

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	04/12/2020 09:31 (SGT)
Date of Accident	03/12/2020 16:30 (SGT)
Exact Location of Accident	Near 94A Jln Eunus, Singapore 419528
Additional Location Information	JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC3079X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAP AH YIU
NRIC No	S6901120I
Email Address	APSAUTOGATE@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-92744393
Alternative Phone No	+65-92744393

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800042361
Cover Note Number	-

DRIVER

Name of Driver	YAP AH YIU
NRIC No	S6901120I
Date Of Birth	04/01/1969
Occupation	Indoor

Date Of Driving Pass	12/07/1989
Driving experience	31 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92744393
Alt. Phone Number	+65-92744393
Email Address	APSAUTOGATE@SINGNET.COM.SG
Address	BLK 204 BEDOK NORTH STREET 1 #03-415
Address complement	-
Postcode	460204
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002419999
Alt. Police Station Phone No	(Fax) +65-64431687
Police Station Address	Blk 15 Bedok South Road #01-117 Singapore 460015
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACH
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHD5271K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-

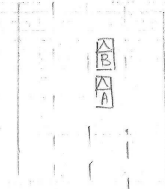
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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 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 if/when required.
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 processed 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time Sketch Plan 3/12/2020 6pm	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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A-SLC3079X
B-SHP5271K




Describe Circumstances of the Accident

I was driving along Jalan Tunas. Suddenly, there was a taxi in front of me jam brake. I was unable to stop in time and collided into the taxi.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) day clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 Policyholder's Signature / Date & Time 6pm 3/12/2020	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel PN
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**SINGAPORE
POLICE FORCE**



T/20201211/2129

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

1 of 3
Report No. T/20201211/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2020 20:53 Vide Report No.: Station Diary No.: 23

Informant's Particulars			
Name of Informant: YAP AH YIU		Address: APT BLK 204 BEDOK NORTH STREET 1 #03-415 SINGAPORE 460204	
ID Type / ID No.: NRIC NO / S6901120I		Contact No.: Home/Office: Mobile: 92744393	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 04/01/1969	Type of Informant: Driver
Race: Chinese		Institution / School Name:	
Occupation: MANAGER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2020 16:35	Type of Location: Straight Road
Location: JALAN EUNOS				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHD5271K	TAXI				Slightly Damaged	0
SLC3079X	Car	TOYOTA	WISH 1.8 CVT	Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC3079X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800042361-02	10/05/2020	09/05/2021



**SINGAPORE
POLICE FORCE**



1/20201211/2129

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

2 of 3
Report No. T/20201211/2129

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YAP AH YIU	ID No.	S69011201
Related Vehicle	SLC3076X (Car)	Contact No.	92744393
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

Brief Details.

On 3/11/2020 at about 1635hrs, I was driving along Jin Eunos, heading towards Still road, after coming from Eunos Link. I was driving on the second lane from the right. A Transcab Taxi bearing registration number SHN5271K, was driving in front of my car. I driving a distance away from the car. After I had passed the traffic light below PIE flyover, the taxi had suddenly braked. I had immediately braked my car as well however my car could not stop in time and had lightly bumped onto the rear of the taxi. I immediately exited my car and the taxi driver had exited his taxi and approached me.

I had made a check on my car and discovered that my front car license plate was cracked. I had made a check on the taxi for any damage however I did not notice any visible damage. The driver claimed that there was a gap on his rear bumper that was caused by the accident.

The taxi driver said he wants to go for insurance claiming and will report to his taxi company about the matter. I had asked to exchange particulars with him for insurance claiming purposes however he refused to provide me his particulars and said I had no right to do so and said the insurance company can find out through his vehicle plate number. As such, we did not exchange particulars and I had only taken photos of both vehicles. The driver did not complain of any injury to me. We had returned to our vehicles and drove off.

I wish to add that I have an in car front facing camera that had recorded the incident. I wish to add as well that the road surface was wet and it was raining when the accident occurred. I had received a letter from Traffic Police (TP), reference number TP/JP/164011/2020, to lodge an accident report regarding the matter. I had called the TP Investigation officer and he had told me that I had to lodge an accident report as the other party had claimed injury. I had already reported the matter to my insurance company. I am now lodging this report under the instruction from TP and for further insurance claiming actions.



**SINGAPORE
POLICE FORCE**



T/20201211/2129

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE:
460015
Tel No: 1800-2419999

3 of 3

Report No. T/20201211/2129

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:
G /
Sgt 3 JONATHAN LIM ZI XUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No. 65476161

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
11/12/2020 20:53

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #12-05 Singapore 048587
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66306306 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SP0U20C30006 Vehicle Registration No: SLC3079X
 Name (as shown in NRIC): Yap Ah Yiu NRIC/FIN/Passport No: S6901120Z
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9744893
 Email Address: _____
 Date of Accident: 31/12/2020 Time of Accident: _____
 Place of Accident: 94A Jln Eunor (4195240)
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Attached Police Report
- Video

 Policyholder / Driver's Signature
 Date: 14/1/20

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

SP0U20C30006_1