SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/02/2020 13:38
Date Of Accident	29/01/2020 11:55
Exact Location Of Accident	BLK 612 YISHUN ST 61 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB6862E
Insured/Policyholder	
Name Of Registered Owner	YAP BUCK ENG
NRIC No	S1201137G
Email Address	YAPBUCKENG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96225403
Alternative Phone No	OTHERS-96225403
Vehicle Particulars	
Manufacturer	RENAULT
Model	KANGOO II EXPRESS 1.5L DCI 70 BHP MT 6DR
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3033231910
Cover Note Number	25/11/19 - 24/11/20
Driver	
Name of Driver	YAP BUCK ENG
NRIC No	S1201137G
Date Of Birth	20/12/1956
Occupation	INDOOR
Date Of Driving Pass	03/10/1984
Driving Experience	35 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96225403
Fax Number	

OTHERS-96225403

YAPBUCKENG@HOTMAIL.COM

Address BLK 654 YISHUN AVE 4 #09-437

Postcode 760654

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 ON COLLISION

Weather Conditions HEAVY RAIN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

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

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-8522999 - **FAX NO**: 68522239

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT. (REPAIR BY OTHER WORKSHOP)

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 SHD5332T

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

Page 2 of 15

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: CBR6862 F
INSURER : China Taiping
DATE & TIME: 2910120 11:55

IMPORTANT NOTICE

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN		
	B1K 613	
	Yishun St 61	A: G886862E
		11-20000055
		B: SH > 53327
	Carpark Lot	0.31333321
	Barr	er
	Too	
	Carpark I	0.4
	B1k 512	
	YISHNO ST GI	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Tan Character	Veh No: GRB6862E	DOA: 29 01 20 11:55
Ins: China Taiping	VER NOT GROBSEZE	20H: 24 01 20 11-35
Refer Police Repo	ct	
χ.		
	18015	100
-th Illiller are the first		
Note: Please note that yo	ur insurer may have 14days Time Frame for you to su	ibmit an Own Damage Claim
		SOCIETY CONTROL OF CON
	prehensive policy. Please check with your policy for	more information.
DECLARATION /We declare the foregoing partic	culars are true in every respect.	
and the foregoing partie	and a fine it exact teachers.	
ALL I		2010/20
4		(YS) og 4/2/20
Policyholder's Signature Date & Time:	Driver's Signature Reporti (If driver is not the policyholder) Name:	ing Centre Personnel's Signature
	Date & Time: NRIC/F	IN No.:
GIARMC Sketich Plane orm V3 () Cla	aim Own Policy () Claim Third Party () Reporting aim Own Policy () Claim Third Party () Reporting	g Only g





Police Station Of Origin: Yishun South N.P.C

32 Yishun Street 81 SINGAPORE 768456

Tel No: 1800-8522999

1 of 3 Report No. T/20200129/2083

REPORT O	F A TRAFFI	C ACCIDENT			
Date/Time Report Made: 29/01/2020 16:03		Made:	Vide Report No.:	Station Diary No.:	
Informar	t's Partic	ulars			
Name of Informant: YAP BUCK ENG ID Type / ID No.: NRIC NO / S1201137G Nationality: SINGAPORE CITIZEN			Address: APT BLK 654 YISHUN AVE 760654	NUE 4 #09-437 SINGAPORE	
		37G	Contact No.: Home/Office: Mobile: 96225403		
		EN.	Email:		
Sex: Age: Date of Birth: Female 63 20/12/1956			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Housewife			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/01/2020 11:5	Type of Location CARPARK
Location: Along Road 1 YISHUN STR BLK 612 YISH	EET 61	PARK		
Weather:	ON OTHER TOTOTAL	Road Surface:		Road Speed Limit:
Heavy rain		Wet		
Heavy rain Traffic Flow: Two Way		Traffic Control:	ers e.g. Workmen	Traffic Volume: No Traffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB6862E	Van				Seriously Damaged	1
SHD5332T	TAXI				Slightly Damaged	0

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





Police Station Of Origin: Yishun South N.P.C

Report No. T/20200129/2083

2 of 3

32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT

Driver				A VICTOR	4		
Name	YAP BUCK ENG		ID No		S1201137G		
Related Vehicle	NIL		NIL		Conta	act No.	96225403
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL Date Di		Date Disc	charge	NIL	to the second se	
No. of Days granted Medical Leave NIL		Degree o		NIL			

Brief Details.

On the 29 January 2020 at 1155hrs, I was along Blk 612 Yishun St 61 carpark as I wanted to park at the carpark lot. When I was about to park into the parking lot (unknown parking lot), a taxi(TRANSCAB) bearing SHD 5332T drive across me and hit onto my vehicle bearing plate number GBB 6862E. The accident caused my left side bumper to be dented, front hood was mis-alignment and the frame of my license number plate fallen off. I then called my friend by the name of Mdm Tan Kha Tiang hp: 91094973 to come down and bring an umbrella as it was raining heavily. I then spoke to the taxi driver to go for private settlement however the taxi driver wanted to lodge a report with insurance company. I and my friend then went to TRANSCAB to show the Customer Service the photos that we have taken at the carpark and explained to them what happened. They assisted us to call the said driver however the taxi driver said that he will be seeing a doctor. I did not exchange any particular with the said taxi driver.

I would like to state that the driver was very well when we spoke to him just now. The damages on his car is only deep scratch on the front right side. He can also send a passenger to her destination. I have not send the car for repair and I am not sure how much the repair will be.





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 3 of 3 Report No. T/20200129/2083

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: L / Staff Sgt NASRI BIN JUMARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2020 16:03
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 SN 130	Classification Of Case:
Authentication Stamp NP168 Signature: Singapore Police Force	



Accident Photo







Accident Photo



Accident Photo

