

## 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	27/08/2020 13:30
Date Of Accident	26/08/2020 16:20
Exact Location Of Accident	SIMON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ3029S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO SEONG BEE ERIC
NRIC No	SXXXX021H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93691333
Alternative Phone No	OFFICE-93691333

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107550662-01
Cover Note Number	

### Driver

Name of Driver	YEO SEONG BEE ERIC
NRIC No	SXXXX021H
Date Of Birth	24/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1973
Driving Experience	47 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93691333
Fax Number	
Contact Number	OFFICE-93691333
E-Mail Address	NOEMAIL

Address	BLK 273 BANGKIT ROAD #01-154
Postcode	670273
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	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?	NO
Was any injured conveyed to hospital by ambulance?	
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	THOMSON NPP 25 SIN MING ROAD
Police Station Address	<b>ROAD:</b> 25 SIN MING ROAD #01-180 , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT

#### 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

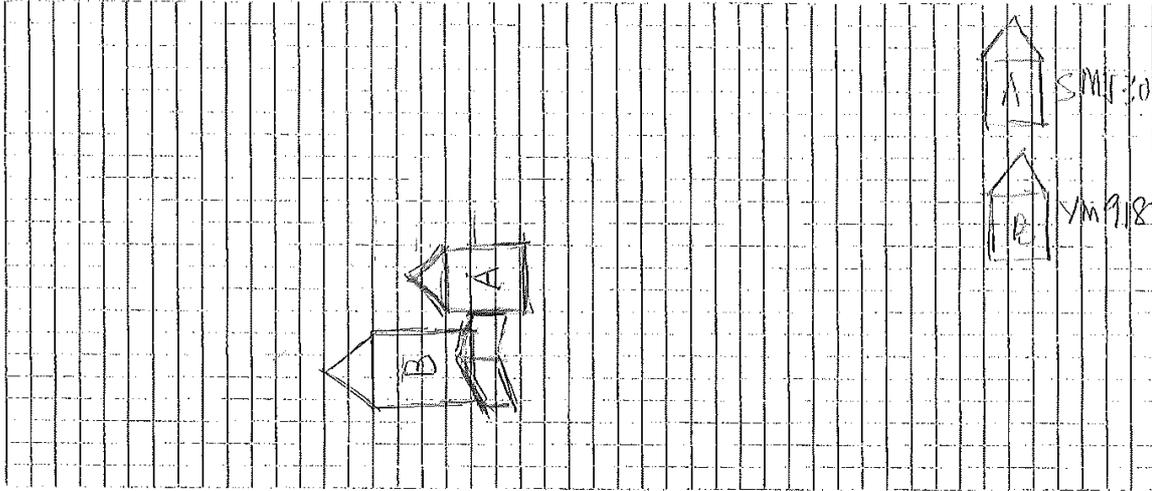
Vehicle Registration Number	YM9180P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- As per police report -

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.:

**SKETCH PLAN**

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5. **Any false reporting 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 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.:



**SINGAPORE  
POLICE FORCE**



Police Station Of Origin  
Thomson NPP  
25 Sun Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4528999

1 of 1  
Report No: Y20200826020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/08/2020 18:45 Vide Report No: Station Diary No: 27

**Informant's Particulars**

Name of Informant YEO SEONG BEE ERIC	Address: APT BLK 273 BANGKIT ROAD #01-154 SINGAPORE 670273		
ID Type / ID No NRIC NO / S0205021H	Contact No Home/Office	Mobile: 93691333	
Nationality SINGAPORE CITIZEN	Email		
Sex Male	Age 66	Date of Birth 24/11/1953	Type of Informant Driver
Race Chinese	Language English		Institution / School Name
Occupation GRAB DRIVER	Driving Licence Information Class: 2B,2A,2,3		Date of Expiry

**General Information of the Accident**

Type of Accident Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident 26/08/2020 16:20	Type of Location Straight Road
Location: SIMON ROAD			
Weather Clear	Road Surface: Dry	Road Speed Limit	
Traffic Flow Two Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision Moving Vehicle Against - Parked Vehicle	Anyone conveyed by ambulance: No		

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SMJ3028S	Car				Slightly Damaged	0
YM9180P	Lorry					0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No. 1800-4529999



1720200826/2057

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Report No. 1720200826/2057

**CONTINUATION OF REPORT**

**Brief Details.**

On 26/08/2020 at about 1618hrs, I was driving my vehicle SMJ3029S along the service road near 1 Simon Road. I was driving pass a vehicle which parked on the road side of the double yellow line. The said vehicle is a box lorry and the rear door of the box were open. As I was driving pass, out of the sudden, the opened door swung and hit onto the left side of my vehicle. I immediately stopped and alighted from my vehicle to inspect the damage. My vehicle were scratched on the left side. I then approached subject who was seen unloading goods from the vehicle however they ignored and did not respond to me.

At this juncture, traffic were building up and there is no place for me to park down the service road. As such I moved off and went to lodge a insurance report for the damage claim. I am unable to get the driver particulars and as such I am lodging this report.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No. 1800-4529999



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Report No. 1558988950209

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 /  
Sr Staff Sgt MUHAMMAD HAFIZ BIN ZUHURI

Signature Of Informant

Date/Time  
26/08/2020 18:45

Signature Of Interpreter  
Not applicable

Officer In Charge Of Case  
TP / HRT /  
Sr Staff Sgt NEO ZHI YUAN  
Contact No. 65476079

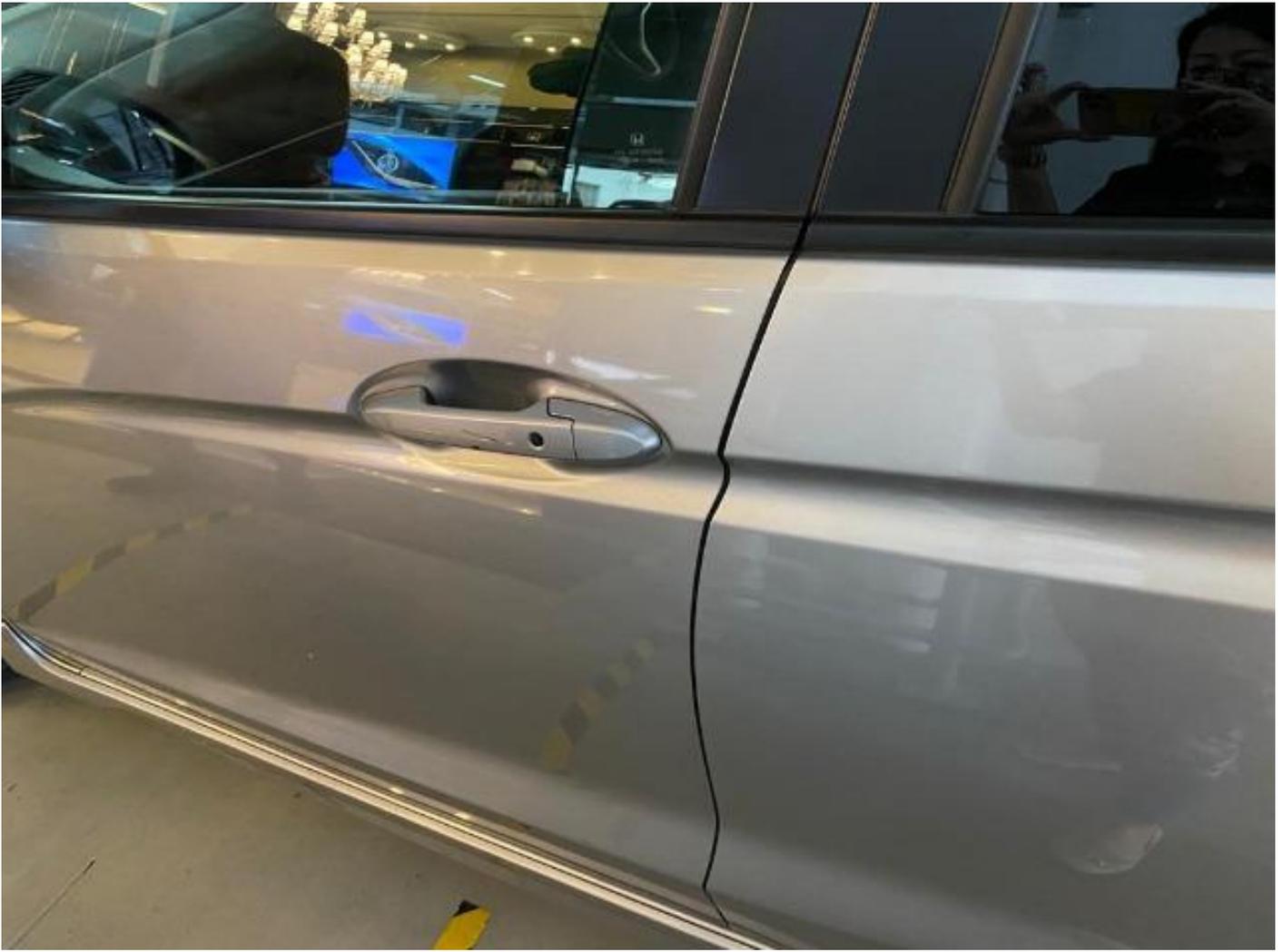
Classification Of Case

SH 070

Authentication Stamp  
NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

