

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 09/04/2021 18:00 (SGT)
Date of Accident 08/04/2021 11:10 (SGT)
Exact Location of Accident Ang Mo Kio, Singapore
Additional Location Information ANG MO KIO CENTRAL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM6360Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FAVOURITE CAR RENTAL PTE. LTD.
Company Reg No 2XXXXX589K
Email Address peijie@expresscar.com.sg
Mobile Phone No (Phone) +65-91998131
Alternative Phone No +65-0

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
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 - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5120122817
Cover Note Number 5120122817-000032

DRIVER

Name of Driver YEO YIP MENG
NRIC No SXXXX102G

Date Of Birth	13/04/1962
Occupation	Outdoor
Date Of Driving Pass	14/11/1979
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88782429
Alt. Phone Number	-
Email Address	peijie@expresscar.com.sg
Address	BLK 326C SUMAN LANE WALK #19-954
Address complement	-
Postcode	823326
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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)	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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

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	SLQ8269H
Vehicle Manufacturer	Mazda
Vehicle Model	3
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 YEO YIP MENG
 Address BLK 326C SUMANG WALK #19-954
 Address Complement -
 Post Code 823326
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMM6360Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

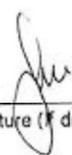
Describe Circumstances of the Accident

Refer to Police Report

Declaration

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



Witnessed by Reporting Centre Personnel

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

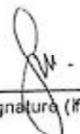
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

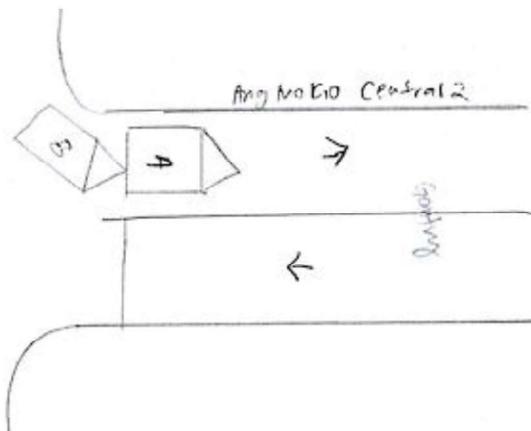

 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

Sketch Plan

A: Smm 63602
 B: SQ 8269H





















**SINGAPORE
POLICE FORCE**



T/20210408/2046

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210408/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2021 14:13	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: YEO YIP MENG		Address: APT BLK 326C SUMANG WALK #19-954 SINGAPORE 823326	
ID Type / ID No.: NRIC NO / S1538102G		Contact No.:	Mobile: 88782429
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 13/04/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Private Hire Driver		Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/04/2021 11:10	Type of Location: Bend
Location: ANG MO KIO AVENUE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Moderate	
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
SLQ8269H	Car					0
SMM6360Z	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210408/2046

2 of 3

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Report No. T/20210408/2046

CONTINUATION OF REPORT

Driver			
Name	YEO YIP MENG	ID No.	S1538102G
Related Vehicle	SMM6360Z (Car)	Contact No.	88782429
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	08/04/2021	Date Discharge	08/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM MUI TECK	ID No.	S7441354D
Related Vehicle	NIL	Contact No.	96888970
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 the 08/04/2021 at around 1110hrs, I was driving my vehicle SMM6360Z along Ang Mo Kio Ave 8. It was a three lanes road and I am on the most left lane, turning left into Ang Mo Kio Central 2 to the open carpark gantry. There were three other vehicles in front of me waiting for the gantry to open to enter into the open carpark. As the vehicles in front moved forward and I have also moved my vehicle forward towards the gantry, I then felt a collision onto the rear of my vehicle. I then got down of my vehicle to make a check and spoke to the driver of the vehicle SLQ8269H and took photos of our vehicles. We then drove our vehicle into the carpark to exchange particulars and how to resolve the matter. We left the location afterwards as none of us was require any medical attention or to stay at the incident location.

Around half an hour later, while I was driving, I felt that my neck was very stiff when I want to turn my head to the right. I then decided to seek medical attention at Our Family Physician Clinic & Surgery and was given 3 days of medical leave from 08/04/2021 to 10/04/2021.

There is in-car camera at the front of the vehicle which had been taken by my car workshop. My vehicle suffered dent at the rear of the boot and bumper of the vehicle.



**SINGAPORE
POLICE FORCE**



T/20210408/2046

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6 Tampines Avenue 4 SINGAPORE 529682
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3 of 3
Report No. T/20210408/2046

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 2 LAM XUE TING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2021 14:13
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168 	

