

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 Submission	02/12/2020 14:16 (SGT)
Date of Accident	30/11/2020 15:00 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore
Additional Location Information	NEAR LAMP POST : 15
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE5417E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YIP CHAT POH
NRIC No	SXXXX107C
Email Address	yipler17@gmail.com
Mobile Phone No	(Phone) +65-91166821
Alternative Phone No	+65-91166821

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Scirocco
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119889623
Cover Note Number	-

DRIVER

Name of Driver	YIP LER
NRIC No	SXXXX164A
Date Of Birth	17/11/1999
Occupation	Indoor

Date Of Driving Pass	19/03/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91166821
Alt. Phone Number	-
Email Address	yipler17@gmail.com
Address	BLK 323 TAH CHING ROAD
Address complement	#11-64
Postcode	610323
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	NDP7776
Vehicle Category	Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201130/2120.

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	NDP7776
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YIP LER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLE5417E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

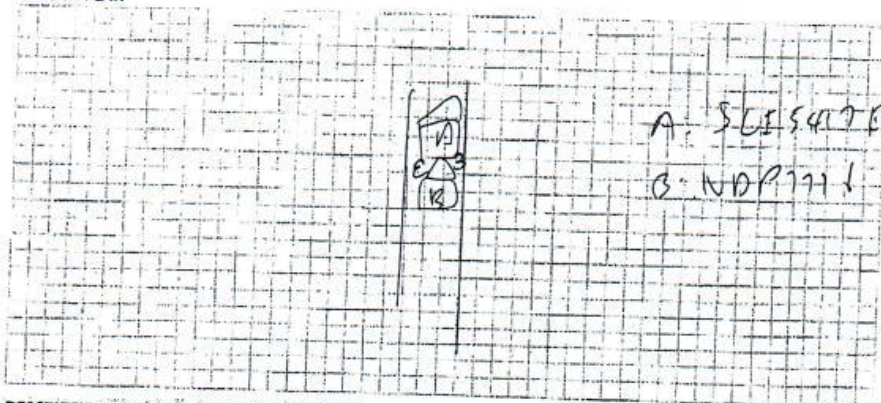

Policyholder's Signature
Date & Time:


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


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

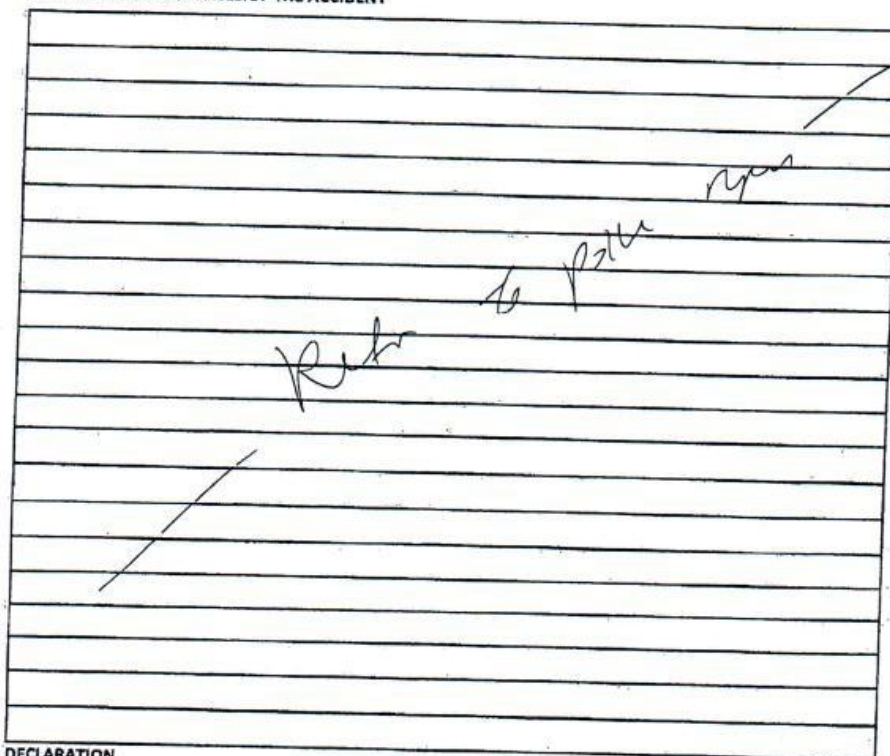
STANDARD Accident Report Form 1/2018

SKETCH PLAN



A. SEISSAITE
B. NADP7711

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT




RUB to P21u

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:


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




























**SINGAPORE
POLICE FORCE**


T/20201130/2120

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20201130/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2020 18:48	Vide Report No.: J/20201130/0104	Station Diary No.: 106
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Informant's Particulars

Name of Informant: YIP LER			Address: APT BLK 323 TAH CHING ROAD #11-64 SINGAPORE 610323	
ID Type / ID No.: NRIC NO / S9937164A			Contact No.: Home/Office: Mobile: 91166821	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 21	Date of Birth: 17/11/1999	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: CONTRACTOR			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/11/2020 15:00	Type of Location: Straight Road
Location: PIONEER ROAD NORTH				
Lamp Post Number: 15				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
NDP7776	Lorry					1
SLE5417E	Car					1



**SINGAPORE
POLICE FORCE**



T/20201130/2120

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20201130/2120

CONTINUATION OF REPORT

Brief Details.

On 30/11/2020 at about 1500hrs, while I was travelling along Pioneer Road North and stopped at the traffic lights, I suddenly felt a light bang on the rear of my vehicle and subsequently a second bang which was harder and also followed by a third bang which caused the most impact, causing me to hit my head and suffering aches on my neck.

Subsequently, both of us stopped in the middle of the road and shortly after Traffic Police and Ambulance came.

I was instructed by Traffic Police to lodge a Traffic Accident Report at a nearby NPC in regards to my case vide Incident J/20201130/0104.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20201130/2120

3 of 3

Report No. T/20201130/2120

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:

J /
Sgt 1 LIM HAI KENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 DAVID YAP

Contact No.: 96192349

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

30/11/2020 18:48

Classification Of Case:

