

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	06/09/2021 10:27 (SGT)
Date of Accident	05/09/2021 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Orchard Road, Beside Lucky Plaza Exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5311S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	G-PAZ PTE. LTD.
Company Reg No	201705305H
Email Address	GAVIN.GPAZ@GMAIL.COM
Mobile Phone No	(Phone) +65-98335627
Alternative Phone No	+65-98335627

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5111764183-02-000003
Cover Note Number	drivo CLASSIC

DRIVER

Name of Driver	YANG SEK KIN
NRIC No	S1420957C

Date Of Birth	07/02/1960
Occupation	Outdoor
Date Of Driving Pass	19/10/1979
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97770490
Alt. Phone Number	-
Email Address	SKYANG224@GMAIL.COM
Address	BLK 224 #10-487 YISHUN ST 21
Address complement	-
Postcode	760224
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 - Change/cross lane
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / POLICE REPORT

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	SHC3744G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	LEE SIEW LENG
NRIC No	S1567325G
Contact Number	(Phone) +65-96341815
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	YANG SEK KIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU5311S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 06/09/2021 10:04

Report No: MT- D.O.A: 05/09/2021
Time: 15:50 hrs

Vehicle No: SLU5311S Reporting Type:

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.
- (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.



06/09/21 / 10:04

Policyholder's Signature / Date & Time

[Signature]

06/09/21 / 10:04

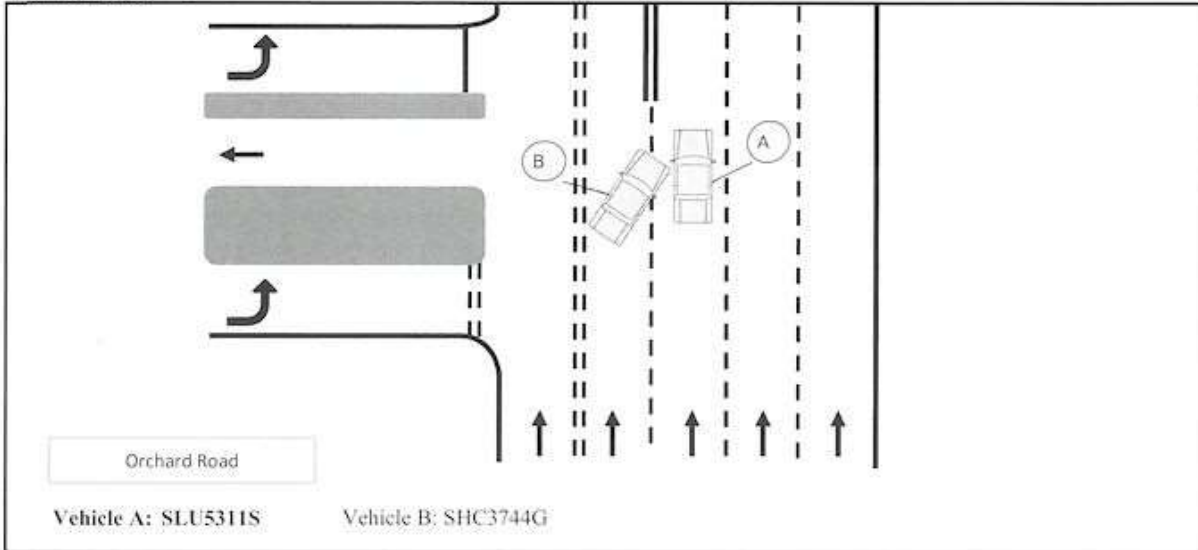
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

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


06/09/21 / 10:04
Policyholder's Signature / Date & Time


06/09/21 / 10:04
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/20210906/2015

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20210906/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2021 09:17	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: YANG SEK KIN			Address: APT BLK 224 YISHUN STREET 21 #10-487 SINGAPORE 760224		
ID Type / ID No.: NRIC NO / S1420957C			Contact No.: Home/Office: Mobile: 97770490		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 07/02/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/09/2021 15:50	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHC3744G	Car				Slightly Damaged	1
SLU5311S	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210906/2015

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20210906/2015

CONTINUATION OF REPORT

Driver			
Name	LEE SIEW LENG	ID No.	S1567325G
Related Vehicle	SHC3744G (Car)	Contact No.	96341815
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
Driver			
Name	YANG SEK KIN	ID No.	S1420957C
Related Vehicle	SLU5311S (Car)	Contact No.	97770490
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/09/2021	Date Discharge	06/09/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 05/09/2021 at about 1550hrs, I was travelling along Orchard Road towards Suntec area, on the third lane (from the right). Suddenly a vehicle (SHC3744G) came out from Lucky Plaza and went straight into my lane. After the collision, I alighted from my vehicle (SLU5311S) to make a check. I managed to exchange particulars with the taxi driver and took pictures of the vehicle damages.

Today, I woke up from sleep and felt pain on my body as such I went to see the doctor. I was given 5 days medical leave.

I wish to state that I have an in-car camera which captures the incident. No government property damage. No police and no ambulance at scene. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20210906/2015

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No: T/20210906/2015

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
E /
Sgt 3 LIYANA BINTE MOHD
RAZALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/09/2021 09:17

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

SN 061

Authentication Stamp
NP168