SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number
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

atoresaid.	
	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
Insured/Policyholder	
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

(LOCAL) +65-97772411

WEIWEN2212@GMAIL.COM

BLK 54 PIPIT RD Address

#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

SIDE SWIPE Type Of Accident 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

NO

YES Was any other material or property damaged?

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

NO

3

Number of Passengers (Including Driver)

Passenger 1

ambulance?

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

ROAD: BLK 54 PIPIT ROAD #01-82/84, **POSTCODE**: 370054, **COUNTRY**: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-7449999 - FAX NO: 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

BUS Vehicle Category

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?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 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 (Michiver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

	ATTACHED	
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	ps /	
SCRIBE CI	CIRCUMSTANCES OF THE ACCIDENT	
Jenibe Ci	THE ACCIDENT	
PIO	refu to the police report: 7/2020	
//3	The police report: 7/200	00011/210
	7/2020	02111
	1/8080	0214/203
LARATION		
	Vergeoing particulars are true in every respect.	
LARATION declare the	expensions particulars are true in every respect.	
declare the	14 62 20 . Sym	14/02/20
declare the	expensions particulars are true in every respect.	14/02/20

GIARMC SketchPlanForm_VII

Google Maps New Upper Changi Rd

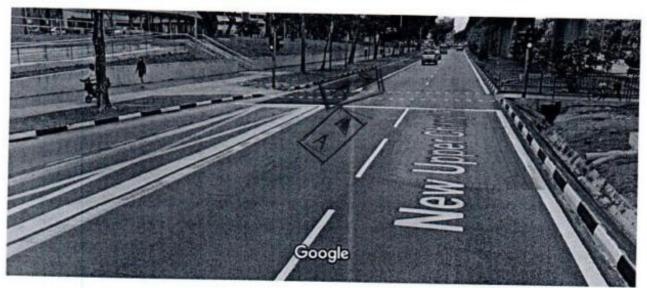


Image capture: Apr 2019 © 2020 Google

Singapore

Google

Street View

NEW UPP CHANGI RD TWAS BEDOK INTERCHANGE



BEDOK Bedok

A - SLU7936B B - SBS8805T

Individual Statement





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

Driver	HE WHEN THE REAL PROPERTY.	E-SI E-SI	ALTER ADVISOR			
Name	YANG WEIWEN			ID No		S8341310G
Related Vehicle	SLU7936B (Car)		Conta	ct No.	97772411	
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		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

Name	YANG WEIWEN		ADDRESS DES SESSION	IDA	SPH MUSE	
				ID No.		S8341310G
Related Vehicle	SLU7936B (Car)		0			
	(00.7)			Conta	act No.	97772411
Hospital/Clinic	NIL					
				Class Drivin Licen	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		15.15		Date	
No. of Days grant	led Medical Leave	AIII	Date Disch	narge	NIL	
-	nodical Leave	NIL	Degree of	Injury	NIL	

Brief Facts.

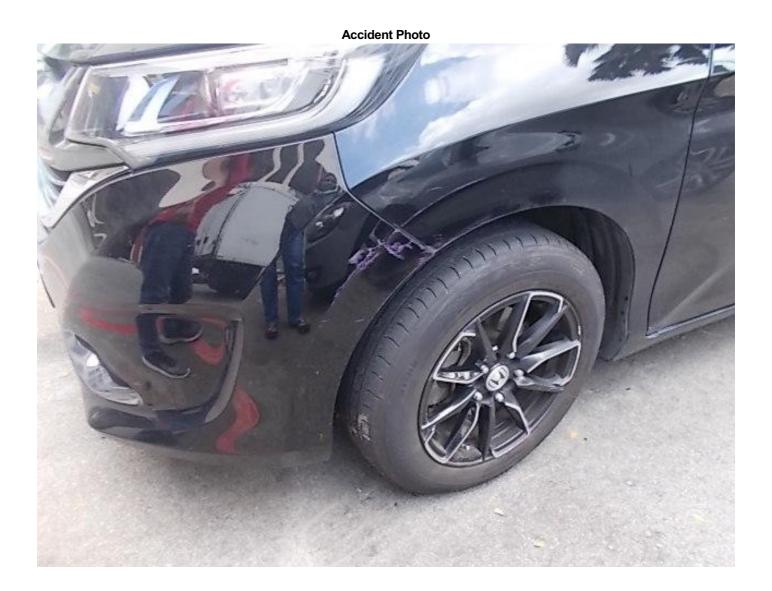
I WISH TO AMMEND IN MY REPORT THAT I FELT SOME PAIN IN MY NECK AND LOWER BACK REGION AND WENT TO SEE A DOCTOR A DAY AFTER THE ACCIDENT AND WAS GIVEN 3 DAYS

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 SIGNALLED 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



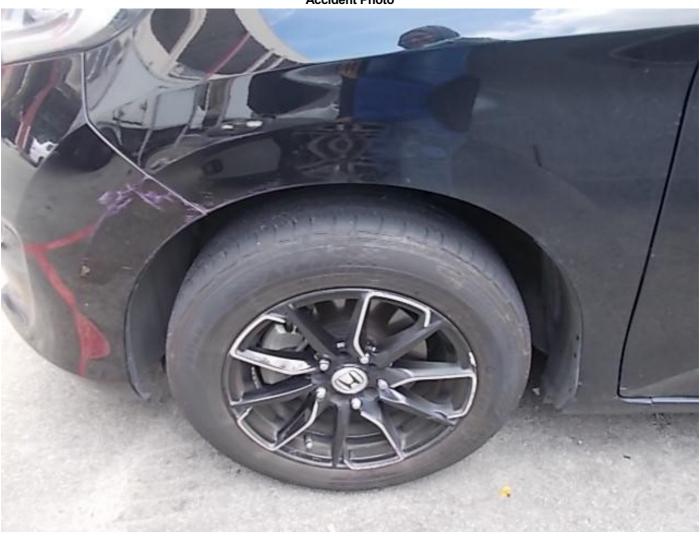


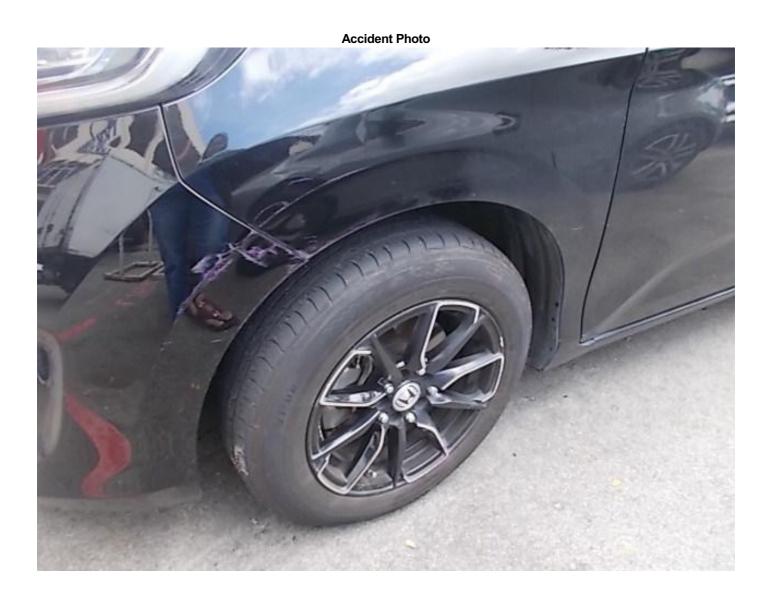






















Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 1 of 3 Report No. T/20200211/2125

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 1/02/2020 20:16		Vide Report No.:	Station Diary No.: 56			
Informa	nt's Partic	ulars	· 有原金额型 90年~日本				
Name of Informant: YANG WEIWEN			Address: APT BLK 54 PIPIT ROAD #02-68 SINGAPORE 370054				
ID Type NRIC NO	/ ID No.: D / S83413	10G	Contact No.: Home/Office: Mobile: 97772411				
Nationality: SINGAPORE CITIZEN		ŒN	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:			

Type of	Non-Injury	Drink	Date/Time of	Type of Location	
Accident:	Others	Drive: No	Accident; 11/02/2020 18:30	Straight Road	
	CHANGI ROAD	ERCHANGE			
Weather:		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Tra		Traffic Control:		Traffic Volume: Heavy	
One Way				Anyone conveyed by	

Details of V	ehicle Involved		A PARTY	AND 1 100 AND	AND THE SECOND	A STATE OF THE STA
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBS8805T	Bus/Coach/Mi nibus					0
SLU7936B	Car				Slightly Damaged	2

Details of Person Involved	· 医工工作的 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-62/84 SINGAPORE 370054

2 or 3 Report No. 7/20200211/2125

Tel No: 1800-7449999

CONTINUATION OF REPORT

Driver		-	ALTONOMICS	4 5 15	Service Co.	
Name	YANG WEIWEN		ID No		S8341310G	
Related Vehicle	SLU7936B (Car)		Conta	ict No.	97772411	
Hospital/Clinic	NIL		7/0	Class Drivin Licen Expin	g se &	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL.	Degree c		American Company of the Company of t	

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: SBS8905T 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 Station Of Origin: MacPherson NPP 54 Pipit 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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report	Signature Of Informant;
Staff Sgt MUHAMMAD HAZWAN BIN ADNAN	
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
Mulhentication Stamp II 19 - 1 P168 #11 82/24 Sengapter 1 Tept 1 Tel: 1800-7449980	



10/3 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 Roport 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 / \$8341310G

Home/Office

Mobile. 97772411

Email

Type of Accident Injury / Others

Drink Drive No.

Anyone conveyed by No

ambulance

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

Vehicle No.	Туре	Make	Model	Tour		
SBS8805T	Bus/Coach/Mi		(VICUB)	Color	Condition	No of Passenger
	nibus					0
SLU7936B	Car					3
attraction and a	30.00					0

Details of Person Involved	
Any Pedestrian Involved: No	THE RESERVE AND THE PERSON NAMED IN
No. of Pedestrians Injured; NIL	Use of Pedestrian Crossing: NA



T/201000214/20151

2 of 3 Report No. 1/20200214/2034

Continuation of CSF For NP168

Name	YANG WEIWEN	THE REAL PROPERTY.		
		ID No.	\$8341310G	
Related Vehicle	SLU7935B (Car)			
STEEL STORY		Contact N	No. 97772411	
Hospital/Clinic	NIL		1000 000000 00000000	
		Class of Driving Licence &		
Date Treatment	NIL	Expiry Da		
No. of Days granted Medical Leave NIL		Date Discharge NI		
	NIL.	Degree of Injury NII		

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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THAT IS ALL



T/20200214/201

3 of 3

Report No. 1/20200214/2034

Continuation of CSF For NP168

Sketch Plan

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Case Sensitivity

No

Officer-In-Charge of Case

TP / AEIT /

JUREMAH BINTE AHMAD

Classification of Case

1) INJURY / OTHERS