

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	13/05/2019 09:11
Date Of Accident	13/04/2019 03:30
Exact Location Of Accident	NEW UPP CHANGI RD TWDS EXPO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ3640A
Insured/Policyholder	
Name Of Registered Owner	YAP KIAN SING
NRIC No	S7338289J
Email Address	KWEN7388@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97666789
Alternative Phone No	OTHERS-97666789

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5087971538-01
Cover Note Number	

Driver

Name of Driver	YAP KIAN SING
NRIC No	S7338289J
Date Of Birth	20/10/1973
Occupation	INDOOR
Date Of Driving Pass	18/08/1998
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97666789
Fax Number	
Contact Number	OTHERS-97666789
Email Address	KWEN7388@GMAIL.COM

Address	2 FIRST STREET #02-08
Postcode	458278
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 - CHANGE/CROSS LANE
Weather Conditions	CLOUDY
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?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190414/2005

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM131T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD NABILFIKRI BIN ABDUL HAKIM
NRIC/Passport Number	S9308454C
Contact Number	86459550
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

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.

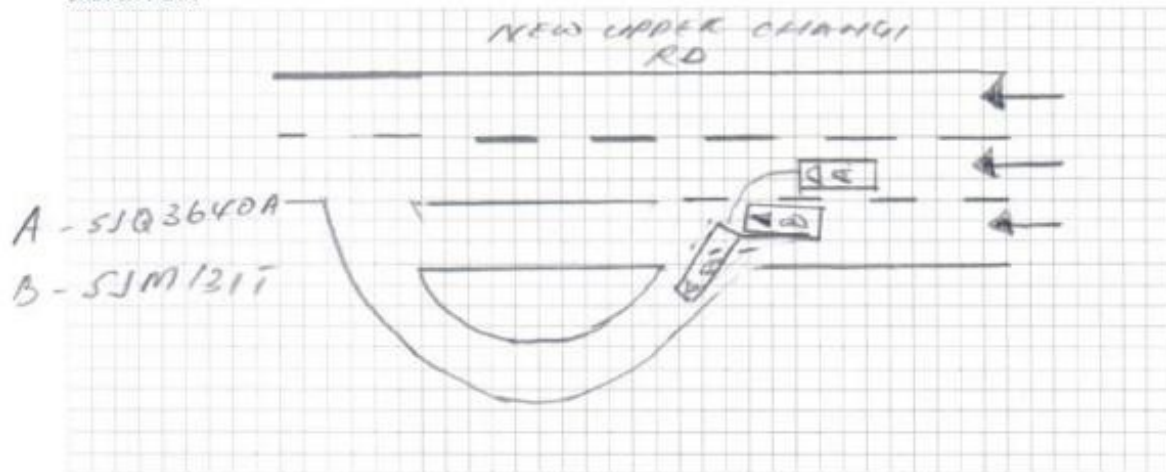

Policyholder's Signature
Date & Time: 20/05/19

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


Reporting Centre Personnel's Signature
Name: 13/05/19
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190414/2003

DECLARATION

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

[Signature] 10/05/19
 Policyholder's Signature
 Date & Time:

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

[Signature] 13/05/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190414/2005

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 3

Report No. T/20190414/2005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD NABILFIKRI BIN ABDUL HAKIM	ID No.	S9308454C
Related Vehicle	SJM131T (Car)	Contact No.	86459550
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	YAP KIAN SING	ID No.	S7338289J
Related Vehicle	SJQ3640A (Car)	Contact No.	97666789
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above date and time, i was driving along the above mention location at the middle lane. As i was driving around looking for ATM machine so i spotted it at bedok central. There was a drop off point so as i was trying to turn in, i signal left and check my blind spot to check for car and when it's cleared i filter in and suddenly i heard a bang sound at the back of the car. Both parties stopped and check for damage and exchange particulars.

There was only scratches on both car and there was in-car camera in his car. I asked him to check and if its my fault i am willing to pay but he refused and keep wanting to call traffic police.

I am lodging this report for record purpose.

Police Report



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POLICE FORCE**



T/20190414/2005

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No: T/20190414/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2019 00:57		Vide Report No.:		Station Diary No.: 11
Informant's Particulars				
Name of Informant: YAP KIAN SING		Address: 2 FIRST STREET #02-08 SINGAPORE 458278		
ID Type / ID No.: NRIC NO / S7338289J		Contact No.: Home/Office: Mobile: 97888789		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 45	Date of Birth: 20/10/1973	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/04/2019 03:30	Type of Location: Straight Road
Location: Along Road 1 NEW UPPER CHANGI ROAD Along the road towards expo				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SJM131T	Car			White	Slightly Damaged	2
SJQ3840A	Car	VOLKSWAGO N	PASSAT CC 1.8T AT 3572J7	Brown	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ3840A	NTUC Income Insurance Co-Operative Limited	5087971538-01	06/05/2018	05/05/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190414/2005

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449295
Tel No: 1800-4428999

2 of 3

Report No: T/20190414/2005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD NABILFIKRI BIN ABDUL HAKIM	ID No	S8308454C
Related Vehicle	SJM131T (Car)	Contact No	86459550
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
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Name	YAP KIAN SING	ID No.	S7338268J
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Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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SINGAPORE
POLICE FORCE



T/20190414/2005

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300 Marine Parade Road SINGAPORE
449298
Tel No: 1800-4428999

3 of 3

Report No. T/20190414/2005

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 /

Sgt 2 SIA WAN XIN

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
14/04/2019 00:57

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476451

Classification Of Case

Authentication Stamp

NP 143

SIGNATURE

Other

54020-0

Thanks, Cathy Williams

[» Back to OneMotoring](#)

Please note the following:

- Vehicle has been deregistered. No enquiry of transfer fee is allowed. [WR03834]

Enquire Transfer Fee

Input Details

¹Wolfe, in *ibid.*

SJ036-0A

Owner ID Type:

Singapore NRIC (e.g. 51234567D)

Center ID:

(Input last 6 characters e.g. 456789)

8289J

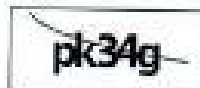
Transfer Details

Intended Transfer Date:

10052019

* Mandatory field

☐ I have read and I agree to the [terms and conditions](#)



Abstract

Enter text shown above

Next

Clear