#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.

4.0.004.4.	
	ACCIDENT STATEMENT
Date Of Report	04/09/2020 12:01
Date Of Accident	01/09/2020 15:45
Exact Location Of Accident	ALONG UPPER THOMSON ROAD TOWARDS YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBJ3355E
Insured/Policyholder	
Name Of Registered Owner	LEUNG YUEN YEE
NRIC No	SXXXX886A
Email Address	YUEYEEYAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96665964
Alternative Phone No	OTHERS-96665964
Vehicle Particulars	
Manufacturer	BMW
Model	3201
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5054737615-08
Cover Note Number	
Driver	
Name of Driver	YAN YUE YEE
NRIC No	SXXXX035F
Date Of Birth	06/12/1974
Occupation	INDOOR
Date Of Driving Pass	12/08/1992
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96665964
Fax Number	

OTHERS-96665964

YUEYEEYAN@GMAIL.COM

Address 184 HILLCREST ROAD

Postcode 289067

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 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

Was any body injured in the Accident?

NO

2

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

### **Circumstances of Accident**

### PLEASE REFER TO SKETCH PLAN

## 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 SMN3588Z

Vehicle Make/Model/Colour MAZDA

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver TAN LEE HOON
NRIC/Passport Number SXXXX430D
Contact Number 90900138

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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.
- 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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Perso

Nagre:

. SET 2020; 1136410 RIC/FIN NO.:

## **Accident Sketch Plan**

SKETCH PLAN	Pelahira			
	Talan	YEW LIAN	PARK CHIAIL	
WPG Thomson R	d	(SBJ\$355E) A	B B	suddenly cur into path of SBJ 3355
		B) SBJ ?	3355E 3588Z	
ESCRIBE CIRCUMSTANCES C	F THE ACCIO	DENT	, ,	
RAFFOR TO DO	lian 1	Rujour 7	2000901/205	
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DECLARATION /We declare the foregoing particular	lars are true in	n every respect.		/.
n ann an t-aireann ain an t-aireann aireann aireann aireann aireann aireann aireann aireann aireann aireann ai	19	272	auN	odas/2020
Policyholder's Signature Date & Time:		Signature r is not the policyholder) Time: 4 = (400, 1,000)	Reporting Cent Name: , 11 361115, NRIC/FIN No.:	tre Personnel's Signature

## **POLICE REPORT**





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914

No. of Pedestrians Injured: NIL

Tel No: 1800-4629999

		1 of 3
Report	No.	T/20200901/2105

	te/Time Report Made: 09/2020 20:01			Vide Report No.:				S 50	tation Diary No.:
Informant's	Particu	lars							
Name of Informant: YAN YUE YEE			Address: 184 HILLCREST ROAD SINGAPORE 289067					7	
ID Type / ID No.: NRIC NO / S7490035F		120000000000000000000000000000000000000	Contact No.: Home/Office:			Mobile: 96665964			
Nationality: SINGAPOR	E CITIZ	EN	Email	B					
Sex: Male	Age: 45	Date of Birth: 06/12/1974	Type of Informant: Driver						
Race: Chinese			Langu	lage:			Institut	ion / So	chool Name:
Occupation: RETIRED			Drivin	g Licence I : 3	nform	ation:	Date of Expiry:		
Location: UPPER THO	OMSON	ROAD		No		1/09/20	20 15:45		
Weather: Clear			Road Surface: Dry					Road	Speed Limit:
Traffic Flow: One Way	Traffic Control: Traffic Light - Working				Traffic	v Volume:			
Type of Collision: Between Moving Vehicles - Side Swipe				e - Same Direction				Anyone conveyed by ambulance: No	
	ehicle I	nvolved				lor	Cor	ndition	No of Passenge
Between Mo	ehicle I	nvolved Make		Model	Co	TOT.		ronnon i	140 of Laggeride
Between Mo		The second name of the second na		Model	Co	101	Slig	htly	0

Use of Pedestrian Crossing: NA

#### POLICE REPORT



T/20200901/2105

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914

2 of 3 Report No. T/20200901/2105

Tel No: 1800-4629999

## CONTINUATION OF REPORT

Driver	sa dinamental de la companya del companya del companya de la compa					
Name	YAN YUE YEE			ID No	).	S7490035F
Related Vehicle	SBJ3355E (Car)			Contact No.		96665964
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 NI			

#### Brief Details.

At about 1540hrs on 1st September 2020, I was driving on lane 3 of Upper Thomson Road amidst heavy traffic. After crossing the cross junction with Jalan Pelatina around Yew Lian Park Estate. SMN3588Z cut into my lane from the left abruptly and I was forced to jam brake. At that split moment to the point when I came to a complete stop, I did not feel any impact nor sound of a collision. I subsequently stopped my car and got off to inspect the damage, I took photos of the scratches on the rear right side of SMN3588Z, above the rear right wheel. There were some scratches on the front left side of my vehicle (SBJ3355E). In order not to block the heavy traffic on Upper Thomson Road, we drove to Sin Ming Road via Jalan Todak to exchange driver's particulars. Her particulars are as follows:

Name: Tan Lee Hoon NRIC number: \$1772430D Mobile number: 9090 0138

I was unable to obtain details of Ms Tan's driving license as she claimed that it was not with her at that point in time, and she had placed it in another bag. After exchanging drivers' particulars, we drove off separately to continue what we had to do. I wish to state that I do not feel any aches nor injuries at this point of time. My vehicle do not have any in car camera.

## POLICE REPORT





3 of 3 Report No. T/20200901/2105

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

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: E / Sgt 3 LAU KOK TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2020 20:01
Officer In Charge Of Cases SINGAPORE TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp SJGNATU	RE



















