



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	23/07/2021 15:37 (SGT)
Date of Accident	22/07/2021 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Ang Mo Kio Avenue 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6569Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YONG YIN HUAT
NRIC No	S1181725D
Email Address	yongriki@yahoo.com.sg
Mobile Phone No	(Phone) +65-91055403
Alternative Phone No	+65-91055403

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S300I
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	3000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121615713
Cover Note Number	-

DRIVER

Name of Driver	YONG YIN HUAT
NRIC No	S1181725D



Date Of Birth	25/02/1956
Occupation	Indoor
Date Of Driving Pass	24/06/1974
Driving experience	47 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91055403
Alt. Phone Number	+65-91055403
Email Address	yongriki@yahoo.com.sg
Address	100 LUXUS HILL AVENUE
Address complement	-
Postcode	S804924
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	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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?	No
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	SHD4059P
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB2073Z
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)	-

SKETCH PLAN

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6. The 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 lodgment 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
- (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: 23/07/2021
1530 hK

Driver's Signature

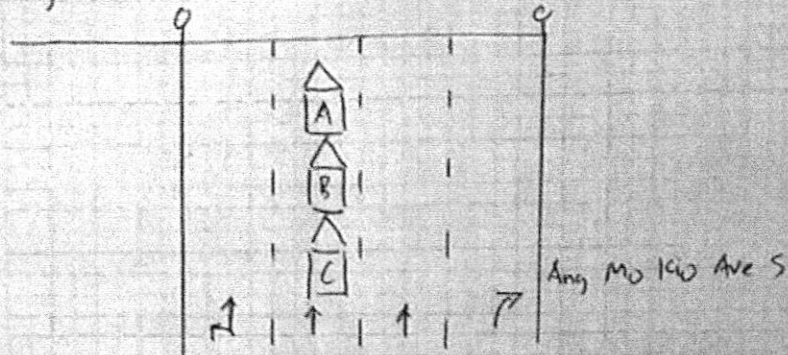
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Eugene ICEK
NRIC/FIN No: 9991883

SKETCH PLAN

Ang Mo Kio Ave 10



A: SHD 4059 P
B: SJW 6569Y
C: SLB 2073Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary waiting for traffic to move, suddenly
I felt an impact from my rear and push my vehicle to
hit onto vehicle A, I got down and realize vehicle C
collided onto my vehicle.

DECLARATION

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

Policyholder Signature

Date & Time: 28/10/2021

1530 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Enoch Kok

NRIC/PIH No: RA11883



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #18-00 Singapore 048580
 Tel: (65) 6224 0011 Fax: (65) 6224 0011
 Operating Hours: Monday to Friday 09:00 - 17:00
 UEN: S665001261 GST Reg. No.: M420017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN07217N0000 Vehicle Registration No: STW 6569Y
 Name (as shown in NRIC): Yang Yin Hui NRIC/FIN/Passport No: 811817251A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 100, LUXUS 1811 Avenue Singapore (804924)
 Contact (Tel): _____ Mobile No.: 91055403
 Email Address: youngrik@yahoo.com.sg
 Date of Accident: 22/7/2021 Time of Accident: 16:15
 Place of Accident: Along Ang Mo Kio Avenue 5
 Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change the Claim Type to Third Party Claim

Policyholder / Driver's Signature

Date: 6/8/2021

Reporting Centre Personnel's Signature

Name: Lim Sian Hock

NRIC/FIN No.: 87901200

Date: 6/8/2021



**SINGAPORE
POLICE FORCE**



T/20210804/2061

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210804/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2021 15:59	Vide Report No.:	Station Diary No.: 77
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Informant's Particulars

Name of Informant: YONG YIN HUAT			Address: 100 LUXUS HILL AVENUE SINGAPORE 804924		
ID Type / ID No.: NRIC NO / S1181725D			Contact No.: Home/Office: Mobile: 91055403		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 25/02/1956	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2021 16:10	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SHD4059P	Car				No Damage	0
SJW6569Y	Car	MERCEDES BENZ	S300L	Black	Slightly Damaged	0
SLB2073Z	Car				Slightly Damaged	0

Details of Vehicle Insurance

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



T/20210804/2061

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210804/2061

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW6569Y	NTUC Income Insurance Co-Operative Limited	5121615713	07/04/2021	06/04/2022

Brief Details.

On 22/07/2021 at about 1612hrs, I was driving along Ang Mo Kio Avenue 5 when I stopped my vehicle at the traffic junction. While I was waiting, one vehicle, SLB2073Z hit me on the rear and due to the impact, my vehicle moved forward and touched onto the rear of the front vehicle, SHD4059P.

At that point of time, there was no one injured and no police or ambulance at scene.

Due to the accident, the front and rear of my vehicle suffered minor scratches. As for the vehicle that hit me, his front bonnet was damaged and there was no damage for the vehicle I hit onto.

I have already reported to the insurance company and I am lodging this report as I have receive letter from the TP.



**SINGAPORE
POLICE FORCE**



T/20210804/2061

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210804/2061

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:

F /

Sgt 3 PHUA JIA JUN, MARK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/08/2021 15:59

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

SN 003

Authentication Stamp
NP168

Signature:

Singapore Police Force