

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	09/04/2019 10:06
Date Of Accident	08/04/2019 12:35
Exact Location Of Accident	BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5742T
Insured/Policyholder	
Name Of Registered Owner	CARRO LEASING PTE. LTD.
Co Reg No	201825832G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96660430

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5103618547
Cover Note Number	

Driver

Name of Driver	YANG JUNWEN, DILLON
NRIC No	S9346688H
Date Of Birth	17/12/1993
Occupation	INDOOR
Date Of Driving Pass	01/07/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91883584
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 918 JURONG WEST STREET 81 #03-116
Postcode	640918
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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 ON COLLISION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to police report no.: T/20190408/2133.

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	SKV7446E
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

YANG JUNWEN, DILLON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMG5742T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

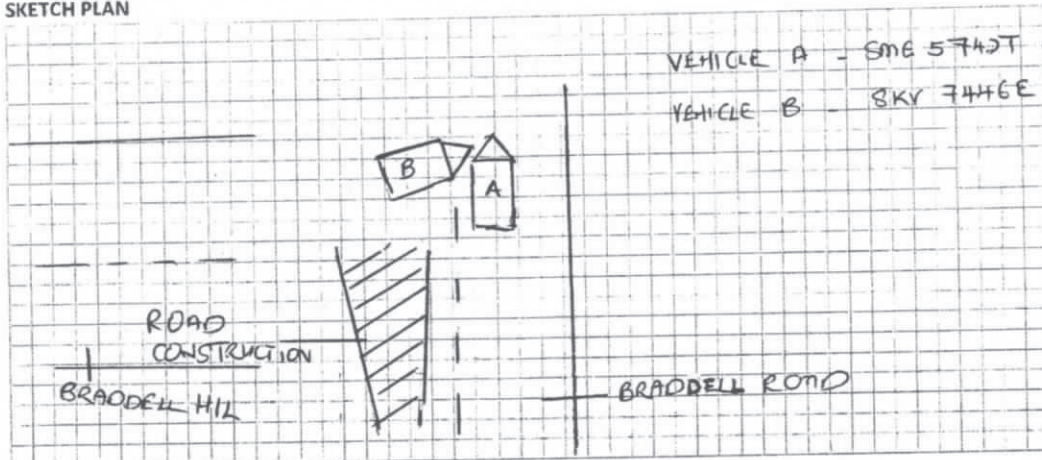
BLK 918 JURONG WEST ST 81
03-116

Postcode

640918

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT, T/20190408/2133, BISHAM NPC.

DECLARATION

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

Policyholder's Signature: _____
Date & Time: _____

Date & Time:

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

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



SKETCH PLAN

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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.:



**SINGAPORE
POLICE FORCE**



T/20190408/2133

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190408/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2019 15:48		Vide Report No.:		Station Diary No.: 107
Informant's Particulars				
Name of Informant: YANG JUNWEN, DILLON		Address: APT BLK 918 JURONG WEST STREET 91 #03-116 SINGAPORE 640918		
ID Type / ID No.: NRIC NO / S9346688H		Contact No.: Home/Office: Mobile: 91883584		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 25	Date of Birth: 17/12/1993	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Self Employed		Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/04/2019 12:35	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD				
Towards Marymount Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKV7446E	Car				Slightly Damaged	0
SMG5742T	Car				Slightly Damaged	0

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



**SINGAPORE
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T/20190408/2133

2 of 3

Police Station Of Origin:
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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190408/2133

CONTINUATION OF REPORT

Name	HO XIANGLONG, AARON		ID No.	S9344765D
Related Vehicle	SKV7446E (Car)		Contact No.	85335723
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	
Name	YANG JUNWEN, DILLON		ID No.	S9346688H
Related Vehicle	SMG5742T (Car)		Contact No.	91883584
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	08/04/2019	Date Discharge	08/04/2019	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

On 8.4.19 at about 1235hrs, I was travelling along Braddell Road towards Maryount Road on the rightest lane. There is a road work on the second lane just before the condo exit. While approaching the condo exit, suddenly there was a vehicle bearing SKV7446E came out from the condo exit and went into my lane. The said driver failed to stop at the stop line to give way to oncoming vehicle. Due to that, he collided into the front left portion of my vehicle causing damages.

I alighted from my vehicle SMG5742T to make a check. I managed to take pictures of the damages and exchange particulars with the said driver.

After the accident, I felt pain on my body and went to see the doctor. I was given 5 days medical leave.

No ambulance and no Traffic Police at scene. I have an in built camera in my vehicle which captures the incident.



**SINGAPORE
POLICE FORCE**

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Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20190408/2133

3 of 3

Report No. T/20190408/2133

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:

E /
Sgt 3 LIYANA BINTE MOHD RAZALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/04/2019 15:48

Officer In Charge Of Case:

TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Classification Of Case:

SN 051

Authentication Stamp
NP168



SIGN