

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 12/07/2021 19:00 (SGT)
Date of Accident 10/07/2021 13:00 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE(SLE), AFTER BRADDELL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY5448J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PRESTIGE KARZ LEASING PTE. LTD.
Company Reg No 2XXXXX085E
Email Address gordon.yang93@gmail.com
Mobile Phone No (Phone) +65-90239388
Alternative Phone No (Home) +65-90239388

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
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 1799

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5119625932
Cover Note Number -

DRIVER

Name of Driver YANG ZHI LIN GORDON
NRIC No SXXXX164F

Date Of Birth	21/06/1993
Occupation	Indoor
Date Of Driving Pass	08/08/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90239388
Alt. Phone Number	-
Email Address	gordon.yang93@gmail.com
Address	BLK 15 BALMORAL ROAD
Address complement	#08-01
Postcode	259801
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	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 vehicle 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	NG CHIN LEONG, ALVIN
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

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK7944D
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)	2

PASSENGER 1

Name	PASSENGER
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG CHIN LEONG, ALVIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	SJY5448J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YANG ZHI LIN GORDON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	SJY5448J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 postages) and/or
 - v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- 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
 Sketch Plan

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

Witnessed by Reporting Centre Personnel

vehicle A: SJY5448J
 vehicle B: SJF7449D

(TE(SLE). ATION Broadbel

A
 B

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

[Handwritten Signature]

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



Witnessed by Reporting Centre Personnel

Scanned with CamScanner





















**SINGAPORE
POLICE FORCE**



T/20210712/7014

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

1 of 3
Report No. T/20210712/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2021 14:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YANG ZHI LIN GORDON			Address: 15 BALMORAL ROAD #08-01 SINGAPORE 259801		
ID Type / ID No.: NRIC NO / S9373164F			Contact No.: Home/Office: Mobile: 90239388		
Nationality: SINGAPORE CITIZEN			Email: GORDON.YANG93@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 21/06/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2021 13:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SJK7944D	Car				Seriously Damaged	1
SJY5448J	Car	HONDA	STREAM	Black	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210712/7014

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

3 of 3

Report No. T/20210712/7014

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 / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

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:
12/07/2021 14:24

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210712/7014

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

2 of 3
Report No. T/20210712/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NG CHIN LEONG, ALVIN	ID No.	S8228878C
Related Vehicle	SJY5448J (Car)	Contact No.	87501985
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/07/2021	Date	12/07/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	YANG ZHI LIN GORDON	ID No.	S9373164F
Related Vehicle	SJY5448J (Car)	Contact No.	90239388
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/07/2021	Date	12/07/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 10/07/2021 AT ABOUT 13:00HR, I WAS DRIVING MY VEHICLE - SJY5448J, ALONG CTE IN THE DIRECTION OF SLE WITH MY FRIEND IN MY VEHICLE. DUE TO HEAVY RAIN, TRAFFIC WAS SLOW. FRONT VEHICLE STOPPED AND I STOPPED AS WELL. SUDDENLY, VEHICLE NUMBER - SJK7944D, COLLIDED ONTO MY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, MY PASSENGER AND I SEEK MEDICAL ATTENTION AT UNIHEALTH 24HR CLINIC TPY AND WERE BOTH GIVEN 3 DAYS MC.