

# 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 ..... 10/05/2021 15:06 (SGT)  
Date of Accident ..... 08/05/2021 19:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Mountbatten Road towards 839 Mountbatten Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMN3360M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TEA ZI YANG  
NRIC No ..... SXXXX480G  
Email Address ..... tziyang88@gmail.com  
Mobile Phone No ..... (Phone) +65-88917786  
Alternative Phone No ..... +65-88917786

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
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 ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5118344090 (CLASSIC)  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEA ZI YANG  
NRIC No ..... SXXXX480G

Date Of Birth .....	15/02/1997
Occupation .....	Outdoor
Date Of Driving Pass .....	24/10/2016
Driving experience .....	4 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88917786
Alt. Phone Number .....	+65-88917786
Email Address .....	tziyang88@gmail.com
Address .....	54 Chai Chee Street #11-871
Address complement .....	-
Postcode .....	460054
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? .....	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 .....	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

Refer to Sketch Plan

#### 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 .....	SHC8931A
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1


Name of injured person .....	TEA ZI YANG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	24
Injuries Sustained .....	3 Days Medical Leave
Injured person in which vehicle? .....	SMN3360M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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

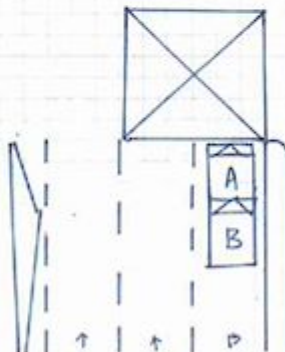
  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VICOM LTD)  
23 KAKI BUKIT AVENUE 4S(415933)  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

### Sketch Plan

mountbatten Road towards 839 mountbatten Road

Vehicle A : SMN3360M  
Vehicle B : SHC 8931A



Refer to the Police Report : T/20210510/7013

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

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

IDAC KAKI BUKIT (VICOM LTD)  
23 KAKI BUKIT AVENUE 4S(415933)  
Witnessed by Reporting Centre  
Personnel

























**SINGAPORE  
POLICE FORCE**



T/20210510/7013

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

1 of 3

Report No. T/20210510/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/05/2021 11:59	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TEA ZI YANG			Address: 54 CHAI CHEE STREET #11-871 SINGAPORE 460054	
ID Type / ID No.: NRIC NO / S9708480G			Contact No.:	Mobile: 88917786
Nationality: SINGAPORE CITIZEN			Email: TZIYANG88@GMAIL.COM	
Sex: Male	Age: 24	Date of Birth: 15/02/1997	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Sales Manager			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2021 19:00	Type of Location: Straight Road
Location:  MOUNTBATTEN ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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	Conditio	No of
SHC8931A	Car					0
SMN3360M	Car	HYUNDAI	AD AVANTE 1.6 GLS (A)	Grey		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210510/7013

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

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Report No. T/20210510/7013

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN3360M	NTUC Income Insurance Co-Operative Limited	5118344090	28/07/2020	31/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEA ZI YANG		ID No. S9708480G
Related Vehicle	SMN3360M (Car)		Contact No. 88917786
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	09/05/2021		Date 09/05/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

ON 08/05/2021 AROUND 1900HRS, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SMN3360M) TRAVEELING AT MOUNTBATTEN ROAD TOWARDS 839 MOUNTBATTEN ROAD ON THE EXTREME RIGHT LANE. I WAS TURNING TO THE RIGHT SO I SLOWED DOWN AND CAME TO A STOP AS THERE WAS ONCOMING VEHICLE. SUDDENLY, I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE. I ALIGHTED AND REALISED VEHICLE BEARING NUMBER PLATE (SHC8931A) COLLIDED ONTO THE REAR PORTION OF MY VEHICLE CAUSING DAMAGES. I THEN FELT UNWELL AND GO TO CONSULT A DOCTOR AT UNIHEALTH CLINIC (BEDOK), THE DOCTOR WAS GIVEN ME 3 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20210510/7013

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

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Report No. T/20210510/7013

## 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:  
10/05/2021 11:59

Classification Of Case: