SN0821160002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 06/01/2021 10:55 (SGT) SUBMITTED BY: Mohd Taufikh VERSION: 1 (06/01/2021 10:55 (SGT))

# **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 witholding of material facts may allow insurance companies to repudiate

- 9. Information provided mast by as distinct and second as positive 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 insurance Association of Singapore (GIA) for archiving the research of 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	06/01/2021 10:55 (SGT)
Date of Accident	03/01/2021 21:30 (SGT)
Exact Location of Accident	Selegie Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SGX9710R
V CHICLE I LEGISTIATION NUMBER	201727100

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROYAL STAR TRANSPORT
Company Reg No	5XXXX501D
Email Address	majeremyyeo@gmail.com
Mobile Phone No	(Phone) +65-91075928
Alternative Phone No	+65-91075928

#### VEHICLE PARTICULARS

Manufacturer Model	Mitsubishi Lancer
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Private hire
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Reporting only
Vehicle Category	Private hire

## INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5108686394-01
Cover Note Number	_

#### **DRIVER**

Name of Driver	KAU JUN YAN
NRIC No  Date Of Birth	SXXXX804C
20.0 0.2	03/11/1992
Occupation	Outdoor

Date Of Driving Pass 31/01/2013 Driving experience 8 YEARS Gender Male Mobile Number (Phone) +65-91233827 Alt. Phone Number Email Address kaujunyan@gmail.com Address **BLK 53 COMMONWEALTH DRIVE** Address complement #17-558 Postcode 142053 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 **DRIZZLING** Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **PASSENGER** Gender Female PASSENGER 2 **PASSENGER** Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Alexandra Neighbourhood Police Post Police Station Phone No (Phone) +65-18004739999 Alt. Police Station Phone No (Fax) +65-64713569 Police Station Address Blk 46-2 Commonwealth Drive #01-382A Singapore 140462 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20210105/2053 ATTACHMENT(S)

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

No

No

Was there any audio recorded?

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SMV8740A
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	SOH ZI XIANG
Contact Number	(Phone) +65-90993535
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

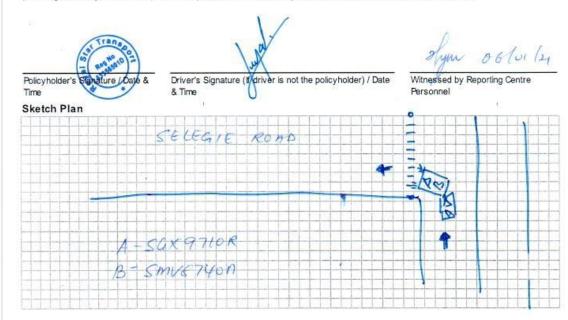
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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 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' 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.



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13	00	1 /		0
(0)	REGISTO)	1		ship 06/01/2
13	550	July 1		1
holder	Signature / Date &	Driver's Signature (If driv	ver is not the policyholder) / Date	Witnessed by Reporting Centre
141		& Time		Personnel





Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462 CONTINUATION OF REPORT

2 of 3 Report No. T/20210105/2053

Tel No: 1800-4739999

Driver				STATE OF THE PARTY	by the	
Name	KAU JUN YAN			ID No	).	S9240804C
Related Vehicle	SGX9710R (Car)			Conta	act No.	91233827
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	-	NIL	
	of Days granted Medical Leave NIL		Degree of			
Driver	HIVE THE PARTY OF			Sept. S		William Complete Company
Name	SOH ZI XIANG			ID No		NIL
Related Vehicle	SMV8740A (Car)	SMV8740A (Car)		Conta	ct No.	90993535
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

# Brief Details.

On the mentioned date & time, I was driving one rented vehicle, registration SGX9710R, with two passengers seated at the rear seat. I was driving along Selegie Road towards Sophia Road when upon reaching Peace Centre one vehicle (SMV 8740A) which was driving in front of my vehicle suddenly made an emergency brake. I managed to stop on time to prevent from colliding from the said vehicle. I observed that the vehicle drove forward and stopped at the side. As I felt that my vehicle was quite closed, I also decide to stop to make a check. While both vehicles stopped at the side, we checked the vehicles. I spotted a light scratch marks at the rear left side of the said vehicle. The bumper was intact and there was no dent at the other part of the vehicle. I checked the entire vehicle and there was no other damages. The driver claimed that earlier on there was someone who had dashed across the street thus he applied the emergency brake. He informed me that he wanted private settlement however I told him that there was no dent or other major damage thus I will not accept his request. I had offered to erased off the mentioned minor scartches but he refused. We exchange particulars and drove off. Two days later he called me and requested for a private settlement however I refused and felt that it was not right. He claimed that the bumper of his vehicle was raised due to the incident after two days. I have video evidence that the bumper was not damaged and intact. I will inform the rental company after this report.



















1 of 3 Report No. T/20210105/2053

Police Station Of Origin:

Alexandra NPP

46 Tanglin Halt Road #01-328 SINGAPORE

140462

Tel No: 1800-4739999

R

REPORT OF A TRAFFIC ACCIDENT		
Date/Time Report Made:	Vide Report No.:	Station Diary No.:

	21 14:32	iddo.		11
Informa	nt's Particu	ulars		
Name of KAU JUI	Informant: N YAN		Address: APT BLK 53 COMMONWEAL 142053	TH DRIVE #17-558 SINGAPORE
ID Type NRIC NO	/ ID No.: D / S924080	04C	Contact No.: Home/Office:	Mobile: 91233827
National	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 03/11/1992	Type of Informant: Driver	W. Co. of the Co.
Race: Chinese	'		Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:  Non-Injury Others		Drink Drive: No	Date/Time of Accident: 03/01/2021 21:30	Type of Location: Straight Road	
Location:	4.5				
SELEGIE RC	AU				
Weather:		Road Surface: Wet	F	Road Speed Limit:	
500		vvet			
Drizzling Traffic Flow:		Traffic Control:	1 000	Traffic Volume: Light	

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SGX9710R	Car	MITSUBISHI	LANCER EX	Blue	Slightly Damaged	2
SMV8740A	Car	HONDA	CIVIC	Blue	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA		





Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

2 of 3 Report No. T/20210105/2053

Tel No: 1800-4739999

CONTINUATION OF REPORT

Driver		AND AGIN			by the	
Name	KAU JUN YAN			ID No.		S9240804C
Related Vehicle	SGX9710R (Car)			Contact No.		91233827
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	The state of the s			
No. of Days granted Medical Leave NIL			Degree of Injury NIL			
Driver				Janet Service		<b>并没有是是用的是有人的</b>
Name	SOH ZI XIANG			ID No.		NIL
Related Vehicle	SMV8740A (Car)			Contact No.		90993535
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
ate Treatment NIL			Date Discharge NIL			
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

# Brief Details.

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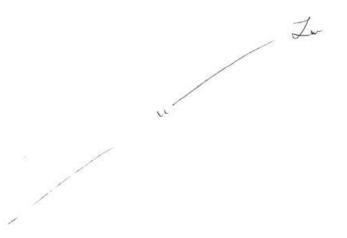
Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 3 of 3 Report No. T/20210105/2053

Tel No: 1800-4739999

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: D / Sgt 2 MUHAMMAD ZAMIR BIN MAZELAN	Signature Of Informant:			
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2021 14:32			
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:			
Authentication Stamp NP168				

