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 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.

ACCIDENT STATEMENT	
Date Of Report	02/08/2019 18:18
Date Of Accident	02/08/2019 00:05
Exact Location Of Accident	PIE TWDS ECP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR2721B
Insured/Policyholder	
Name Of Registered Owner	YEOW BEN YAO
NRIC No	S8237810C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84842326
Alternative Phone No	OFFICE-84842326
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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	THIRD PARTY
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	5109969838
Cover Note Number	
Driver	
Name of Driver	YEOW BEN YAO (YAO BENYOU)
NRIC No	S8237810C
Date Of Birth	13/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	09/12/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84842326
Fax Number	
Contact Number	OFFICE-84842326
EMail Address	NOEMAIL

Address	BLK 381 TAMPINES STREET 32 #11-109
Postcode	520381
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	3
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)	1

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

REFER TO POLICE REPORT - T/20190802/7002.

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	SLL5253Z
Vehicle Make/Model/Colour	CITROEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98192019
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB4901T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEOW BEN YAO (YAO BENYOU)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJR2721B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

<u>IMPORTANT NOTICE</u>

1) Please report <u>correctly</u> on the details of the accident to speed up the claims process.
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3) Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability.</u>
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) <u>Any false reporting may be referred to the police for investigation.</u>
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 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.
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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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)   Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

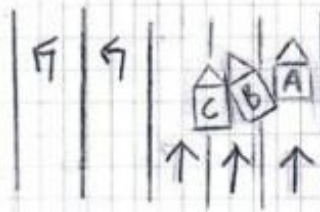   (II)   For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

A — JJR2721B
B — JLL5253Z
C — JHB4901T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

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Police Report

SINGAPORE POLICE FORCE

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2019 03:53	Vide Report No.: E/20190802/0002	Station Diary No.:

Informant's Particulars

Name of Informant: YEOW BEN YAO	Address: APT BLK 381 TAMPINES STREET 32 #11-109 SINGAPORE 520381
ID Type / ID No.: NRIC NO / S8237810C	Contact No.: Home/Office: Mobile: 84842326
Nationality: SINGAPORE CITIZEN	Email: benyao131182@gmail.com

Sex: Male	Age: 36	Date of Birth: 13/11/1982	Type of Informant: Driver

Race: Chinese	Language: English	Institution / School Name:

Occupation: Go-Jek driver	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/08/2019 00:05	Type of Location: Straight Road

Location:

PAN ISLAND EXPRESSWAY

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4901T	Car				Seriously Damaged	0
SJR2721B	Car	TOYOTA	COROLLA AXIO 1.5X A	Brown	Seriously Damaged	0
SLL5253Z	Car	CITROEN		White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report

SINGAPORE POLICE FORCE

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

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR2721B	NTUC Income Insurance Co-Operative Limited	5109969838	29/05/2019	15/06/2020

Details of Person Involved

Any Pedestrian Involved: No

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

Driver

Name	YEOW BEN YAO	ID No.	S8237810C
Related Vehicle	SJR2721B (Car)	Contact No.	81801980
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL

Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 2 August 2019 at about 0005 hrs , I was driving my vehicle SJR2721B on lane 1. The vehicle infront of me slow down and came to a stopped due to a break down vehicle infront and I follow suit. Suddenly I felt an impact coming from the rear . I got down my vehicle and realised that vehicle B SLL5253Z had collided onto the left rear of my vehicle and vehicle B also collided onto SHB4901T.

I sustained injuries from the above mentioned accident and was given 5 days of MC.

Police Report

SINGAPORE POLICE FORCE

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

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: 02/08/2019 03:53
Officer In Charge Of Case: TP / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:

Authentication Stamp
NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo