Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 28/03/2019 14:41

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 witholding 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	28/03/2019 14:09
Date Of Accident	26/03/2019 18:20
Exact Location Of Accident	SIMEI AVE TWDS TAMPINES AVE 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF7254H
Insured/Policyholder	
Name Of Registered Owner	WHITE HORSE MARKETING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93397863
Alternative Phone No	OFFICE-93397863
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MT001111-R01
Cover Note Number	-
Driver	
Name of Driver	YUNG SAU LING
NRIC No	S2605242D
Date Of Birth	12/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1991
Driving Experience	27 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93397863
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 124 TAMPINES ST 11 #08-402
Postcode	521124
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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: : CHAN YUK KWAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 30 BEDOK NORTH ROAD , **POSTCODE:** 469676 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2449999 - **FAX NO**: 62447258
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	SJV9175K
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	YUNG SAU LING
Approximate Age	
Injuries Sustain	HEADCHE, SHOULDER, NECK
Injured person in which vehicle?	GBF7254H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHAN YUK KWAN
Approximate Age	
Injuries Sustain	HEADCHE, SHOULDER, NECK
Injured person in which vehicle?	GBF7254H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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

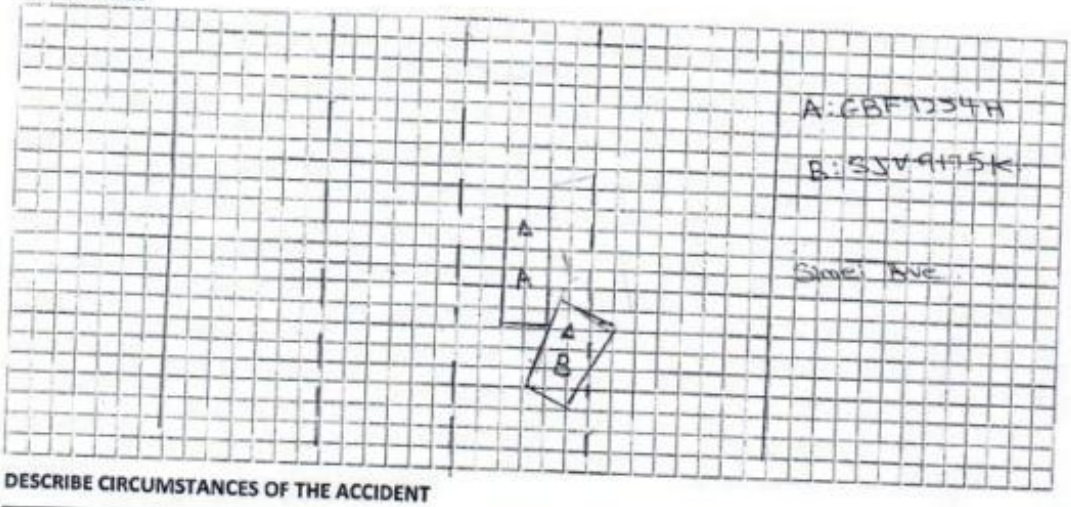
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report.

DECLARATION

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

WHITE HORSE MARKET

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.:

GIARMC SketchPlanForm_V8

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SINGAPORE POLICE FORCE

T/20190327/2158

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190327/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
27/03/2019 19:05		95

Informant's Particulars

Name of Informant: YUNG SAU LING			Address: APT BLK 124 TAMPINES STREET 11 #08-402 SINGAPORE 521124	
ID Type / ID No.: NRIC NO / S2605242D			Contact No.: Home/Office:	Mobile: 93397863
Nationality: BRITISH NATIONAL OVERSEAS			Email:	
Sex: Female	Age: 63	Date of Birth: 12/09/1955	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/03/2019 18:20	Type of Location: Straight Road
Location: Along Road 1 SIMEI AVENUE Simei Avenue towards Tampines Avenue 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBF7254H	Van	NISSAN		Brown	Slightly Damaged	1
SJV9175K	Car	TOYOTA		Silver		0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20190327/2158

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190327/2158

CONTINUATION OF REPORT

Driver					
Name	YUNG SAU LING			ID No.	S2605242D
Related Vehicle	GBF7254H (Van)			Contact No.	93397863
Hospital/Clinic	CHUA MEDICAL CENTRE PTE LTD			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/03/2019		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Passenger					
Name	CHAN YUK KWAN			ID No.	S2605241F
Related Vehicle	GBF7254H (Van)			Contact No.	93397863
Hospital/Clinic	CHUA MEDICAL CENTRE PTE LTD			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/03/2019		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	

Brief Details.

On 26 March 2019 at about 6.24pm, I was travelling on the 2nd lane from the right of Simei Avenue towards Tampines Avenue 5 in my Nissan van (License Plate: GBF7254H). Suddenly, I heard some noise and felt a jerking motion from the right rear side of my vehicle. I realized that a silver car (License Plate: SJV9175K) had side swiped against the right side of my van. I sounded my horn but the driver drove off on the 1st lane without stopping. I only have the vehicle's license plate and not the driver's details. I am not sure of the driver's gender or race.

The right rear light was damaged and had paint transfer on the casing. The right rear bumper had some scratches.

There was no Traffic Police or Ambulance at scene. On 27 March 2019, both me and my husband went to the doctor's. I am suffering from headache and my husband is suffering from shoulder stiffness. Both of us are also unable to sleep. We were each given 3-day MC by the doctor.

SINGAPORE POLICE FORCE

T/20190327/2158

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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 / Sr Staff Sgt MUHAMED SHAMIR S/O HAMID GHOUSE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2019 19:05
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP168	

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo