MCC620051462 / Cycle & Carriage Automotive Pte Ltd - Pandan Gardens
ENTRY DATE & TIME: 15/06/2020 10:50
SUBMITTED BY: Mabel Tan Shieh Yuen

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 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.

ACCIDENT STATEMENT	
Date Of Report	15/06/2020 10:50
Date Of Accident	13/06/2020 18:00
Exact Location Of Accident	BUANGKOK DRIVE INFRONT OF BUS STOP B01
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS1498Z
Insured/Policyholder	
Name Of Registered Owner	YAP SWEE BENG
NRIC No	SXXXX079J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97530526
Alternative Phone No	OTHERS-63865383
Vehicle Particulars	
Manufacturer	CITROEN
Model	C4 GRAND PICASSO-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700049957
Cover Note Number	
Driver	
Name of Driver	HENRY YAP JUN HAO
NRIC No	SXXXX861E
Date Of Birth	26/06/1995
Occupation	INDOOR
Date Of Driving Pass	20/05/2015
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97530526
Fax Number	
Contact Number	
EMail Address	HENRYYJH@YAHOO.COM

Address	BLK 945 HOUGANG STREET 92 #11-153
Postcode	530945
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : YAP SWEE BENG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	**ROAD**: 60 HOUGANG AVE 9 SINGAPORE 538775 , **POSTCODE:** 538775 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	SMA4737Y
Vehicle Make/Model/Colour	TOYOTA NOAH/VOXY/SILVER
Details Of Properties	FRONT BUMPER
Vehicle Category	PRIVATE CAR
Name of Driver	NG YEOW TIAN
NRIC/Passport Number	
Contact Number	82226802
Address	

Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRONT BUMPER
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE8100S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GERARD TONG KEEN KEONG
NRIC/Passport Number	
Contact Number	97836751
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YAP SWEE BENG
Approximate Age	
Injuries Sustain	NECK MUSCLE STRAIN
Injured person in which vehicle?	SLS1498Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

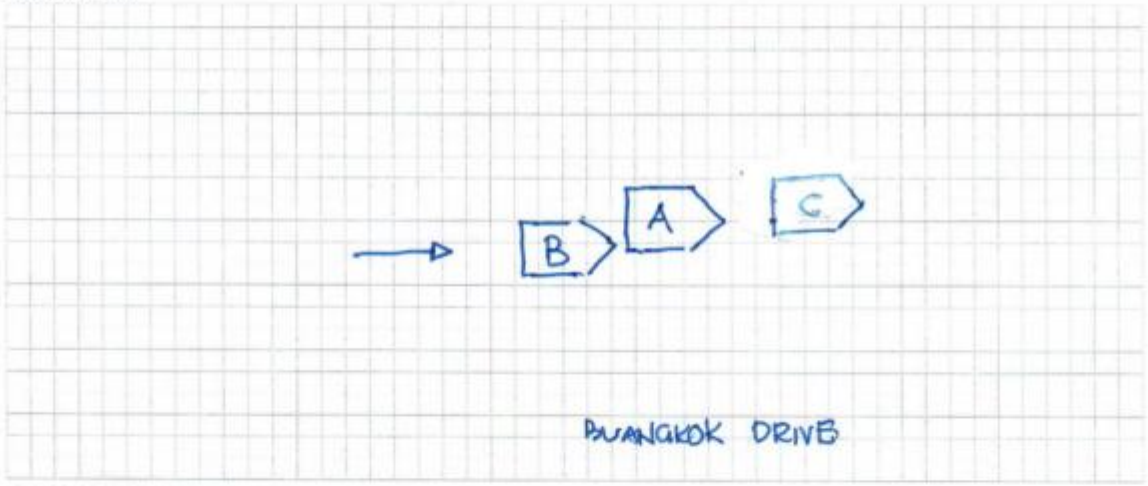
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
15/06/2020	Date & Time: 15/06/2020	NRIC/FIN No.:
0925	0925	

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DRIVER SEAT DAMAGED DUE TO IMPACT OF ACCIDENT

DECLARATION

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

Policyholder's Signature
Date & Time: 15/06/2020 0925

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/06/2020 0925

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

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Driving License

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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Accident Photo

Accident Photo

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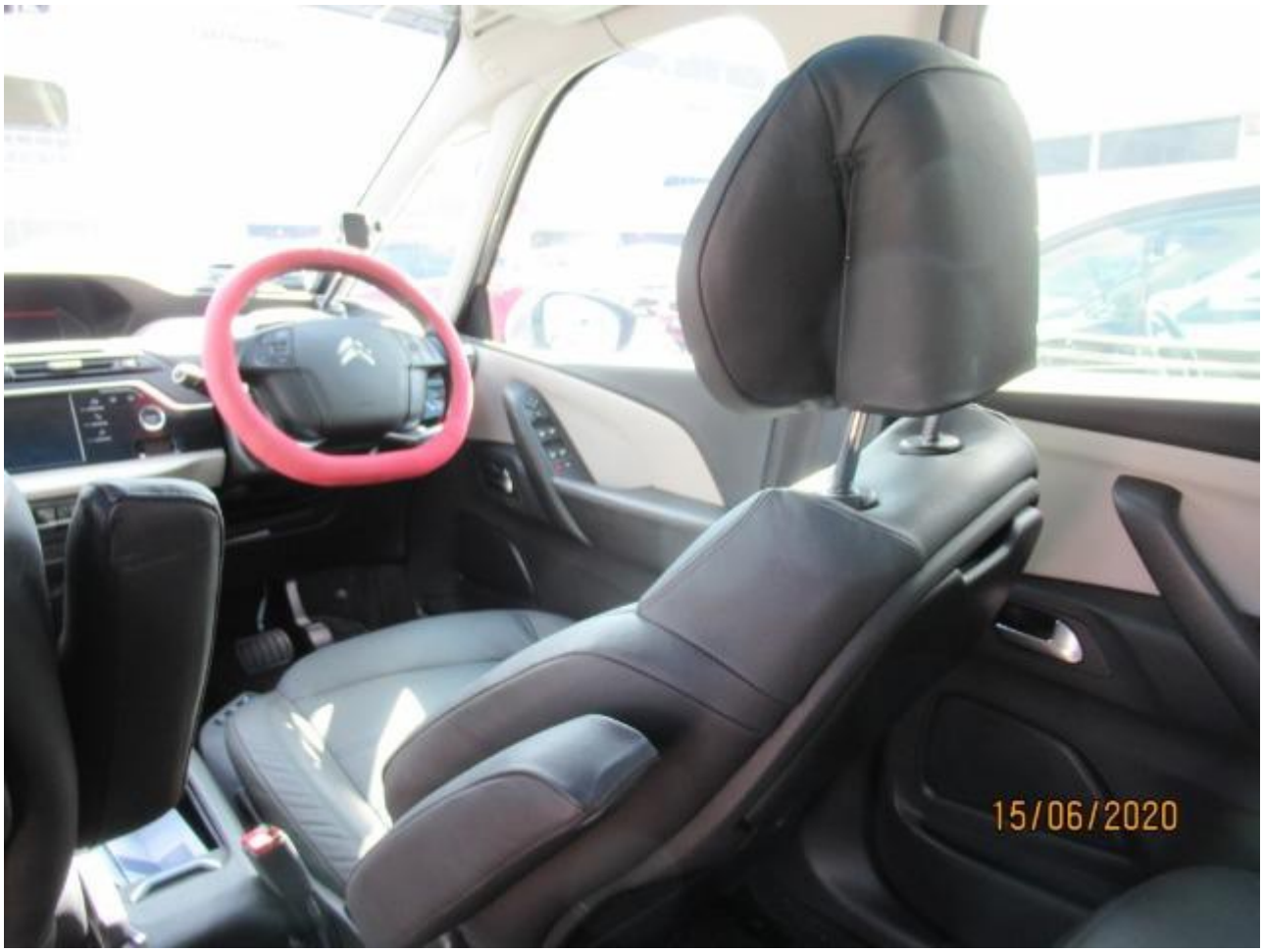
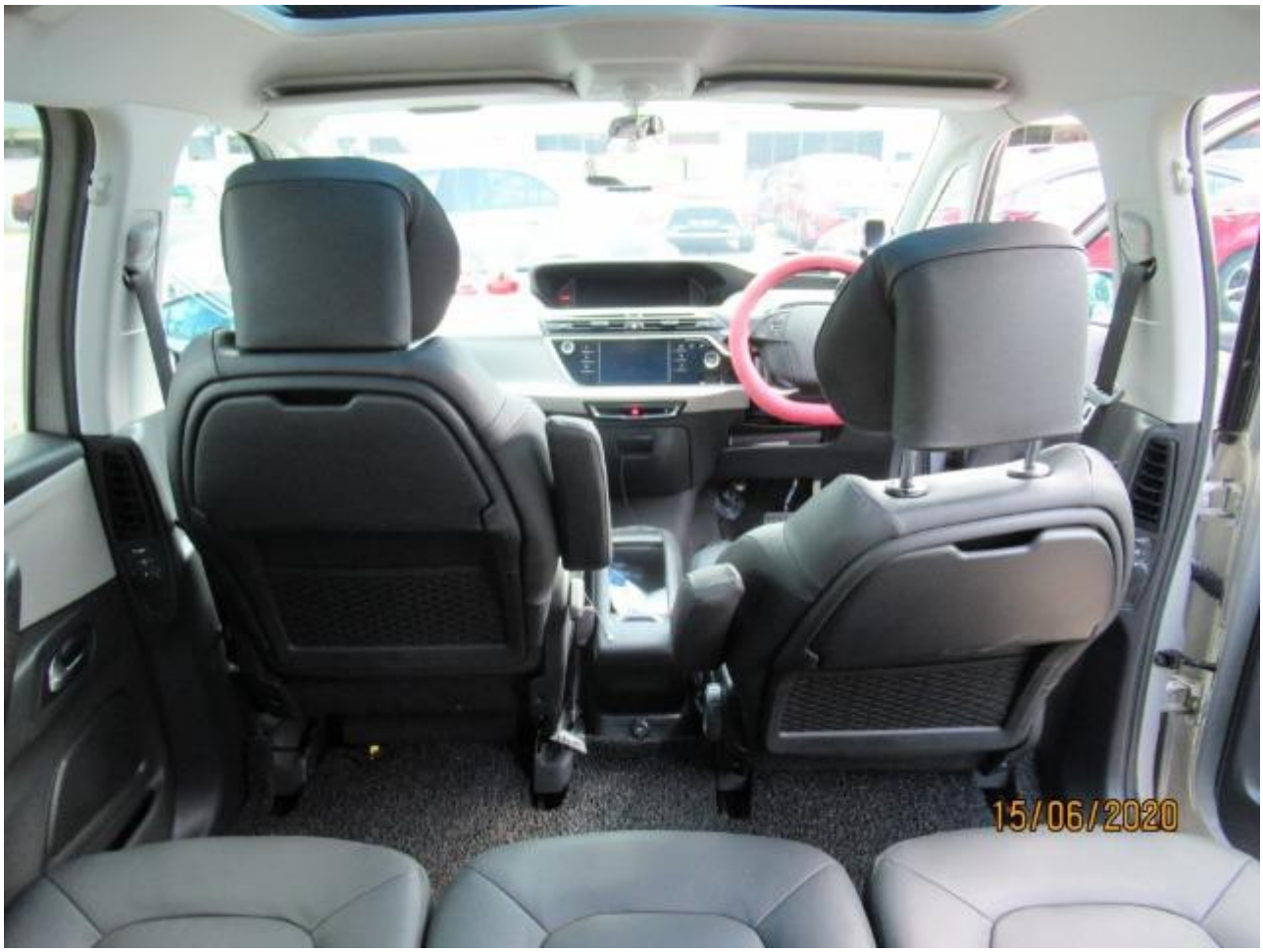


Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Police Report

SINGAPORE POLICE FORCE

T/20200613/2081

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20200613/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/06/2020 22:55		77

Informant's Particulars

Name of Informant:			Address:
HENRY YAP JUN HAO			APT BLK 945 HOUGANG STREET 92 #11-153 SINGAPORE 530945
ID Type / ID No.:			Contact No.:
NRIC NO / S9522861E			Home/Office: Mobile: 97530526
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	24	26/06/1995	Driver
Race:			Language: Institution / School Name:
Chinese			
Occupation:			Driving Licence Information:
Student			Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	13/06/2020 18:00	Bend

Location:
Along Road 1
BUANGKOK DRIVE

Weather:	Road Surface:	Road Speed Limit:
Cloudy	Wet	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Traffic Light - Working	Moderate
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBE8100S	LAND ROVER				Slightly Damaged	1
SLS1498Z	MPV				Seriously Damaged	1
SMA4737Y	MPV				Seriously Damaged	0

Police Report

SINGAPORE POLICE FORCE

T/20200613/2081

Report No. T/20200613/2081

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	GERARD TONG KEEN KEONG	ID No.	S7128291J
Related Vehicle	GBE8100S (LAND ROVER)	Contact No.	97836751
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
Driver			
Name	HENRY YAP JUN HAO	ID No.	S9522861E
Related Vehicle	SLS1498Z (MPV)	Contact No.	97530526
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	YAP SWEE BENG	ID No.	S1391079J
Related Vehicle	SLS1498Z (MPV)	Contact No.	96436025
Hospital/Clinic	SENGKANG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/06/2020	Date Discharge	13/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Police Report

SINGAPORE POLICE FORCE

T/20200613/2081

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20200613/2081

CONTINUATION OF REPORT

Driver			
Name	NG YEOW TIAN	ID No.	S7030927J
Related Vehicle	SMA4737Y (MPV)	Contact No.	82226802
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

On 13 Jun 2020 at about 1800hrs whilst driving along Buangkok Drive, one land rover no. GBE8100S in front of mine, on the extreme right lane turned left trying to filter into the extreme left lane but was unable to do so and jammed brake right in front of mine. I managed to stop before hitting this said land rover but however, the other MPV no. SMA4737Y from behind hit onto the back of my vehicle and caused my vehicle to hit onto the land rover in front of mine. My father who was the passenger in the middle seats was jerked and have a pain in the neck. Subsequently, I drove my father to SKGH for medical check up and he was given 5 days Medical Leave.

Police Report

SINGAPORE POLICE FORCE

T/20200613/2061

Report No. T/20200613/2061

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

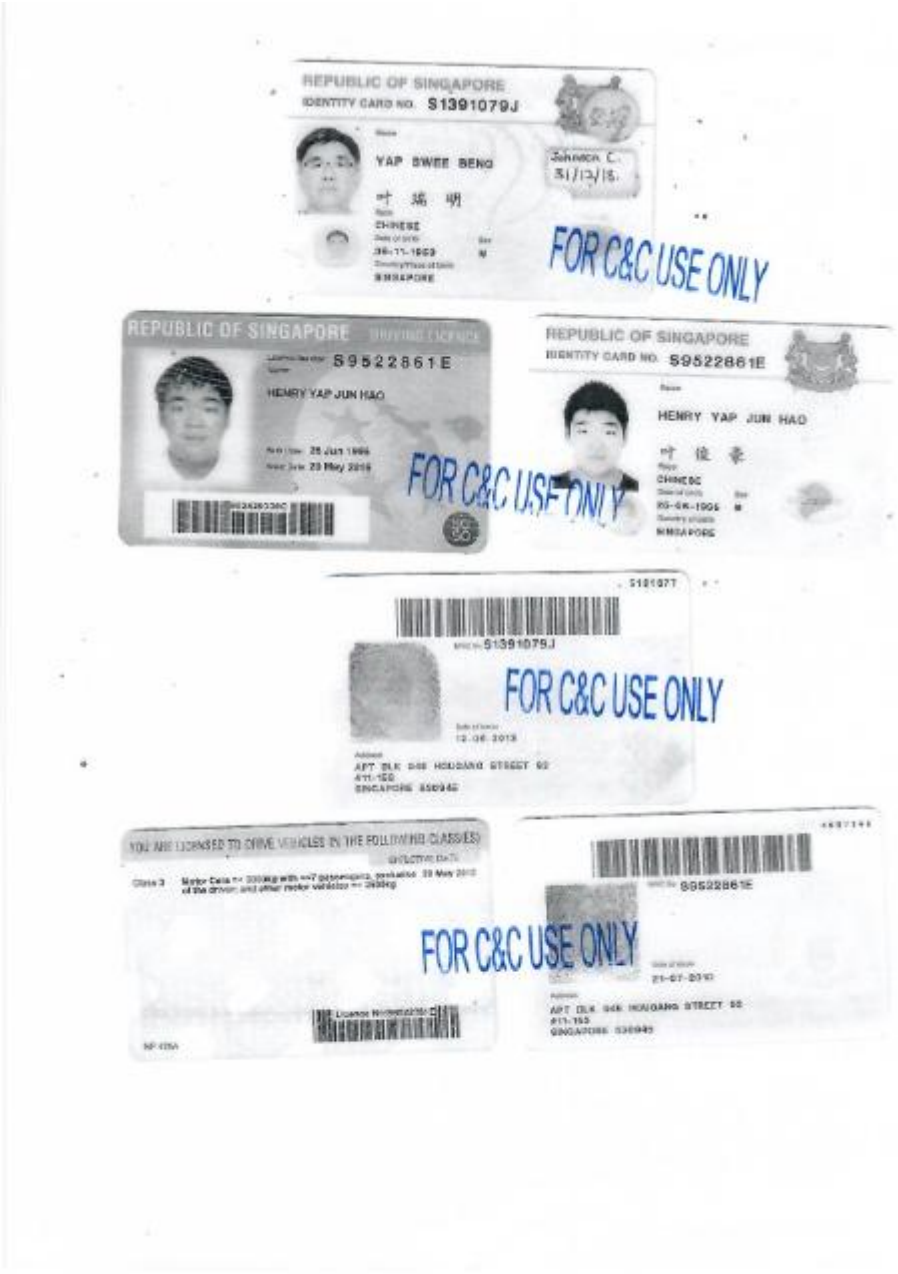
Informant is not able to provide sketch plan

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: F / SI SWEN KUM WAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/06/2020 22:55
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp
NP156

Identification Card



Accident Photo

Accident Photo