

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	30/12/2019 17:13
Date Of Accident	28/12/2019 16:15
Exact Location Of Accident	BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB3227C
Insured/Policyholder	
Name Of Registered Owner	POH AUTOMOTIVE PTE LTD
Co Reg No	2XXXXX124M
Email Address	POHAUTOMOTIVEACCIDENT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97655733
Alternative Phone No	OFFICE-64524300
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5114565431
Cover Note Number	
Driver	
Name of Driver	YAP JENNY
NRIC No	SXXXX122A
Date Of Birth	14/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97655733
Fax Number	
Contact Number	OFFICE-64524300
EEmail Address	NOEMAIL

Address	APT BLK 19 HOUGANG AVENUE 3 #09-199 SINGAPORE
Postcode	530019
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	CHAIN COLLISION
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	4
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)	3
Passenger 1	NAME: : NA GENDER: : FEMALE
Passenger 2	NAME: : NA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SGC2722M
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLW1032M
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGZ4357A
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)

DETAILS OF INJURED PERSON 1

Name YAP JENNY
Approximate Age 40
Injuries Sustain REFER POLICE REPORT
Injured person in which vehicle? SKB3227C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address APT BLK 19 HOUGANG AVENUE 3
#09-199 SINGAPORE
Postcode 530019

SKETCH PLAN

IMPORTANT NOTICE

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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)

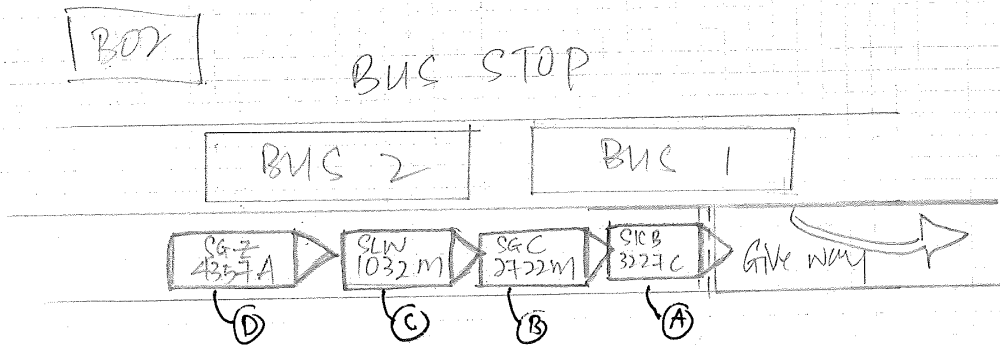
Date & Time: 30/12/19 13:48

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



CAR A - SKB 3227C

CAR C - SLW 1032M

CAR B - SGC 2722M

CAR D - SGZ 4357A

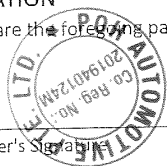
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

upon arriving bus give way box, was slowing down & starting to brake. Had stopped before the give way box, and vehicle (SGC 2722M) also had stopped, but after stopping, ~~the~~ my vehicle was bumped by vehicle (SGC 2722M), which pushed my vehicle forward.

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: 30/1/19 13:48

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



**SINGAPORE
POLICE FORCE**



T/20191230/2017

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20191230/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2019 10:05			Vide Report No.:		Station Diary No.: 33
Informant's Particulars					
Name of Informant: YAP JENNY			Address: APT BLK 19 HOUGANG AVENUE 3 #09-199 SINGAPORE 530019		
ID Type / ID No.: NRIC NO / S7908122A			Contact No.: Home/Office: Mobile: 97655733		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 14/03/1979	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/12/2019 16:15	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH ROAD				
Along Bedok North Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SGC2722M	Car	MERCEDES BENZ	C 180 CGI	Black		0
SGZ4357A	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Beige		0
SKB3227C	Car	TOYOTA	WISH 1.8 CVT	Black	Slightly Damaged	2
SLW1032M	Car	HONDA	CIVIC 1.6 VTI CVT	White		0



**SINGAPORE
POLICE FORCE**



T/20191230/2017

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20191230/2017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YAP JENNY	ID No.	S7908122A
Related Vehicle	SKB3227C (Car)	Contact No.	97655733
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 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 28/12/2019 at around 1615hrs, I was driving my vehicle (SKB3227C) travelling along Bedok North Road.

At that point of time, there was a bus moving out from the bus lane as such I slow down and came to a stop.

Suddenly, I felt an impact from my rear. I alighted of my vehicle to make a check and total there was 3 other vehicles involve in the accident.

No one was injure at that point. There was two passenger in my vehicle and they informed that they are fine.

On the same day, I felt unwell as such went to Mount Alvernia Hospital to seek medical assistance. I was given 5 days of medical leaves.

I have a camera installed in my vehicle however it was not recording.

I am lodging this report to submit to my rental company.

The following is the position of the vehicle that was involve in the accident:

- 1st vehicle - SKB3227C
- 2nd vehicle- SGC2722M
- 3rd vehicle- SLW1032M
- 4th Vehicle- SGZ4357A



**SINGAPORE
POLICE FORCE**



T/20191230/2017

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20191230/2017

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 2 CHUA ZI HUA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2019 10:05
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No: 65476414	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

