

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	26/04/2019 12:20
Date Of Accident	25/04/2019 07:20
Exact Location Of Accident	CTE BRADDELL FLYOVER TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6731L
Insured/Policyholder	
Name Of Registered Owner	YAHYA BIN MOHAMED
NRIC No	S1217676G
Email Address	YY7676@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92309662
Alternative Phone No	OTHERS-92309662

Vehicle Particulars

Manufacturer	HONDA
Model	HRV 1.5 LX CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V02050/VPC2/R00
Cover Note Number	

Driver

Name of Driver	YAHYA BIN MOHAMED
NRIC No	S1217676G
Date Of Birth	30/08/1956
Occupation	INDOOR
Date Of Driving Pass	01/08/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92309662
Fax Number	
Contact Number	OTHERS-92309662
EEmail Address	YY7676@GMAIL.COM

Address	BLK 817 WOODLANDS STREET 82 #01-333
Postcode	730817
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : KALIMAH BINTE ALI GENDER: : FEMALE
Passenger 2	NAME: : KHAIRIL ARIFFIN BIN YAHYA GENDER: : MALE

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

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT

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	SMK2248C
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	YONG SHIAO VOON

NRIC/Passport Number	S6969018A
Contact Number	93822324
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	YAHYA BIN MOHAMED
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLA6731L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	KALIMAH BINTE ALI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLA6731L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	KHAIRIL ARIFFIN BIN YAHYA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLA6731L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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. 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: 25/4/18
4 pm.

Driver's Signature

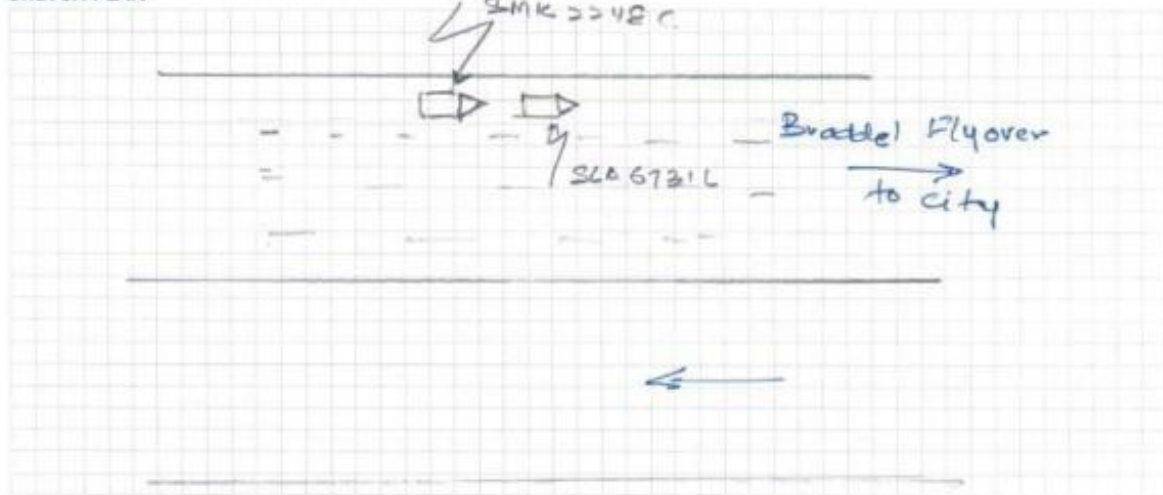
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Rosal Norton
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along extreme left lane towards Brattle Road. There was long queue so I came to stop behind queue of vehicles. After about 5 seconds the front car moved forward. Before my car move forward there was loud bang and my car jerked forward about one car length. Upon checking the lady driver from SMK 2248C came out. Apparently her front portion of the car hit my rear portion causing extensive damage to my car.

My son and my wife inside the car. There was no visible injury but I getting to feel pain on the back of my body and neck. I also feel pain on my left arm thumb and right hand middle finger. Occasionally I feel slight pain/giddiness.

yr

POLICE REPORT 1/20190426/2021

DECLARATION

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

Policyholder's Signature
Date & Time: 22/4/19
4.10 pm.

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190426/7021

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

1 of 4

Report No. T/20190426/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2019 20:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YAHYA BIN MOHAMED			Address: APT BLK 817 WOODLANDS STREET 82 #01-333 SINGAPORE 730817		
ID Type / ID No.: NRIC NO / S1217676G			Contact No.: Home/Office: Mobile: 92309662		
Nationality: SINGAPORE CITIZEN			Email: yy7676@gmail.com		
Sex: Male	Age: 62	Date of Birth: 30/08/1956	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2019 07:20	Type of Location: Flyover
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA6731L	Car					0
SMK2248C	Car	LEXUS		Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK2248C	AXA INSURANCE SINGAPORE PTE LTD			

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190426/7021

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

2 of 4

Report No. T/20190426/7021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YAHYA BIN MOHAMED	ID No.	S1217676G
Related Vehicle	SLA6731L (Car)	Contact No.	92309662
Hospital/Clinic	MILLENNIUM MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	25/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	KHAIRIL ARIFFIN BIN YAHYA	ID No.	S9435643A
Related Vehicle	SLA6731L (Car)	Contact No.	92336367
Hospital/Clinic	MILLENNIUM MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	KALIMAH BINTE ALI	ID No.	S1444523D
Related Vehicle	SLA6731L (Car)	Contact No.	81251488
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	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190426/7021

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

3 of 4

Report No. T/20190426/7021

CONTINUATION OF REPORT

Driver			
Name	YONG SHIAO VOON	ID No.	S6969018A
Related Vehicle	SMK2248C (Car)	Contact No.	93822324
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.

I was driving m/car SLA 6731 L along CTE towards City at Braddel Flyover. I was on the extreme left lane towards Braddel exit. I came to stop behind queue of vehicles. About 5 seconds later the vehicle in front of me started moving and before I could move m/car SMK 2248C coming from behind collided onto the rear of my car. My car jerked forward about one car length. The car driven by lady driver sending her son to school informed that she has failed to apply brake in time causing the front of his car to slammed on mine. It caused extensive damage to the rear of my car.
At the time of the accident there were two passengers in my car. My son seated at the front passenger seat and my wife on the left rear seat. All were on seat belt. I suffered back and neck pain, right hand middle finger and left hand thumb and shoulder. I also felt giddy during the day. My son also had back pain. Both of us were given 5 days MC from 25 Apr to 29 Apr 19.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190426/7021

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

4 of 4

Report No. T/20190426/7021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
26/04/2019 20:39

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

