

# 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 .....	05/04/2021 14:48 (SGT)
Date of Accident .....	01/04/2021 22:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TANGLIN ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKA507U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SHAWA HONG YEOW (CAI HONGYAO)
NRIC No .....	SXXXX838B
Email Address .....	shawa87@hotmail.com
Mobile Phone No .....	(Phone) +65-96343461
Alternative Phone No .....	+65-96343461

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	TOYOTA / COROLLA ALTIS 1.6 AUTO
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
Transmission .....	Auto
CC .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5121104340
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SHAWA HONG YEOW (CAI HONGYAO)
NRIC No .....	SXXXX838B

Date Of Birth .....	12/09/1987
Occupation .....	Indoor
Date Of Driving Pass .....	20/01/2021
Driving experience .....	3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96343461
Alt. Phone Number .....	+65-96343461
Email Address .....	shawa87@hotmail.com
Address .....	BLK 276 YISHUN STREET 22 #11-260
Address complement .....	-
Postcode .....	760276
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

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

#### PASSENGER 1

Name .....	ALVIN QUAH CHENG JUN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210402/7011;

#### 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 .....	SLP4338Z
Vehicle Manufacturer .....	Mazda

Vehicle Model .....	MAZDA / MAZDA3 SEDAN 1.5 AT EU6
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 .....	SHAWA HONG YEOW (CAI HONGYAO)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKA507U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


### INJURED 2

Name of injured person .....	ALVIN QUAH CHENG JUN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKA507U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

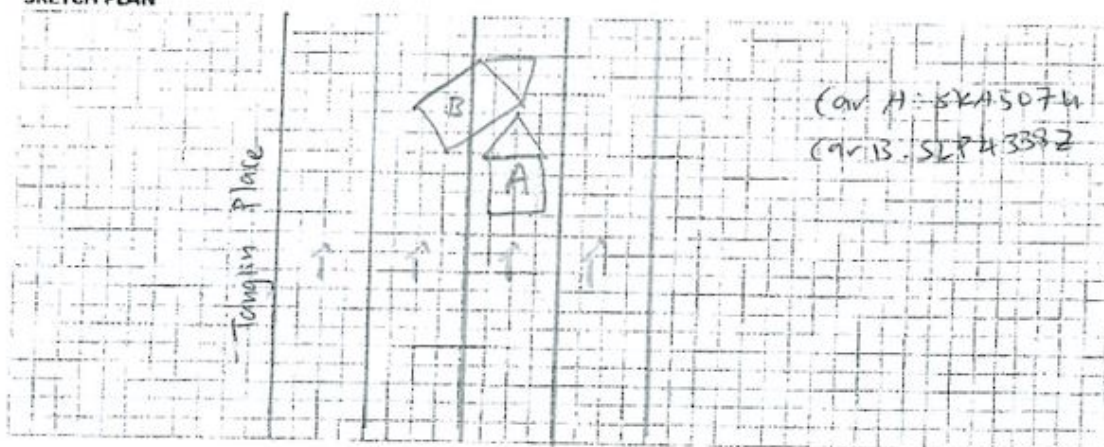
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation**.
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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' 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.

  
Policyholder's Signature  
Date & Time:

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

**RDAC KARI BURIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

[illegible]

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/20210402/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20210402/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/04/2021 15:38		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SHAWA HONG YEOW			Address: 276 YISHUN STREET 22 #11-260 SINGAPORE 760276		
ID Type / ID No.: NRIC NO / S8728838B			Contact No.: Home/Office: Mobile: 96343461		
Nationality: SINGAPORE CITIZEN			Email: shawa87@hotmail.com		
Sex: Male	Age: 33	Date of Birth: 12/09/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Funeral planner			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/04/2021 22:55	Type of Location: Straight Road
Location:  TANGLIN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKA507U	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		1
SLP4338Z	Car	MAZDA	3			0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20210402/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210402/7011

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA507U	NTUC Income Insurance Co-Operative Limited	5121104340	24/02/2021	23/02/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ALVIN QUAH	ID No.	NIL
Related Vehicle	SKA507U (Car)	Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/04/2021	Date	02/04/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	SHAWA HONG YEOW	ID No.	S8728838B
Related Vehicle	SKA507U (Car)	Contact No.	96343461
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/04/2021	Date	02/04/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

I was driving along the stated time and the stated place. I was going straight, suddenly vehicle b(slp4338z) cut into my lane and collided into my vehicle



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210402/7011

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Report No. T/20210402/7011

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
02/04/2021 15:38

Classification Of Case: