

## 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	08/11/2019 15:58
Date Of Accident	07/11/2019 18:30
Exact Location Of Accident	ANG MO KIO AVE 5 JUNCTION OF CTE.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6758T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LI YUANBO
NRIC No	S9181195B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84326190
Alternative Phone No	OFFICE-84326190

### Vehicle Particulars

Manufacturer	BMW
Model	520
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109233388
Cover Note Number	

### Driver

Name of Driver	LI YUANBO
NRIC No	S9181195B
Date Of Birth	16/09/1991
Occupation	INDOOR
Date Of Driving Pass	17/06/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84326190
Fax Number	
Contact Number	OFFICE-84326190
Email Address	NOEMAIL

Address	BLK 123 COMPASSVALE BOW #08-27
Postcode	544819
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	2
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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 114 HOUGANG AVENUE 1 #01-1270 , <b>POSTCODE:</b> 530114 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2899999 - <b>FAX NO:</b> 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT NO.T/20191108/2071.

#### 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	SGJ4009P
Vehicle Make/Model/Colour	AUDI A4
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	HE ZHUI WEI
NRIC/Passport Number	
Contact Number	97486511
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LI YUANBO
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKP6758T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Accident Sketch Plan Pg. 1

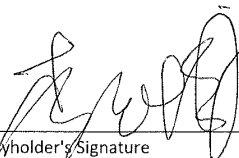
### SKETCH PLAN

#### IMPORTANT NOTICE

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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.
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.

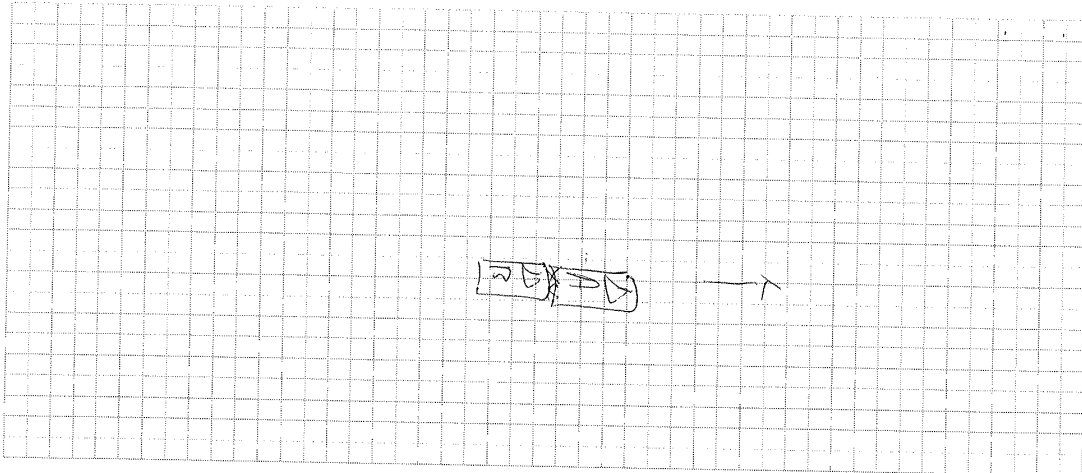
  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan Pg. 1

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

CIAT/PC SketchPlanForm, V3

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

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

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20191108/2071

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

1 of 3

Report No. T/20191108/2071

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2019 14:14			Vide Report No.:		Station Diary No.: 28
<b>Informant's Particulars</b>					
Name of Informant: LI YUANBO			Address: APT BLK 123 COMPASSVALE BOW #08-27 SINGAPORE 544819		
ID Type / ID No.: NRIC NO / S9181195B			Contact No.: Home/Office: Mobile: 84326190		
Nationality: CHINESE			Email:		
Sex: Male	Age: 28	Date of Birth: 16/09/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Software Engineer			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2019 18:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 5 CENTRAL EXPRESSWAY traffic junction of Ang Mo Kio Ave 5 and CTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SGJ4009P	Car					0
SKP6758T	Car	BMW	520I AT D/AB 2WD 4DR LED NAV	Blue		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20191108/2071

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

2 of 3

Report No. T/20191108/2071

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP6758T	NTUC Income Insurance Co-Operative Limited	5109233388	02/05/2019	01/05/2020

### Brief Details.

On 07/11/2019 at about 1825hrs, I was driving my vehicle bearing registration number SKP6758T along Ang Mo Kio Ave 5 towards CTE(City) on the 2nd lane of a 5-lane road. Nothing was amiss.

On the same day at about 1830hrs upon reaching a traffic junction of Ang Mo Kio Ave 5 and CTE, the traffic light was indicating red as such I then made a stop. Not long after I felt an impact from the rear of my vehicle. I then went down to make a check and discovered that there was one vehicle bearing registration SGJ4009P had collided onto my rear portion of vehicle.

The driver of the said vehicle was one namely Ho Swee Wee Kelvin (S7512667J, Hp: 94786511). The driver was in a hurry to move off upon the traffic light turning green resulting to the collision.

There is no Traffic Police or ambulance activated as no one were injured. Soon both drivers then exchanged particulars and agreed to pursue insurance claims, I wish to state that my vehicle rear bumper and rear boot were damaged but still able to move off.

There is no in-built CCTV installed in my vehicle. I am not sure if there is any CCTV at the said location.

On 07/11/2019, I then went to seek further medical attention as I felt pain on my rear neck and rear right shoulder due to the accident and was given 4 days medical leave.

As such I am making this report for Traffic Police assistance.

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20191108/2071

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

3 of 3

Report No. T/20191108/2071

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:

F /

Sgt 3 SYED NAFIS BIN SYED HUSSAIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

08/11/2019 14:14

Classification Of Case:

Authentication Stamp

NP168





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5109233388

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKP6758T

Chassis Number

: WBA5A32060D335206

2. Name of Policyholder

: LI YUANBO

3. Effective Date of Insurance

: 02 May 2019

4. Expiry Date of Insurance

: 01 May 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LI YUANBO
NAMED DRIVER (1)	: MIAO WEI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 02 May 2019 13:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer



Chief Executive

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**  
**IDENTITY CARD NO. S9181195B**

**LI YUANBO**

Birth Date: 16 Sep 1991  
 Issue Date: 17 Sep 2018

002846650K




**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S9181195B**

**LI YUANBO**

Chinese Name: 李元博

Race: CHINESE  
 Date of birth: 16-09-1991  
 Country/Place of birth: CHINA

Sex: M


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

**Class 3** Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver, and other motor vehicles with unladen weight ≤ 2500kg

**EFFECTIVE DATE**  
 17 Sep 2018

**NP 428A**

**Licence No: S9181195B**





**9488900**

**NRIC No. S9181195B**

**CHINESE**  
 Date of issue: 21-06-2018

**APT BLK 123 COMPASSVALE ROW #08-27**  
**SINGAPORE 544819**

**NRIC No: S9181195B**  
**Date: 12/03/2018**

HP: 84326190

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





# Addendum Sheet Pg. 1

ASSOCIATION  
RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66SS0020G / 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 : MEME19148141 Vehicle Registration No: SEP67587  
Name(as shown in NRIC) : LI Yuan Bo NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 02/11/2019 Time of Accident : 1830  
Place of Accident : ANK Ave 5 Junction of CTE  
Insurance Company: Nuc

### (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:

Driver have injury.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

1  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: