

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 10/02/2021 16:46 (SGT)
Date of Accident 09/02/2021 18:20 (SGT)
Exact Location of Accident Thomson Rd, Singapore
Additional Location Information TWDS NEWTON CIRLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA4145S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JONATHAN YEE JUN XIAN
NRIC No S9084438E
Email Address jonathan.yeejx@gmail.com
Mobile Phone No (Phone) +65-87000868
Alternative Phone No +65-87000868

VEHICLE PARTICULARS

Manufacturer Nissan
Model Note
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 5113856568
Cover Note Number -

DRIVER

Name of Driver JONATHAN YEE JUN XIAN
NRIC No S9084438E
Date Of Birth 09/07/1990
Occupation Outdoor

Date Of Driving Pass	13/09/2019
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87000868
Alt. Phone Number	+65-87000868
Email Address	jonathan.yeejx@gmail.com
Address	BLK 289 BISHAN STREET 24
Address complement	#06-17
Postcode	570289
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:E/20210209/7027

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	SLN3396Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMX3269S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	JONATHAN YEE JUN XIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLA4145S
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:

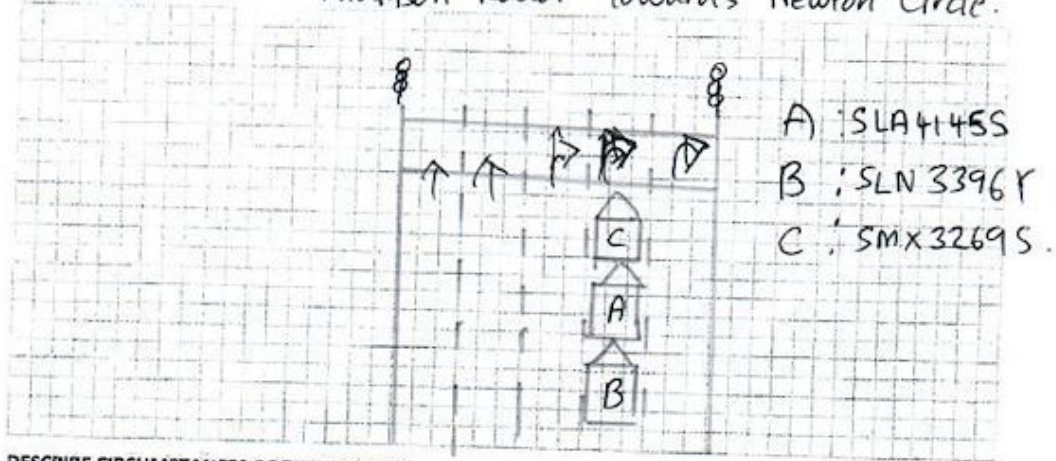
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

2008/07 - April 2010/04/01

SKETCH PLAN

Thompson Road towards Newton Circle.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.:



**SINGAPORE
POLICE FORCE**



E/2021/0209/7027

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Report No. E/20210209/7027

Date/Time Report Made 09/02/2021 20:49	Vide Report No.		Station Diary No.	
Name Of Informant JONATHAN YEE JUN XIAN	Address 289 BISHAN STREET 24 #06-17 SINGAPORE 570289			
ID Type / ID No. NRIC NO / S9084438E	Contact No. Home/Office:		Mobile: 87000868	
Nationality MALAYSIAN	Email Address JONATHAN.YEEJX@GMAIL.COM			
Occupation Sales and marketing manager	Sex Male	Age 30	Date of Birth 09/07/1990	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 09/02/2021 18:20 - 09/02/2021 18:25	Location Of Incident THOMSON ROAD			

Brief details.

I was travelling on Thomson Road towards Newton Road. My vehicle was stationary as the traffic light for turning right was red. Suddenly i felt an huge impact from the back of my vehicle and my vehicle was pushed forward to hit the vehicle infront. The vehicle behind me was a Black Toyota 7 seater SLN3396Y and the vehicle infront of me was a Silver BMW 216i SMX3269S. No one was conveyed to the hospital by ambulance. i felt discomfort on my back and neck later, i went to Intermedical Kovan Clinic and was given 5 days MC.

Subjects Involved

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/02/2021 20:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

























1 of 2

Report No. E/20210209/7027

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Nationality MALAYSIAN	Email Address JONATHAN.YEEJX@GMAIL.COM			
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Not applicable	Date/Time: 09/02/2021 20:49
Signature Of Interpreter: Not applicable	Classification Of Case:
Officer In-Charge Of Case:	
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



E/20210209/7027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210209/7027

Victim			
Person Name	JONATHAN YEE JUN XIAN		
ID Type	NRIC NO	ID No	S9084438E
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address	289 BISHAN STREET 24 #06-17 SINGAPORE 570289
Mobile No	87000868	Is Informant A Victim?	Yes
Person Name	JONATHAN YEE JUN XIAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/02/2021 20:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	