

## 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	25/09/2019 11:57
Date Of Accident	18/09/2019 18:00
Exact Location Of Accident	BRADDELL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3207T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81641811
Alternative Phone No	Office-81641811

### Vehicle Particulars

Manufacturer	KIA
Model	CARENS-1.7 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	201735055D
Cover Note Number	

### Driver

Name of Driver	YAP NGEE FATT
NRIC No	S0113493J
Date Of Birth	27/06/1953
Occupation	INDOOR
Date Of Driving Pass	01/11/1979
Driving Experience	39 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81820565
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	APT BLK 111 HOUGANG AVENUE 1 #02-1082 SINGAPORE 530111
Postcode	530111
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	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?	YES
Was any other material or property damaged?	NO
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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 114 HOUGANG AVENUE 1 #01-1270 , <b>POSTCODE:</b> 530114 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2899999 - <b>FAX NO:</b> 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please refer to the attachment for the circumstance of accident

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN4928A
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category  
Name of Driver

MOTORCYCLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

# Accident Sketch Plan

THIRD PARTY

SKETCH PLAN

BRADDELL ROAD

3 2 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SLV3207T

Accident Date: 18.9.2019 Time: 1800

Place of Accident: Braddean Road

3rd Party: FBN 4908A (Motorcycle)

Refer to police report:  
7/20190918/2075

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: HP 51820365

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

## Common Statement

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report **SOONEST** the details of the accident to speed up the claims process.
2. This form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind 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 data recording 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 Insurer's 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 "purpose(s)").
  - (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 Purpose(s); 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 Purpose(s).
  - (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: 24.09.19

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

AP: 8/8/2019

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo





## Identification Card & Driving License

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S0113493J**



Name  
**YAP NGEE FATT**

Race  
**CHINESE**

Date of birth  
**27-06-1953**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**




5520545



NRIC No. **S0113493J**



Date of issue  
**12-08-2015**

Address  
**APT BLK 111 HOUGANG AVENUE 1  
#02-1082  
SINGAPORE 530111**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S0113493J**

Name: **YAP NGEE FATT**

Birth Date: **27 Jun 1953**

Issue Date: **03 Oct 2005**




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

PASS DATE: **31 Nov 1979**

Class	Motor cars <= 3500 kg with <= 9 passengers, exclusive of the driver; and motor tricycles <= 250 kg
Class 2	

S / No. 9000294502

501134932

Licence No. **S0113493J**

NP 428A



**Land Transport Authority**


**VOCATIONAL LICENCE**

Licence No.: **S0113493J**

Name: **YAP NGEE FATT**

Issue Date: **23/7/2014**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	28/08/2008



# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:

Paya Lebar Nipp  
114 Hougang Avenue 1 #01-127D  
SINGAPORE 430114  
Tel No: 1800-2889199



120-00182175

1 of 1  
Report No: 1201901520175

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 18:59

Vide Report No.: E201909180007

Station Diary No.: 23

## Informant's Particulars

Name of Informant: YAP NGEE FATT

Address: APT BLK 111 HOUGANG AVENUE 1 #02-10B2 SINGAPORE 430111

ID Type / ID No.: NRIC NO: S0113483J

Contact No.: Mobile: 81820565

Nationality: SINGAPORE CITIZEN

Sex: Male Age: 86 Date of Birth: 27/04/1953

Type of Informant: Driver

Race: Chinese

Language: Institution / School Name:

Occupation: PRIVATE HIRER

Driving Licence Information: Class: 3

Date of Expiry:

## General Information of the Accident

Type of Accident: Injury

Attended by Police: No

Date/Time of Accident: 18/09/2019 18:00

Type of Location: Straight Road

Location: Along Road 1

BRADDELL ROAD

Weather: Clear

Road Surface: Dry

Road Speed Limit:

Traffic Flow: Traffic Control:

Traffic Volume: Heavy

Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No: FBW4328A

Type: Motorcycle

Make: P/AGG

Model: VF 7-A

Color: Yellow

Condition: 0

Vehicle No: SLV3207T

Type: Car

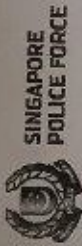
Make: KIA

Model: CARENS 1.7

Color: White

Condition: 0

# Police Report



Police Station Of Origin  
Payu Leaz MPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 630114  
Tel No. 1900-3898889



2 of 3  
Report No. T807-90082175

## CONTINUATION OF REPORT

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	
Driver	
Name	YAP NGEE FATT
ID No	S0113483J
Related Vehicle	SLV320TT (Car)
Contact No	81920585
Hospital/Clinic	NIL
Class of Driving License & Expiry Date	Class: S Date of Expiry: NIL
Date Treatment	NIL
Date Discharge	NIL
No. of Days granted Medical Leave	NIL
Degree of Injury	NIL

### Brief Details

On 15/09/2019 at about 1800hrs, I was driving my vehicle (SLV320TT) along Brasell Road on the first lane of three lane road.

Suddenly, a motorcycle (FBH482BA) travelled into the gap between my vehicle and the green road divider. During the process, his left handle hit into the my right side mirror and skidded thereafter.

I then alighted from my vehicle to make a check before the arrival of the Traffic Police and Ambulance. The motorcyclist was conveyed to the hospital subsequently.

I wish to inform that I am lodging this report as instructed by Traffic Police Officer Inman Naachia vide report number E/20190918/0097.



Police Report



Police Station Of Origin:  
Paya Lebar NPP  
114 Honggang Avenue #01-1270  
SINGAPORE 630114  
Tel No: 1800-2653939



1021009162175

3 of 3  
Report No: 1021009162175

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 65-174655 stating the report number as reference.

Signature Of Officer Recording The Report:  
F/  
Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN  
Contact No: 65478213

Authentication Stamp  
MP182

Signature Of Informant:

Date/Time:  
18/09/2018 18:59

Classification Of Case: