

## 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	21/02/2020 14:13
Date Of Accident	20/02/2020 13:10
Exact Location Of Accident	BLK 824 TAMPINES ST 81 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU9368L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEW LYE ELECTRICAL & SANITARY COMPANY
Co Reg No	2XXXX300B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97501762
Alternative Phone No	OFFICE-97501762

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE MNL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-19092821MCVP
Cover Note Number	

### Driver

Name of Driver	ANG YEW LYE
NRIC No	SXXXX581B
Date Of Birth	29/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1974
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97501762
Fax Number	
Contact Number	OFFICE-97501762
Email Address	NOEMAIL

Address	BLK 824 TAMPINES STREET 81 #04-38
Postcode	520824
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200221/7007.

#### 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	YP9703R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	ANG YEW LYE
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GU9368L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

**YEW LYE ELECTRICAL & SANITARY CO.**  
MR ANG HP : 97501782  
PUB ECL NO. 323964 PUB LEW NO. 7/043796  
122 EUNOS AVENUE 7 #03-08  
FUCHFIELD INDUSTRIAL CENTRE  
SINGAPORE 403575

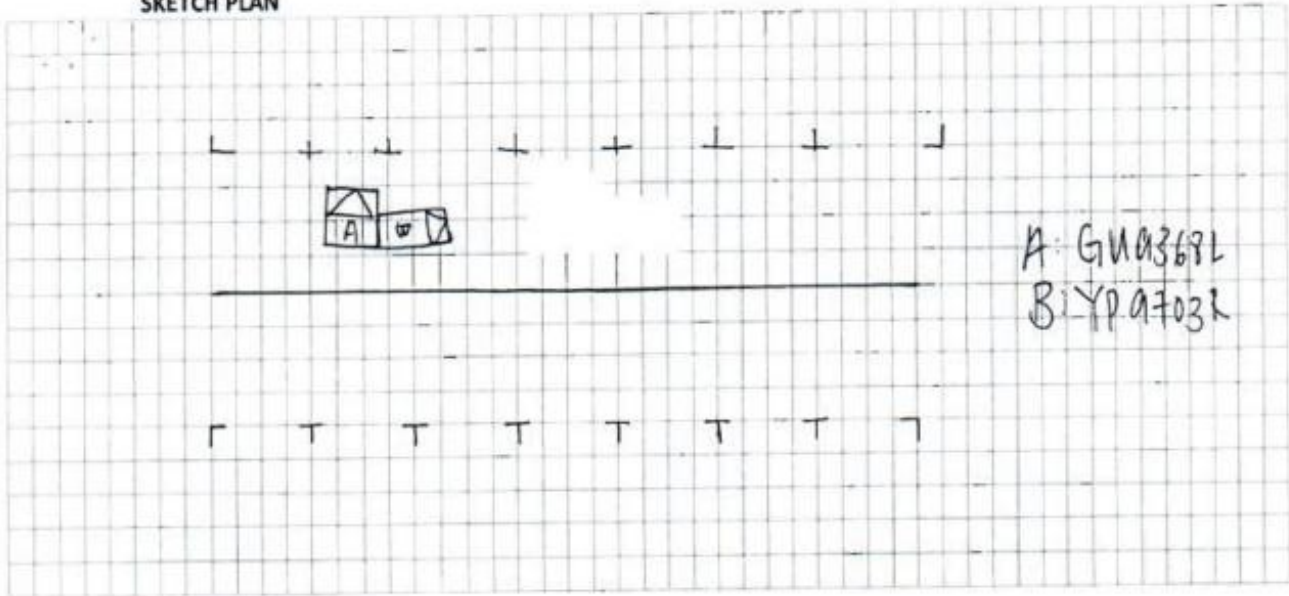
\_\_\_\_\_  
Policy holder's signature  
Date / time:

\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle, was stationary after coming out from the parking lot. As I saw vehicle B was reversing his car, I quickly sounded my horn to warn him. However he ignored my horn and continue to reverse and collided onto my right side of vehicle.

## DECLARATION

**YEW LEE ELECTRICAL & SANITARY CO.**  
 M/P ANG HP : 97501762  
 FJB ECL NO. 3/23884 PUB LEW NO. 7/043796  
 122 EUNOS AVENUE 7 #03-08  
 RICHFIELD INDUSTRIAL CENTRE  
 SINGAPORE 403375

Policy holder's signature  
 Date & time:

Driver's signature  
 (if driver is not policy holder)  
 Date & time:

reporting centre personnel's Signature  
 NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200221/7007

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200221/7007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2020 12:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG YEW LYE			Address: APT BLK 824 TAMPINES STREET 81 #04-38 SINGAPORE 520824		
ID Type / ID No.: NRIC NO / S0063581B			Contact No.: Home/Office:		Mobile: 97501762
Nationality: SINGAPORE CITIZEN			Email: angyewlye123@gmail.com		
Sex: Male	Age: 68	Date of Birth: 29/06/1951	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Electrical household appliance repairer			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2020 13:10	Type of Location: Car Park
Location:  TAMPINES STREET 81				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: rear to side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GU9368L	Van					0
YP9703R	Lorry					0

## Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200221/7007

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200221/7007

### CONTINUATION OF REPORT

<b>Driver</b>			
Name	ANG YEOW LYE	ID No.	S0063581B
Related Vehicle	GU9368L (Van)	Contact No.	97501762
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/02/2020	Date Discharge	21/02/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

#### Brief Details.

My vehicle was stationary after coming out from the parking lot, as i saw vehicle B was reversing his car i quickly sounded my horn to warn him. However he ignored my horn and continue to move backward and resulted in colldiing onto my right hand side of vehicle.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200221/7007

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200221/7007

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
21/02/2020 12:16

Classification Of Case:



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



