

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	12/06/2019 14:50
Date Of Accident	11/06/2019 19:15
Exact Location Of Accident	JURONG WEST AVE1 TURNOUT TO CORPORATION RD Z-CROSS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7405A
Insured/Policyholder	
Name Of Registered Owner	JASON ENTERPRISES
Co Reg No	53336211C
Email Address	JASONYEK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98510559
Alternative Phone No	OFFICE-98510559

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.4Z PLATINUM SELECTION A
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096004273-01
Cover Note Number	

Driver

Name of Driver	YEK WHYE MUN
NRIC No	S7012601Z
Date Of Birth	19/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	23/12/1992
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98510559
Fax Number	
Contact Number	OTHERS-98510559
Email Address	JASONYEK@HOTMAIL.COM

Address	BLK 915 TAMPINES STREET 91 #03-43
Postcode	520915
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	COLLIDED INTO BICYCLIST
Weather Conditions	DRIZZLING
Road Surface	WET

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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190612/2097

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

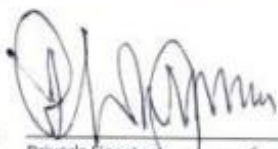
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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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)**

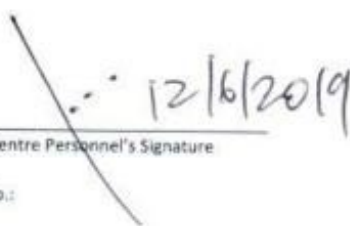
I understand, acknowledge, agree and consent that:

- (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.



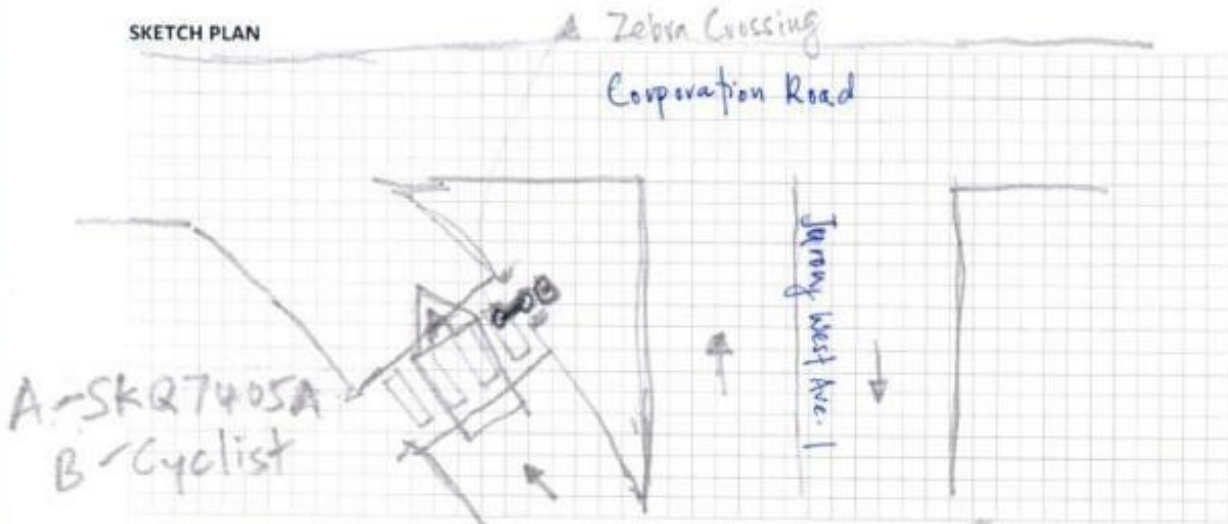
Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report - T/20170612/2097

Additional Report

I have already stop to check left and right due to drizzling weather and Lamp Post light is dimed. I proceed to drive in the Zebra Crossing, my front wheel ~~also~~ already passed the end of the Zebra Crossing, at this moment, the cyclist came down on my right front bumper. The cyclist did not dismount and push the bicycle while crossing. Hence, the collision occurred. I asked him whether he need an ambulance, he reply me with a no. So, I brought him to Health Medical @ B/K 502 Jenny West Ave. 1 #01-803 to check. No medical leave given. I have tried to retrieve my In camera video footage, I am unable to find, only the record of him sitting in my car, to and fro from GP clinic and showing him taking picture of my front car plate.

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.:

12/6/2019

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190612/2097

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20190612/2097

CONTINUATION OF REPORT

Driver			
Name	YEK WHYE MUN	ID No.	S7012601Z
Related Vehicle	NIL	Contact No.	98510559
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 11/06/2019 at 1915hrs, I was driving along Jurong West Ave 1 and turning to Corporation Road. I stopped at the zebra crossing and checked my left and right side. Subsequently, I moved off and there was a bicycle coming from the right side and hit onto my vehicle. I immediately made a check on the cyclist. I also brought him to Healthway Medical at Blk 502 Jurong West Ave 1 #01-803. The cyclist is Ma Zhu Tian, G6593162T. No Medical Leave was given to the cyclist. The cyclist suffered physical bruise on the right palm and right ankle and buttock.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



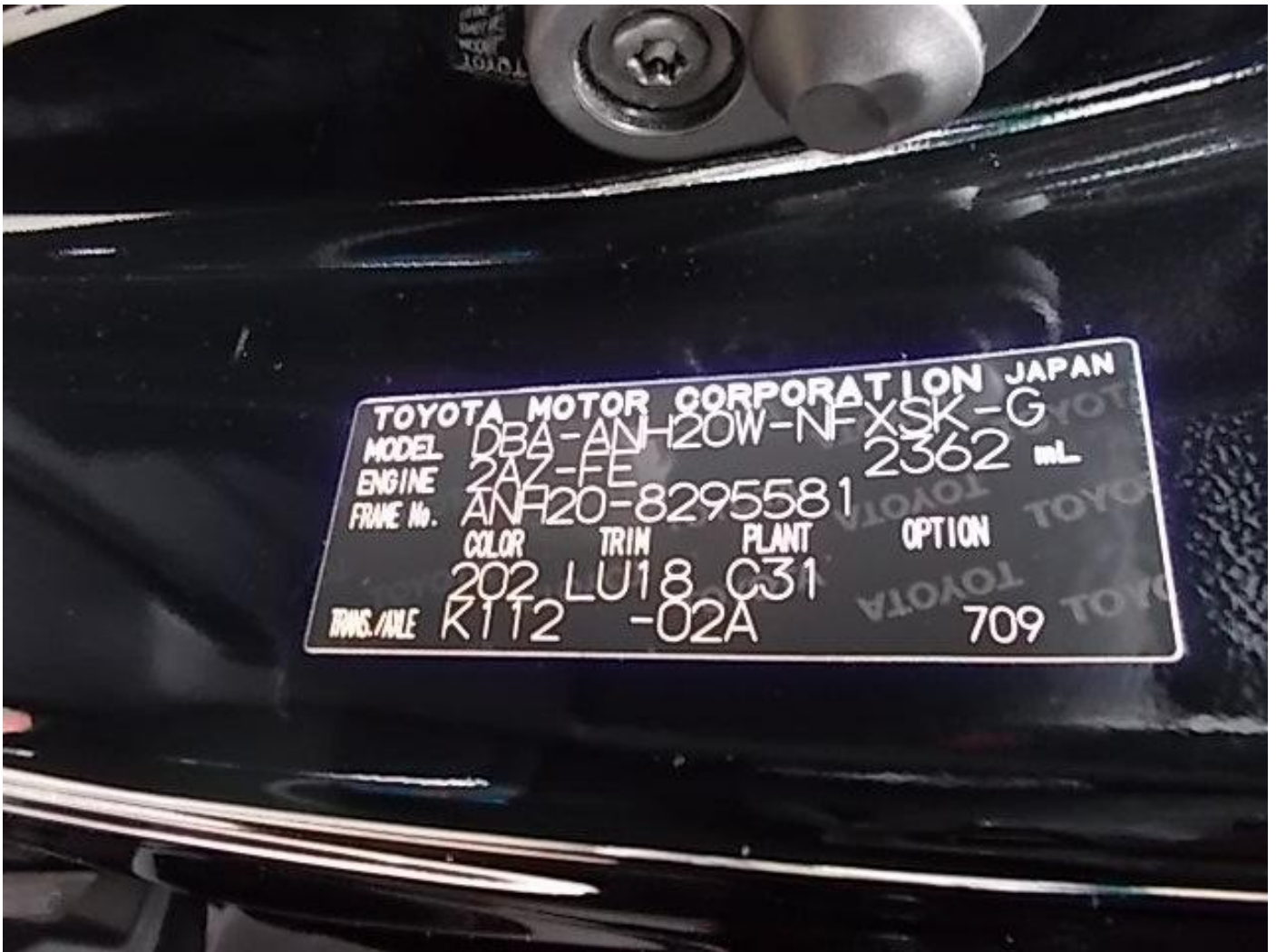
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190612/2097

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No. T/20190612/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2019 14:13	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: YEK WHYE MUN			Address: APT BLK 915 TAMPINES STREET 91 #03-43 SINGAPORE 520915		
ID Type / ID No.: NRIC NO / S7012601Z			Contact No.: Home/Office: Mobile: 98510559		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 19/04/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 11/06/2019 19:15	Type of Location: zebra crossing
Location: Along Road 1 JURONG WEST AVENUE 1 Jurong West Ave 1 turning out to Corporation Road at Zebra Crossing				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ7405A	Car	TOYOTA	VELLFIRE 2.4Z PLATINUM SELECTION A	Black	Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190612/2097

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

2 of 3

Report No. T/20190612/2097

CONTINUATION OF REPORT

Driver				
Name	YEK WHYE MUN		ID No.	S7012601Z
Related Vehicle	NIL		Contact No.	98510559
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 11/06/2019 at 1915hrs, I was driving along Jurong West Ave 1 and turning to Corporation Road. I stopped at the zebra crossing and checked my left and right side. Subsequently, I moved off and there was a bicycle coming from the right side and hit onto my vehicle. I immediately made a check on the cyclist. I also brought him to Healthway Medical at Blk 502 Jurong West Ave 1 #01-803. The cyclist is Ma Zhu Tian, G6593162T. No Medical Leave was given to the cyclist. The cyclist suffered physical bruise on the right palm and right ankle and buttock.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190612/2097

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3

Report No. T/20190612/2097

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 TEH WAI HAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/06/2019 14:13

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE