SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	3
	ACCIDENT STATEMENT
Date Of Report	19/07/2019 13:27
Date Of Accident	18/07/2019 18:15
Exact Location Of Accident	PAYA LEBAR RD SLIP RD INTO PIE (TUAS)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU7650Z
Insured/Policyholder	
Name Of Registered Owner	YIP WAI KHEONG
NRIC No	S0330028E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91809047
Alternative Phone No	OFFICE-91809047
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
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	5095643847-01
Cover Note Number	-
Driver	
Name of Driver	YIP WAI KHEONG
NRIC No	S0330028E
Date Of Birth	25/06/1946
Occupation	INDOOR
Date Of Driving Pass	26/05/1965
Driving Experience	54 YEARS AND 1 MONTH

MALE

NOEMAIL

(LOCAL) +65-91809047

OFFICE-91809047

Address BLK 239 LORONG 1 TOA PAYOH #02-100

Postcode 310239

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 NO 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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING, Police Station Address

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO 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

FBH4646U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **MOTORCYCLE**

MS TEO Name of Driver

NRIC/Passport Number

96756719 Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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.:

Page 4 of 16

Accident Sketch Plan

CH PLAN	
8 8 A	A= 53U 7650Z B= FBH 4646 U
RIBE CIRCUMSTANCE	Paya lebar Rel Sty Rol into Pit (Tuas)
Please	Refer to Police Report
RATION clare the foregoing part Tyy der's Signature	iculars are true in every respect.
ime:	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

1 of 3 Report No. T/20190718/2164

REPORT OF A TRAFFIC ACCIDENT

93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

	18/07/2019 19:45		Vide Report No.:	Station Diary No.: 153		
Informa	nt's Partic	ulars	NEW YORK TO SHOW THE PARTY OF T	VALUE OF THE PROPERTY OF THE PARTY OF THE PA		
Name of Informant: YIP WAI KHEONG			Address: APT BLK 239 LORONG 1 TO 310239	DA PAYOH #02-100 SINGAPORE		
ID Type / ID No.: NRIC NO / S0330028E		28E	Contact No.: Home/Office:	Mobile: 91809047		
Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Male 73 25/06/1946		EN	Email:			
		Date of Birth: 25/06/1946	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2019 18:15	Type of Location Bend	
PAYA LEBAR PAN-ISLAND	Traveling Toward Ro ROAD EXPRESSWAY oad, Slip Road into P			Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Heavy	
One Way Type of Collis		Not Controlled		Heavy	

Details of V	ehicle Involve	ed	ALL OF STREET	The same of the same of		TOTAL PROPERTY.
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBH4646U	Motorcycle	PIAGGIO	VESPA GTS 300 SUPER		O STIGLIOUT	0
SJU7650Z	Car	HONDA	JAZZ GLI 1.3 A	Silver	No Damage	1

W. T. P. LEWIS CO., SAN PRINCIPLE STREET, SA	ehicle Insurance			
And the second s	Insurance Company	Insurance No	Effective	Expiry Date
SJU7650Z	NTUC Income Insurance Co-Operative Limited	5095643847-01	28/12/2018	27/12/2019

POLICE REPORT





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT

2 of 3 Report No. T/20190718/2164

Tel No: 1800-2519999

Details of Person	n Involved			-	CONTRACTOR AND
Any Pedestrian Ir	volved: No				
No. of Pedestrian	Use of Pede	Use of Pedestrian Crossing: NA			
Driver					
Name	YIP WAI KHEONG	1	ID No.		S0330028E
Related Vehicle	NIL		Contact No.		91809047
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of Ir	Degree of Injury NIL		
Rider					Vinder Lie Control
Name	TEO		ID No.		NIL
Related Vehicle	NIL		Contact No.		96756719
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL ·	Date Discha	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	njury	NIL	

Brief Details.

On 18/07/19 at about 6.15.p.m, I was driving my car bearing registration number, SJU7650Z along Paya Lebar Road, Slip Road to enter into PIE towards Tuas. While driving along the slip road, I applied brake to avoid collision when a lorry ahead had brake suddenly. As my car was stationary, a motorcyclist (Referred to V1) was riding on her scooter bearing vehicle registration number. FBH4646U appeared to be leaning onto my left bonnet of my car. V1 did not fall down and managed control of her scooter.

Therefore, I alighted from my car and made a check on V1. V1 claimed that her right toes were hurt after being rolled over by my car's tire. V1 given her contact details and asked me to lodge a traffic police report before riding off in her scooter.

I do not collide onto her at all. I am lodging this police report to disclaim any liability.

POLICE REPORT





3 of 3

Report No. T/20190718/2164

olice Station Of Origin: 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:

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 Informant:

THY
Date/Time: 18/07/2019 19:45
Classification Of Case:















