

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	29/10/2019 12:23
Date Of Accident	26/10/2019 11:10
Exact Location Of Accident	JALAN PENDEKAR 18
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9188G
Insured/Policyholder	
Name Of Registered Owner	YANG YI ALBERT
NRIC No	S1507334I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81139939
Alternative Phone No	OFFICE-81139939

Vehicle Particulars

Manufacturer	BMW
Model	530I LED NAV
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1734361902
Cover Note Number	

Driver

Name of Driver	YANG YI ALBERT
NRIC No	S1507334I
Date Of Birth	25/09/1961
Occupation	INDOOR
Date Of Driving Pass	23/05/1979
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81139939
Fax Number	
Contact Number	OFFICE-81139939
EEmail Address	NOEMAIL

Address	84 FLORA ROAD #01-18
Postcode	507001
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JET6896 (PRIVATE CAR)
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?	
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	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	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/20191029/7007.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JET6896
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.

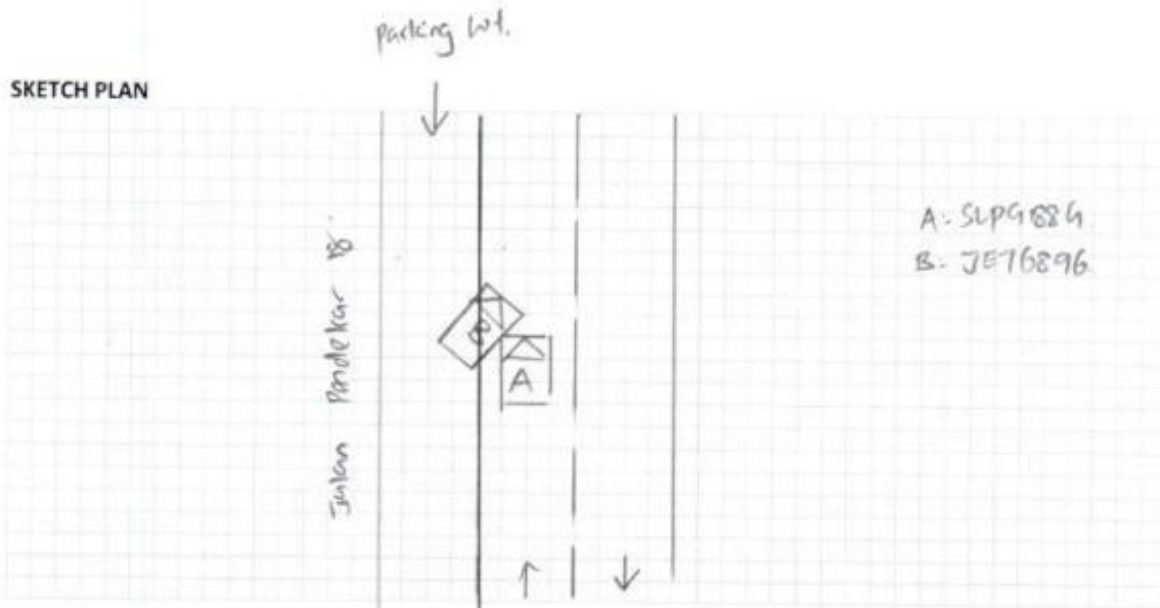
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2019/224/7007.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191029/7007

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

1 of 4

Report No. T/20191029/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2019 11:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YANG YI ALBERT			Address: 84 FLORA ROAD #01-18 SINGAPORE 507001		
ID Type / ID No.: NRIC NO / S1507334I			Contact No.: Home/Office: Mobile: 81139939		
Nationality: SINGAPORE CITIZEN			Email: YANGYI.ALBERT@GMAIL.COM		
Sex: Male	Age: 58	Date of Birth: 25/09/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Technical/Engineering services manager (eg shipyard manager)			Driving Licence Information: Class: 2,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/10/2019 11:10	Type of Location:
Location: Jalan Pendekar, Johor Bahru				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Main Road				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP9188G	Car	BMW	5.30i	Silver	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP9188G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN17346190 2	25/04/2019	24/04/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20191029/7007

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

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Report No. T/20191029/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YANG YI ALBERT	ID No.	S1507334I
Related Vehicle	SLP9188G (Car)	Contact No.	81139939
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	KHOO EE MOI	ID No.	S2555755G
Related Vehicle	SLP9188G (Car)	Contact No.	90038585
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
Driver			
Name	YANG YI ALBERT	ID No.	S1507334I
Related Vehicle	SLP9188G (Car)	Contact No.	81139939
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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191029/7007

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

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Report No. T/20191029/7007

CONTINUATION OF REPORT

Passenger			
Name	ONG WAH KIAN	ID No.	S1630078J
Related Vehicle	SLP9188G (Car)	Contact No.	91063301
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
Passenger			
Name	NEO SIONG HOO	ID No.	S1456342C
Related Vehicle	SLP9188G (Car)	Contact No.	96662926
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.

I am driving along the road, there is side parking along the two way traffic road, during my driving I was a car wish to make side parking stop on the road side, I over take his vehicle driving with in centre divide line. After passing by the white car in front suddenly see the black vehicle No JET6896 make his u-turn from the parking lot. I apply my emergency brake but still hit the car try to turning. My car had 3 passager, and JET6896 with 4 child behind site 2 audit include driver.

I already lodged a police report in Malaysia, report number R107013

Police Report



**SINGAPORE
POLICE FORCE**



T/20191029/7007

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

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Report No. T/20191029/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/10/2019 11:49

Classification Of Case:

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



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119142623 Vehicle Registration No: SLP9188G
Name (as shown in NRIC) : YANG YI ALBERT NRIC/FIN/Passport No : S1507334I
(~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : 84 FLORA ROAD #01-18 Singapore (507001)
Contact (Tel) : _____ Mobile No. : 81139939
Email Address : _____
Date of Accident : 26/10/2019 Time of Accident : 11:10
Place of Accident : JALAN PENDEKAR 18
Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend from reporting only to third party claim.



Policyholder / Driver's Signature
Date: _____



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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN : S665500200 / GST Reg. No. : M400017785

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119142623 Vehicle Registration No: SLP9188G
Name (as shown on NRIC) : YANG YI ALBERT NRIC/FIN/Passport No : S1507334I
(~~Vehicle Damage~~ / Vehicle Owner) (*) Please delete as appropriate
Address : 84 FLORA ROAD #01-18 Singapore (507001)
Contact (Tel) : _____ Mobile No.: 81139939
Email Address : _____
Date of Accident : 26/10/2019 Time of Accident : 11:10
Place of Accident : JALAN PENDEKAR 18
Insurance Company : China Taiping Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend from reporting only to own damage claim.

Policyholder / Driver's Signature
Date:

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