#### 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	11/11/2019 15:58					
Date Of Accident	10/11/2019 21:00					
Exact Location Of Accident	BETWEEN LOR 12 GEYLANG AND LOR 14 GEYLANG					
Country/State of Loss	SINGAPORE					
D	ETAILS OF OWN VEHICLE					
Vehicle Registration Number	GBH4356G					
Insured/Policyholder						
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD					
Co Reg No	201511635R					
Email Address	EFFICIENTLOYANG@GMAIL.COM					
Mobile Phone No						
Alternative Phone No	OFFICE-62840827					
Vehicle Particulars						
Manufacturer	TOYOTA					
Model	HIACE-3.0 D 3.0 (M)					
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	COMMERCIAL VEHICLE					
Insurance Company						
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD					
Type Of Coverage	COMPREHENSIVE					

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy YES

Policy Number D19MFL0005549

Cover Note Number

**Driver** 

Name of Driver YER HOCK KENG NRIC No S7731914Z Date Of Birth 27/10/1977

Occupation **OUTDOOR Date Of Driving Pass** 02/06/1999

**Driving Experience** 20 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84345778

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address BLK 251 BANGKIT ROAD

#09-380

Postcode 670251

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG

Police Station Address ROAD: 1 SEGAR ROAD, POSTCODE: 677738, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO:

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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKD2417S

Vehicle Make/Model/Colour VOLKSWAGEN BLACK

**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)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

#### **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 <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. 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 :
  - 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(M\$igha)
Date & Time:

Driver's Signature
(If driver is not the policyholder) 4-20

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

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NRIC/FIN No.:

Date & Time:

## Identification Card Pg. 1

### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7731914Z



YER HOCK KENG USEONLY
(YU FUGING) CLAMMUSEONLY
COMMESSED Date of birth Sex S77319 147

877**319 1**4Z

27-10-1977 Country of birth SINGAPORE

NRIC No. S 77319 TREE AM 27-02-2010 APT BLK 251 BANGKIT ROAD #09-380 SINGAPORE 670251

## Driving License Pg. 1





### police report1 Pg. 1





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

Report No. T/20191111/2000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2019 00:35			Vide Report No.: G/20191110/0191	Station Diary No.: 8			
Informant	's Particu	lars 🕮 🗀 💮					
Name of Ir YER HOC	K KENG		Address: APT BLK 251 BANGKIT ROAD #09-380 SINGAPORE 670251				
ID Type / II NRIC NO /		4Z	Contact No.: Home/Office: Mobile: 84345778				
Nationality SINGAPOR		N	Email:				
Sex: Male	Age: 42	Date of Birth: 27/10/1977	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation DELIVERY			Driving Licence Information: Class: 3	Date of Expiry:			

General Informat	ion of the Accident					
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/11/2019 21:00		Type of Location: Straight Road	
Location: Along Road 1 LORONG 12 GEYLANG BETWEEN LOR 12 GEYLANG AND LOR 14 GEYLANG						
Weather: Road Surface: Dry				Roa	d Speed Limit:	
Traffic Flow:	ing	Traff	fic Volume: vy			
Type of Collision: Between Moving Vehicles - Head To Rear					one conveyed by ulance:	

Details of V	ehicle Involv	ed w				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBH4356G	Van	ТОҮОТА	HIACE	White	Slightly Damaged	2
SKD2417S	Car	VOLKSWAGO N		Black	Slightly Damaged	1

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

#### police report2 Pg. 1





Report No. T/20191111/2000

2 of 3

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Driver						
Name	YER HOCK KENG					S7731914Z
Related Vehicle	GBH4356G (Van)			Conta	ct No.	84345778
Hospital/Clinic	NIL	NIL		Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	eatment NIL Date Disc			harge	NIL	
No. of Days gran	NIL	Degree of	Injury	ΝL		

### **Brief Details.**

On 10th Nov 2019 at around 9pm I was driving my White Toyota Hiace van, GBH4356G along Geylang Rd (between Lor 12 Geylang and Lor 14 Geylang) with my wife and 26 months old son . I was at the 2nd lane at that point of time. I then wanted to lane change to the 3rd lane and signal to indicate I wanted to lane change. Before changing lane, I checked the rearview mirror and saw a Black Volkswagen, SKD2417S, behind me who also wanted to lane change to the 3rd lane. I changed lane safely and I noticed that the Volkswagen sped up. The car then changed lane to the 4th lane (bus lane), went beside of my van, and the driver, a Male Chinese subject age about early 20s, started to show his middle finger to me. The car then drove off and cut into my lane in front of my van. I then got angry and overtake him, got beside his car and signaled the driver, who was with a female Chinese passenger, to ask him to stop to the side. I then drove forward and lane changed back to the 3rd lane in front of the car. Suddenly I felt an impact on the back of my van and I believe the car had hit onto the rear of my van. There was slight damage to the rear of my van and slight damage to the black Volkswagen. I then alighted from my vehicle and a argument broke out between me and the driver and his passenger. I managed to take a photo of the plate number of the car before my wife pulled me back to avoid the matter from becoming worse and we left the scene.

I initially wanted to report the accident to my company insurance but about 11.00pm, a Traffic Police IO called me and advised me to lodge a report.

I wish to state that there is a camera in my van but I am not sure if there is SD card in the camera.

### police report3 Pg. 1





3 of 3

Report No. T/20191111/2000

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

No: 1800-8929999 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 1  J /  Staff Sgt AHMAD AIDIL BIN JUN		Signature Of Informan	it:
Signature Of Interpreter:		Date/Time:	
Not applicable		11/11/2019 00:35	
Officer In Charge Of Case: TP / GIA /		Classification Of Case	y:
Staff Sgt WONG SIEU LUI	SINGAPORE		
Contact No.: 65476151	POLICE FORCE SAFEGUARDING EVERY DAY		
Authentication Stamp NP168		$\gamma$	
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