

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	14/08/2020 14:11
Date Of Accident	13/08/2020 14:40
Exact Location Of Accident	BUANGKOK DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9103X
Insured/Policyholder	
Name Of Registered Owner	YU KEQING
NRIC No	SXXXX451A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91009616
Alternative Phone No	OFFICE-91009616

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114609545
Cover Note Number	

Driver

Name of Driver	YU KEQING
NRIC No	SXXXX451A
Date Of Birth	30/09/1970
Occupation	INDOOR
Date Of Driving Pass	02/10/2008
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91009616
Fax Number	
Contact Number	OFFICE-91009616
EEmail Address	NOEMAIL

Address	BLK 980 UPPER SERANGOON ROAD #16-01
Postcode	533856
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200813/2110

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	SHB4412M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TENG CHANG LIM
NRIC/Passport Number	SXXXX809J
Contact Number	96257057

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan


SKETCH PLAN


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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
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I was travelling on my vehicle bearing carplate number JTL9103X on Bangkoku Drive. The lanes were 3 straight lanes, I was on the lane 3 when my vehicle lost control and hit head to rear on vehicle B which then my car drifted to lane 1 and hit the kerb.

DECLARATION

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:

Reporting Centre Personnel's Signature

Name: _____

NEIC/TIN No. 1

Police Report



**SINGAPORE
POLICE FORCE**



T/20200813/2110

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200813/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2020 20:10	Vide Report No.:	Station Diary No.: 175
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Informant's Particulars

Name of Informant: YU KEQING			Address: BLK 980 UPPER SERANGOON ROAD #16-01 SINGAPORE 533856		
ID Type / ID No.: NRIC NO / S7085451A			Contact No.: Home/Office: Mobile: 91009616		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 30/09/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: IT Project Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/08/2020 14:40	Type of Location:
Location: BUANGKOK EAST DRIVE				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4412M	Car				Slightly Damaged	1
SJL9103X	Car	TOYOTA	VIOS E AUTO	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL9103X	NTUC Income Insurance Co-Operative Limited	5114609545	16/12/2019	15/12/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200813/2110

2 of 3

Report No. T/20200813/2110

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TENG CHANG LIM	ID No.	S0192809J
Related Vehicle	SHB4412M (Car)	Contact No.	96257057
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	YU KEQING	ID No.	S7085451A
Related Vehicle	SJL9103X (Car)	Contact No.	91009616
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

Brief Details.

On 13/08/2020 at about 1440hrs, I was driving along Buangkok East Dr on the most left lane. I do not know what had happened, my vehicle suddenly hit onto the Taxi in front, and subsequently swerved to the most right lane. There were no other cars during the point of time. We stopped the vehicle and get down to exchange particulars. The Taxi driver informed that he was feeling unwell. However no visible injuries were seen. No one was injured. As such I left the scene after my vehicle was being towed away by the towing company.

At about 1604hrs, I received a call from Taxi driver saying that he was conveyed to the hospital. Subsequently, he handed over the phone to another person who claimed to be the traffic police, informing me to return to the scene. I informed him that we have already exchanged particulars earlier, and had confirmed that there were only 2 cars involved. As such, I was told that I do not need to proceed back to the scene. At about 1656hrs, I received another call from a Traffic Police officer from number 65476216. I sent him some photos at the scene, and he informed me to lodge a police report at any police station.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200813/2110

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

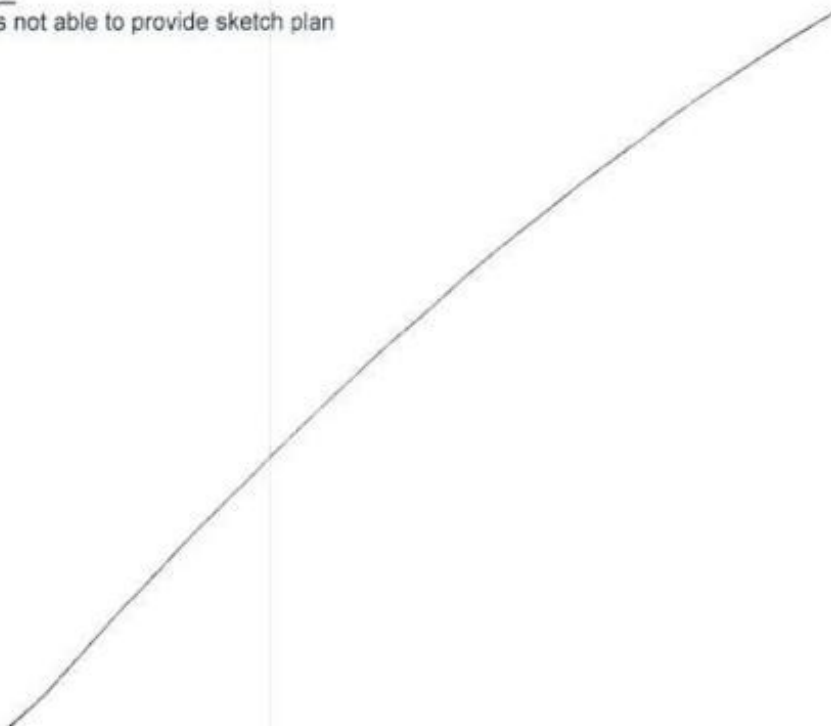
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Report No. T/20200813/2110

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 /

Staff Sgt LOI SHI HUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/08/2020 20:10

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force

SN 035

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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TOYOTA MOTOR CORPORATION

MODEL NO. 93R-BEPRK 1497 mL
ENGINE 1NZ-EE
FRAME No. MRO53HY9305086903 GVN (kg)
COLOR 209 EE18 Z35
TRIM 0340E -02A SEP 08
PLANT -

MADE IN THAILAND
AD-BY: TOYOTA MOTOR THAILAND CO., LTD.

Accident Photo

