

## 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	14/02/2020 12:05
Date Of Accident	11/02/2020 18:30
Exact Location Of Accident	NEW UPP CHANGI RD TWDS BEDOK INTERCHANGE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7936B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	5XXXX846X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88588862

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	YES
Policy Number	5112801747
Cover Note Number	

### Driver

Name of Driver	YANG WEIWEN
NRIC No	SXXXX310G
Date Of Birth	22/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97772411
Fax Number	
Contact Number	
EEmail Address	WEIWEN2212@GMAIL.COM

Address	BLK 54 PIPIT RD #02-68
Postcode	370054
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200211/2125 & T/20200214/2034

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS8805T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	YANG WEIWEN
Approximate Age	
Injuries Sustain	NECK & LOWER BACK
Injured person in which vehicle?	SLU7936B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

### SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20200211/2125  
T/20200214/2034

## DECLARATION

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



Policyholder's  
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

2/14/2020

New Upper Changi Rd - Google Maps

Google Maps New Upper Changi Rd



Image capture: Apr 2019 © 2020 Google

Singapore

Google

Street View

NEW UPP CHANGI RD  
TOWS BEDOK INTERCHANGE



A - SLU7936B  
B - SBS8805T

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200211/2125

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3

Report No. T/20200211/2125

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	YANG WEIWEN		ID No. S8341310G
Related Vehicle	SLU7936B (Car)		Contact No. 97772411
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 11/02/2020 at around 1830hrs, I was driving my vehicle, registration number: SLU7936B on the 2nd lane of a 3-lane road along New Upper Changi Road. I was on my way to Bedok Interchange. As I was approaching near one bustop, (bustop number): 84021 I saw that there was one bus, registration number: SBS8805T had signaled that he had wanted to enter my lane from the bus lane, which as the 3rd lane. I had stopped my vehicle to allow the bus to change lane.

However, as the bus moved forward, it came in contact with the front left portion of my vehicle. There is some paint marks on the front left side of my vehicle. There is also scratches on the left side mirror. I wish to state there is no persons who is injured.

Individual Statement



T/20200214/2034

2 of 3

Report No. T/20200214/2034

Continuation of CSF For NP168

<b>Driver</b>			
Name	YANG WEIWEN		ID No. S8341310G
Related Vehicle	SLU7936B (Car)		Contact No. 97772411
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Facts.**

I WISH TO AMMEND IN MY REPORT THAT I FELT SOME PAIN IN MY NECK AND LOWER BACK REGION AND WENT TO SEE A DOCTOR A DAY AFTER THE ACCIDENT AND WAS GIVEN 3 DAYS OF MCS FOR IT.

ON 11/02/2020 AT AROUND 1830HRS, I WAS DRIVING MY VEHICLE, REGISTRATION NUMBER SLU7936B ON THE 2ND LANE OF A 3-LANE ROAD ALONG NEW UPPER CHANGI ROAD. I WAS ON MY WAY TO BEDOK INTERCHANGE. AS I WAS APPROACHING NEAR ONE BUS STOP(BUS STOP NUMBER):84021, I SAW THAT THERE WAS ONE BUS REGISTRATION NUMBER: SBS8805T HAD SIGNALLLED THAT HE WANTED TO ENTER MY LANE FROM THE BUS LANE, WHICH AS THE THIRD LANE. I HAD STOPPED MY VEHICLE TO ALLOW THE BUS TO CHANGE LANES. HOWEVER, AS THE BUS MOVED FORWARD, IT CAME IN CONTACT WITH THE FRONT LEFT PORTION OF MY VEHICLE. THERE IS SOME PAINT MARKS ON THE FRONT LEFT SIDE OF MY VEHICLE. THEE IS ALSO SCRATCHES ON THE LEFT SIDE MIRROR, I WISH TO STATE THAT THERE IS NO PERSONS WHO IS INJURED.

THAT IS ALL



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo







# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200211/2125

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-02/04 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 3

Report No. T/20200211/2125

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2020 20:16		Vide Report No.:		Station Diary No.: 56	
<b>Informant's Particulars</b>					
Name of Informant: YANG WEI WEN			Address: APT BLK 54 PIPIT ROAD #02-68 SINGAPORE 370054		
ID Type / ID No.: NRIC NO / S8341310G			Contact No.: Home/Office: Mobile: 97772411		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 22/12/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: 3A		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2020 18:30	Type of Location: Straight Road
Location: Along Road 1 NEW UPPER CHANGI ROAD  HEADING TOWARDS BEDOK INTERCHANGE				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS9805T	Bus/Coach/Minibus					0
SLU7936B	Car				Slightly Damaged	2

## Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200211/2125

Police Station Of Origin:  
MacPherson NPP  
54 Phipps Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 2

Report No. T/20200211/2125

## CONTINUATION OF REPORT

Driver			
Name	YANG WEIWEN	ID No.	S6341310G
Related Vehicle	SLU7936B (Car)	Contact No.	97772411
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 11/02/2020 at around 1830hrs, I was driving my vehicle, registration number: SLU7936B on the 2nd lane of a 3-lane road along New Upper Changi Road. I was on my way to Bedok Interchange. As I was approaching near one bustop, (bustop number): 84021 I saw that there was one bus, registration number: SBS8805T had signaled that he had wanted to enter my lane from the bus lane, which as the 3rd lane. I had stopped my vehicle to allow the bus to change lane.

However, as the bus moved forward, it came in contact with the front left portion of my vehicle. There is some paint marks on the front left side of my vehicle. There is also scratches on the left side mirror. I wish to state there is no persons who is injured.

Police Report



SINGAPORE  
POLICE FORCE



T/20200211/2125

Police Station Of Origin:  
MacPherson NPP  
54 Pipl Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 3

Report No: T/20200211/2125

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 65474985 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Staff Sgt MUHAMMAD HAZWAN BIN ADNAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/02/2020 20:16

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

Classification Of Case:

Authentication Stamp  
NP108  
54 Pipl Road #01-82/84  
SINGAPORE 370054  
Tel: 1800-7449999

Police Report



T/20200214/2034

1 of 3

Report No, T/20200214/2034

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20200211/2125

Report Number T/20200214/2034

Vide Report Number

Date/Time of Report Made 14/02/2020 11:32

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant YANG WEIWEN

ID Type / ID No. NRIC NO / S8341310G

Home/Office

Mobile 97772411

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 11/02/2020 18:30

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS8805T	Bus/Coach/Mi nibus					0
SLU7936B	Car					0

**Details of Person Involved**

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



# Police Report



T/20200214/2034

2 of 3

Report No. T/20200214/2034

## Continuation of CSF For NP168

<b>Driver</b>				
Name	YANG WEIWEN		ID No.	S8341310G
Related Vehicle	SLU7935B (Car)		Contact No.	97772411
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

### Brief Facts.

I WISH TO AMMEND IN MY REPORT THAT I FELT SOME PAIN IN MY NECK AND LOWER BACK REGION AND WENT TO SEE A DOCTOR A DAY AFTER THE ACCIDENT AND WAS GIVEN 3 DAYS OF MCS FOR IT.

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Police Report



T/20200214/2034

3 of 3

Report No: T/20200214/2034

Continuation of CSF For NP168

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 85474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / JUREMAH BINTE AHMAD
Classification of Case	1) INJURY / OTHERS