

## 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	28/08/2021 09:44 (SGT)
Date of Accident	27/08/2021 23:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T JUNCTION SENGKANG WEST AVE & ANCHORVALE LANE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU7451S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEO BAK CHYE ( YANG MOCAI)
NRIC No	S7819134A
Email Address	AMDIJ@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97921888
Alternative Phone No	+65-97921888

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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 hire
Transmission	Auto
CC	1300

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5100743463-03
Cover Note Number	-

### DRIVER

Name of Driver	YEO BAK CHYE ( YANG MOCAI)
NRIC No	S7819134A

Date Of Birth	03/07/1978
Occupation	Indoor
Date Of Driving Pass	23/06/2015
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97921888
Alt. Phone Number	+65-97921888
Email Address	AMDIJ@YAHOO.COM.SG
Address	BLK 264B #04-54 COMPASSVALE BOW
Address complement	-
Postcode	542264
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 - Major/Minor Rd
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 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?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report / Sketch Plan

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	File size too big to be uploaded
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3480L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	KUAH YEW KEE
NRIC No	S2083735G
Contact Number	(Phone) +65-96553459
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	YEO BAK CHYE ( YANG MOCAI)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGU7451S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



INCOME MOTOR SERVICE CENTRE

Report Date &amp; Start Time: 28/08/2021 09:24

Report No: MT

D.O.A: 27/08/2021

Vehicle No: SGU7451S

Reporting Type:

Time: 23:15 hrs

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.




28/08/21 / 9:24

Policyholder's Signature / Date &amp; Time

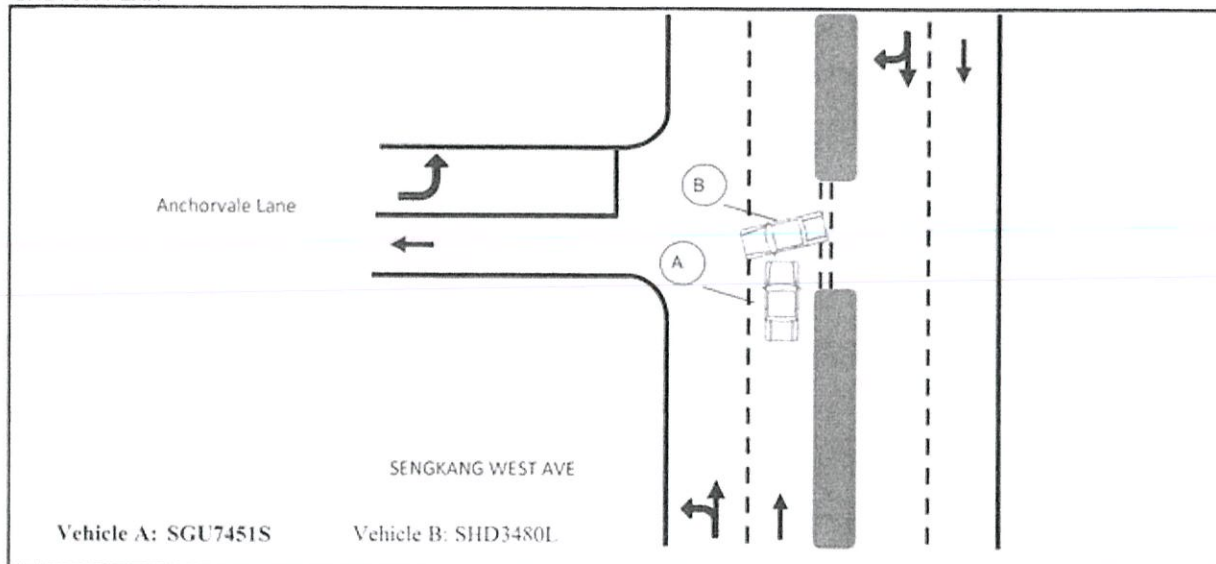
28/08/21 / 9:24

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

 Alan Tang (S098825)  
 Customer Care Executive  
 Motor Service Centre

  
 Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

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

28/08/21 / 9:24

Policyholder's Signature / Date & Time

28/08/21 / 9:24

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

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel























**SINGAPORE  
POLICE FORCE**



T/20210828/2010

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20210828/2010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/08/2021 02:53	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: YEO BAK CHYE			Address: APT BLK 264B COMPASSVALE BOW #04-54 SINGAPORE 542264	
ID Type / ID No.: NRIC NO / S7819134A			Contact No.: Home/Office: Mobile: 97921888	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 03/07/1978	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2021 23:15	Type of Location: Straight Road
Location:  SENGKANG WEST AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU7451S	Car	HONDA	FIT 1.3 A	Purple	Slightly Damaged	0
SHD3480L	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU7451S	NTUC Income Insurance Co-Operative Limited	5100743463-03	24/05/2021	23/05/2022



**SINGAPORE  
POLICE FORCE**



T/20210828/2010

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20210828/2010

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO BAK CHYE	ID No.	S7819134A
Related Vehicle	SGU7451S (Car)	Contact No.	97921888
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/08/2021	Date Discharge	28/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KUAH YEW KEE	ID No.	S2083735G
Related Vehicle	SHD3480L (Car)	Contact No.	96553459
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 27/08/2021 at about 2315hrs, while I was on my way home travelling along Sengkang East Avenue driving my vehicle bearing plate number SGU7451S on a two lane road. My vehicle was position on the right lane of the two lane road. The speed that I was travelling is according to the road speed limit of 50-60km/hr. Suddenly as my vehicle was still travelling forward, a "Comfort Delgro" taxi bearing plate number SHD3480L made a right turn from the opposite lane without giving way. Hence my front portion of my car collided onto the left rear side of the door/wheel area. During the impact, I encountered a whiplash and also contusion on my left shin area. Both me and the taxi driver manage to get out from our vehicle and the driver admitted his fault. We decided to exchange particulars and I drafted a statement of the accident stating that he was at fault during the accident. The taxi driver sign on the statement paper.

On the 27/08/2021 I drove and decided to make a check on my pain and doctor gave me 3 days of MC. There is no fracture or anything serious as for now. There is no other vehicle involved or any government property damage.



**SINGAPORE  
POLICE FORCE**



T/20210828/2010

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20210828/2010

## 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 /

Staff Sgt MUHAMMAD FADHLULLAH BIN  
SHARIFFUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/08/2021 02:53

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



PRIVATE HIRE

