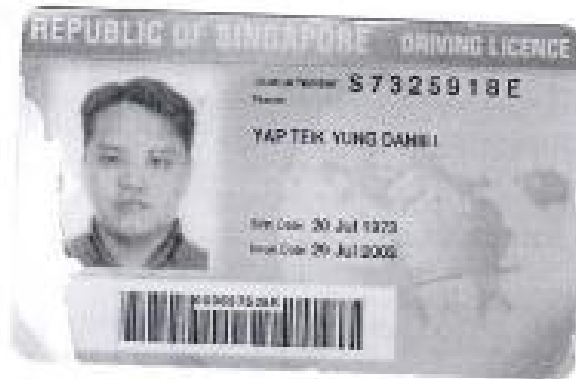
A+ 30-06-1999

PT BLK 73 TELOK BLANGAH HEIGHTS #15-313  
SINGAPORE 100073

NRIC No: S7325918E

Date: 27-10-2005 (R) No: 5234212

## Driving License



# 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: S665500200 / GST Reg. No: M400017733

**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: 9MA919034489 Vehicle Registration No: 8JY8957C  
Name (as shown in NRIC): YAP TEIK YUNG DENIAL NRIC/FIN/Passport No: 57325918E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 98800829  
Email Address: \_\_\_\_\_  
Date of Accident: 14/03/2019 Time of Accident: 11:30  
Place of Accident: JANBUK17 MARKET BAWANG JEM MUKIM BAWA/KEM TION PL  
Insurance Company: OH

### (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:

POLICY NUMBER: 2100190953-09  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Reski Wati Hoss  
NRIC/FIN No.: \_\_\_\_\_  
Date: 04/04/2019