

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	28/12/2019 15:53
Date Of Accident	27/12/2019 23:25
Exact Location Of Accident	WHITLEY RD TWDS PIE NEAR TO RAFFLES TOWN CLUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4577T
Insured/Policyholder	
Name Of Registered Owner	H & H RENTAL & LEASING PTE. LTD.
Co Reg No	2XXXXX965Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5108502848
Cover Note Number	

Driver

Name of Driver	YAP CHIN GUAN
NRIC No	SXXXX407A
Date Of Birth	18/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1984
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98930000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 21 DOVER CRESCENT #14-344
Postcode	130021
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?	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHAI CHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 35 CHAI CHEE AVENUE #01-256/258 , POSTCODE: 461035 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-445 9999 - FAX NO: 6244 4375
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191228/2044

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7213X
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 YAP CHIN GUAN

Approximate Age

Injuries Sustain NECK, BACK, KNEE

Injured person in which vehicle? SLV4577T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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

A = SLV 4577T
B = SHC 7213X

Whitley Rd twl's PIE near Raffles Town Club

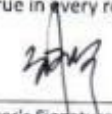
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report / T/20191228 / 2044

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/20191228/2044

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

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Report No. T/20191228/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2019 12:55	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: YAP CHIN GUAN			Address: APT BLK 21 DOVER CRESCENT #14-344 SINGAPORE 130021	
ID Type / ID No.: NRIC NO / S1618407A			Contact No.: Home/Office: Mobile: 98930000	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 18/10/1963	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/12/2019 23:25	Type of Location: Straight Road
Location: Along Road 1 WHITLEY ROAD				
Along Rd 1 towards PIE near to Raffles Town Club				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SHC7213X	Car	HYUNDAI		Yellow	Slightly Damaged	0
SLV4577T	Car	TOYOTA	Sienta	Silver	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV4577T		5108502848000041	28/03/2019	27/03/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191228/2044

2 of 3

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

Report No. T/20191228/2044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YAP CHIN GUAN	ID No.	S1618407A
Related Vehicle	SLV4577T (Car)	Contact No.	98930000
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/12/2019	Date Discharge	28/12/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 27/12/2019 at around 2325hrs, I was driving my car along Whiteley Rd towards PIE near to the Raffles Town Club. My car was on the left most lane. The traffic was heavy and was moving very slowly.

Suddenly one taxi knocked onto the back of my car. My car did not knocked on any other vehicles. I went out and wanted to exchange particulars with the taxi driver. He refused and just told me to make a report. I only took the taxi vehicle pictures.

During the time of accident, I did not feel any pain. I have 3 passengers in my car. All passengers are not injured. After the accident, we all drove off and I continued on my journey to drop my passengers. No police and no ambulance came to scene.

On 28/12/2019 morning, I started to feel pain on the back of my neck, my back and my knees. I went to see a doctor and I was given 7 days MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191228/2044

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35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

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Report No. T/20191228/2044

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:
G /
Sr Staff Sgt AHMAD RIDZWAN BIN MD YAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/12/2019 12:55

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

