

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	22/03/2019 14:46
Date Of Accident	22/03/2019 08:10
Exact Location Of Accident	BLK 823A TAMPINES ST 81 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9935G
Insured/Policyholder	
Name Of Registered Owner	MUNCHI LEASING PTE LTD
Co Reg No	201832996K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833239
Alternative Phone No	OFFICE-81833239

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8XE A
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5104376548
Cover Note Number	

Driver

Name of Driver	YEO KOK QUAN, GABRIEL (YANG GUOQUAN)
NRIC No	S8731360C
Date Of Birth	11/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	26/01/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81263051
Fax Number	
Contact Number	OFFICE-81263051
EEmail Address	NOEMAIL

Address	BLK 889A TAMPINES STREET 81 #12-1028
Postcode	521889
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 - MAJOR/MINOR RD
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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190322/2025.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCW8488S
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)

DETAILS OF INJURED PERSON 1	
Name	YEO KOK QUAN, GABRIEL (YANG GUOQUAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM9935G
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: _____

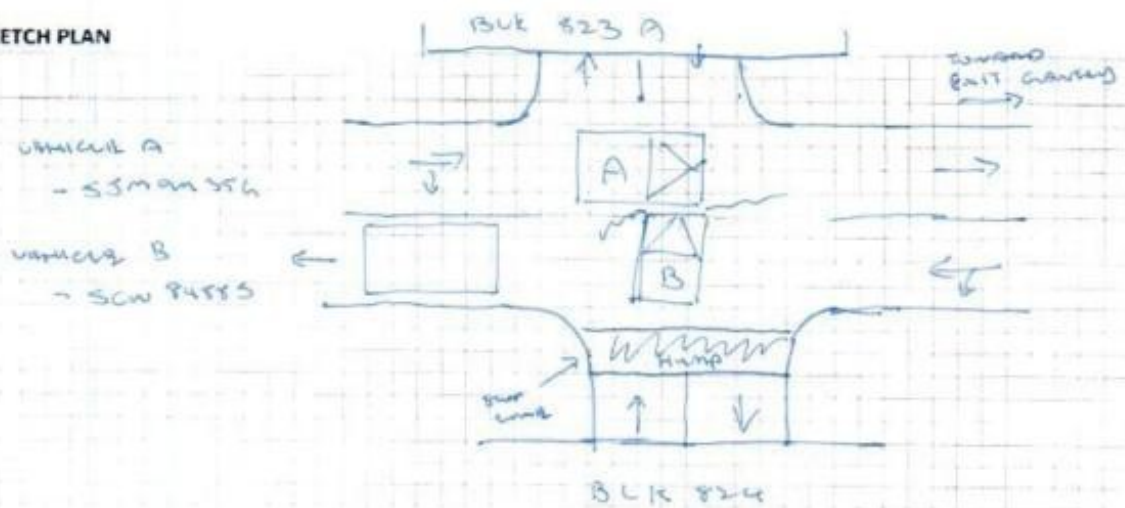



Driver's Signature
(if driver is not the policyholder)
Date & Time: _____


Reporting Centre Person's Signature
Name: _____
NRIC/FIN No.: _____

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER
T/20190322/2025

VEHICLE A - SJM 9935 G

VEHICLE B - SCW 84885

A large, hand-drawn, vertical, S-shaped curve on lined paper. The curve starts near the top center, curves to the right, then back to the left, then right again, and finally curves back to the left as it approaches the bottom. It is drawn with a single continuous line.

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/20190322/2025

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No: T/20190322/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2019 09:30	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars

Name of Informant: YEO KOK QUAN, GABRIEL			Address: APT BLK 889A TAMPINES STREET 81 #12-1028 SINGAPORE 521889		
ID Type / ID No.: NRIC NO / S8731360C			Contact No.: Home/Office: Mobile: 81263051		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 11/10/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRER DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2019 08:10	Type of Location: Car Park
Location: TAMPINES STREET 81				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
SCW8488S	Car	BMW		Black		0
SJM9935G	Car	TOYOTA	WISH	Blue		1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190322/2025

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190322/2025

CONTINUATION OF REPORT

Driver				
Name	TOH YEW KEONG		ID No.	S2571044D
Related Vehicle	SCW8488S (Car)		Contact No.	96322398
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
Driver				
Name	YEO KOK QUAN, GABRIEL		ID No.	S8731360C
Related Vehicle	SJM9935G (Car)		Contact No.	81263051
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 22/03/2019, at about 8:08am, I was driving a rented car (SJM9935G) and had just picked up one passenger from block 826 Tampines Street 81. I had drove towards the gantry exiting the carpark. I wish to state that there was a lorry parked outside the "hardware shop" as well.

As I was driving towards the gantry, a car (SCW8488S) had drove out from Blk 824 Tampines Street 81 carpark and collided onto the driver side door of my car. Both of the other party driver and myself had alighted, and I had made check with my passenger and the other party driver and no one was injured. The other party driver had claimed that the parked lorry outside the "hardware shop" had blocked his view as such he had collided onto to my car and had apologised to me. No ambulance or traffic police attended to us. We had exchanged particulars thereafter.

There is front in-car camera recording in my car. I felt pain on my right elbow area as such I will be seeking medical consultation at Changi General Hospital after lodging this traffic accident report.

Police Report



SINGAPORE
POLICE FORCE



T/20190322/2025

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No: T/20190322/2025

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:

G /

Staff Sgt CHAN DE MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/03/2019 09:30

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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