

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	07/05/2019 12:33
Date Of Accident	06/05/2019 19:25
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ9114A
Insured/Policyholder	
Name Of Registered Owner	YAP KOK SENG
NRIC No	S7471465Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97929566
Alternative Phone No	OFFICE-97929566

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C230-2.5 (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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077465069-02 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	YAP KOK SENG
NRIC No	S7471465Z
Date Of Birth	21/09/1974
Occupation	INDOOR
Date Of Driving Pass	30/04/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97929566
Fax Number	
Contact Number	OFFICE-97929566
Email Address	NOEMAIL

Address	853 WOODLANDS STREET 83 #03-124
Postcode	S730853
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)	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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED 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	XE4676M
Vehicle Make/Model/Colour	PRIME MOVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN HEE YEOW
NRIC/Passport Number	S1169768B
Contact Number	62659370

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHIANG MAY FUN

Approximate Age

Injuries Sustain

REFER TO POLICE REPORT

Injured person in which vehicle?

SJJ9114A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

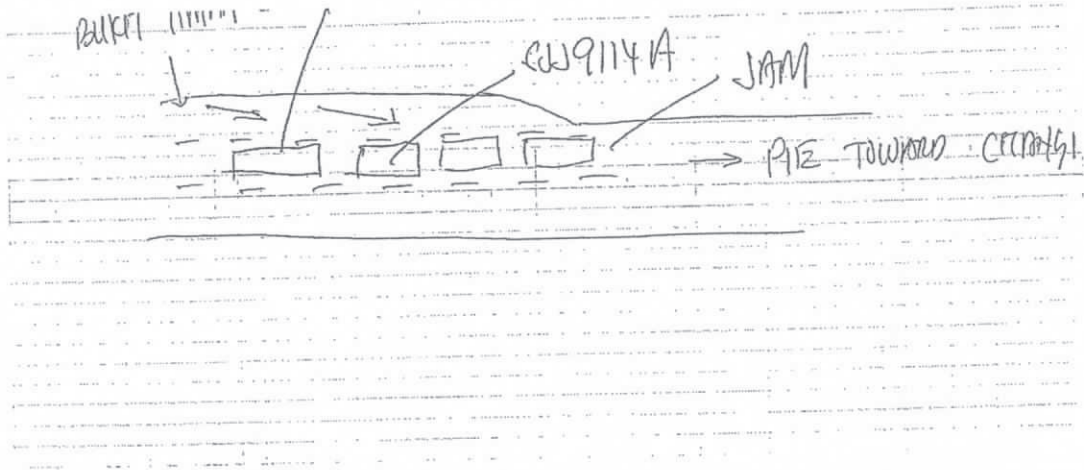
Policyholder's Signature
Date & Time:

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

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

7 MAY 2019
IDAC BUKIT BATOK
511 Bukit Batok Street 20
Singapore 659345
Tel: 6500 3312 Fax: 6530 6722
Email: vacbb@singnet.com.sg

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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.:

IDAG BUKIT BARU
511 Bukit Barok Street 23
Singapore 698645
Tel: 6560 3312 Fax: 5839 0722
Email: vacbb@singnet.com.sg



**SINGAPORE
POLICE FORCE**



T/20190507/2046

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190507/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2019 11:21		Vide Report No.:		Station Diary No.: 69	
Informant's Particulars					
Name of Informant: YAP KOK SENG			Address: APT BLK 853 WOODLANDS STREET 83 #03-124 SINGAPORE 730853		
ID Type / ID No.: NRIC NO / S7471465Z			Contact No.: Home/Office: Mobile: 97929566		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 21/09/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: WAREHOUSE MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2019 19:25	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Along PIE towards Changi after Bukit Timah exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		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
SJJ9114A	Car	MERCEDES BENZ	C230	Black	Seriously Damaged	1
XE4676M	Truck				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ9114A	NTUC Income Insurance Co-Operative Limited	5077465069-02	05/02/2018	04/08/2019



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Report No. T/20190507/2046

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Chiang May Fun	ID No.	S7724087Z
Related Vehicle	SJJ9114A (Car)	Contact No.	91780122
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/05/2019	Date Discharge	06/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	YAP KOK SENG	ID No.	S7471465Z
Related Vehicle	SJJ9114A (Car)	Contact No.	97929566
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Tan Hee Yeow	ID No.	S1169768B
Related Vehicle	XE4676M (Truck)	Contact No.	62659370
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.

On 06/05/2019 at about 1925hrs, I was driving my vehicle (SJJ9114A) together with my colleague at the most left lane along PIE towards Changi after Bukit Timah exit and it was heavy traffic. Therefore, the traffic was slow and came to stop when near to the Bukit Timah exit.

Suddenly, a vehicle (XE4676M) from behind knocked onto my vehicle. I then alighted from my vehicle and made a check on my vehicle. Subsequently, I asked for his particulars.

After the accident, my colleague informed that she felt pain on her head. She then went to the hospital for



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Report No. T/20190507/2046

CONTINUATION OF REPORT

check-up and the doctor gave her 3 days' medical leave.

My vehicle rear bumper was dented and cracked. Car boot unable to close. Both head rest was damaged.
No ambulance or Police came.



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T/20190507/2046

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Report No. T/20190507/2046

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:

D /
Sgt 2 WU HAIHAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/05/2019 11:21

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Classification Of Case:

Contact No.: 65476172



SN 3#

Authentication Stamp
NP168

SIGNATURE

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Singapore NRIC
Owner ID:	1465Z

Vehicle Details

Vehicle No.:	SJJ9114A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 May 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C230
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	27292131261613
Chassis No.:	WDD2040522A301555
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$49,596.00
Original Registration Date:	05 Aug 2009
First Registration Date:	05 Aug 2009
Transfer Count:	1
Actual ARF Paid:	\$49,596.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Aug 2019
PARF Rebate Amount:	\$24,798.00

Intended COE Rebate Details

COE Expiry Date:	04 Aug 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$17,501.00
COE Rebate Amount:	\$334.00
Total Rebate Amount:	\$25,132.00

The information contained herein is correct as at 07 May 2019

OK