

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 witholding 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 01/11/2021 10:05 (SGT) Date of Accident 29/10/2021 10:30 (SGT) Exact Location of Accident Singapore Additional Location Information KRANJI EXPRESSWAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC8778S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEE HOCK BOON NRIC No. SXXXX543B Email Address YEEHOCKBOON@GMAIL.COM Mobile Phone No (Phone) +65-87222278 Alternative Phone No (Home) +65-87222278

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5101174757-03 Cover Note Number

DRIVER

Name of Driver YEE HOCK BOON NRIC No. SXXXX543B

Date Of Birth 30/08/1976 Occupation Outdoor Date Of Driving Pass 13/09/1999 Driving experience 22 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-87222278 Alt. Phone Number (Home) +65-87222278 Email Address YEEHOCKBOON@GMAIL.COM Address BLK 663D JURONG WEST ST 65 #08-231 Address complement Postcode 644663 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 - 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Mr.Liu Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SKM1500T

Vehicle Registration Number

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

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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 independent 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 systable aforesold.
- 8. Consent under the Personal Data Protection Act (PDPA)

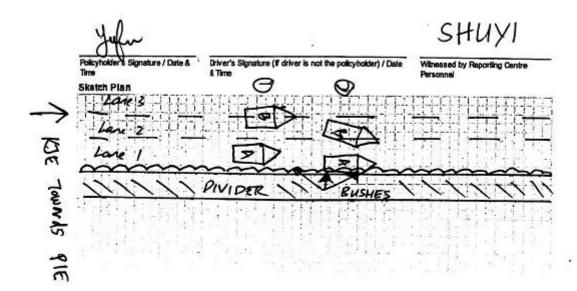
l understand, acknowledge, agree and consent that :

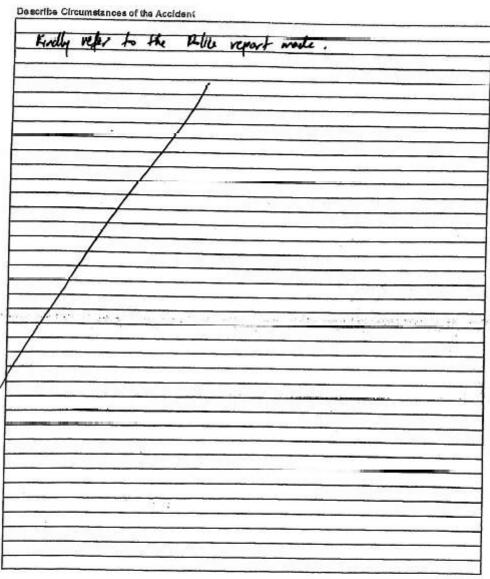
- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal delaybarranel information and us in the fluin | and any utile personal information provided by the up possessed by my insurer (collectively 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' law yera/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;
- (ii) 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/meil packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

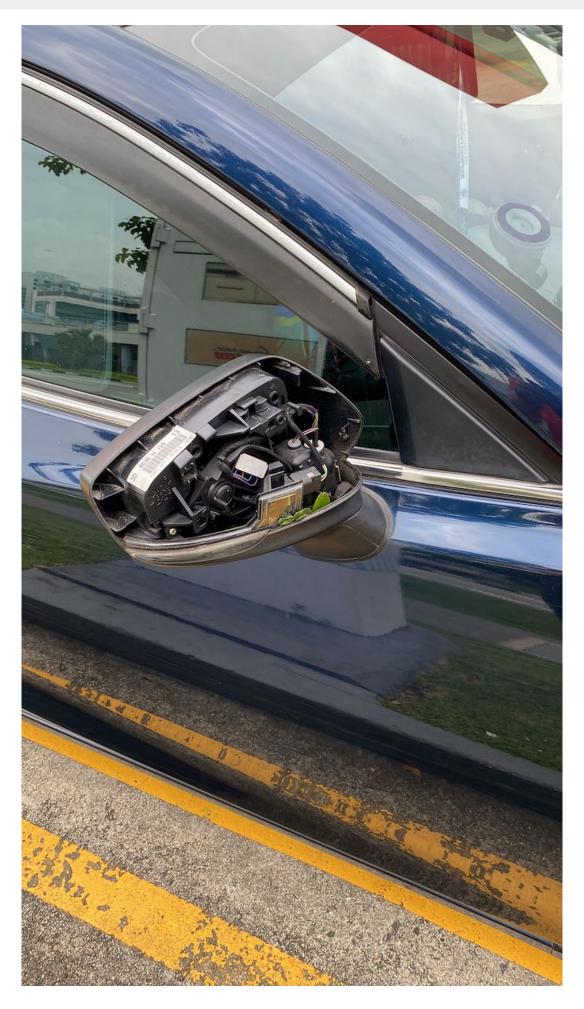
(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law vers/law firms), which may be siled outside of Singapore, for one or more of the above Purposes.

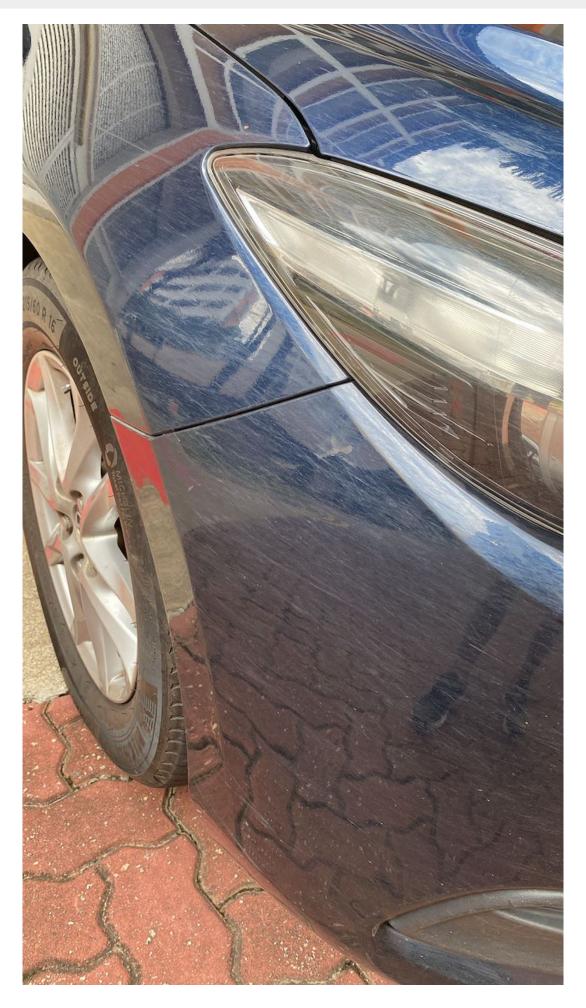


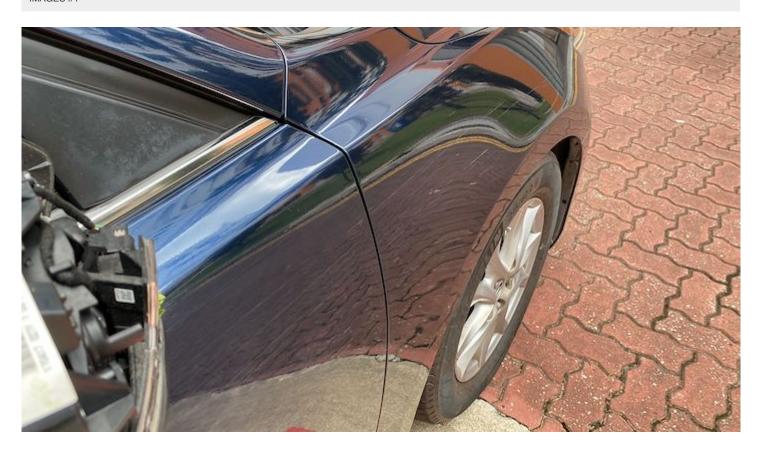


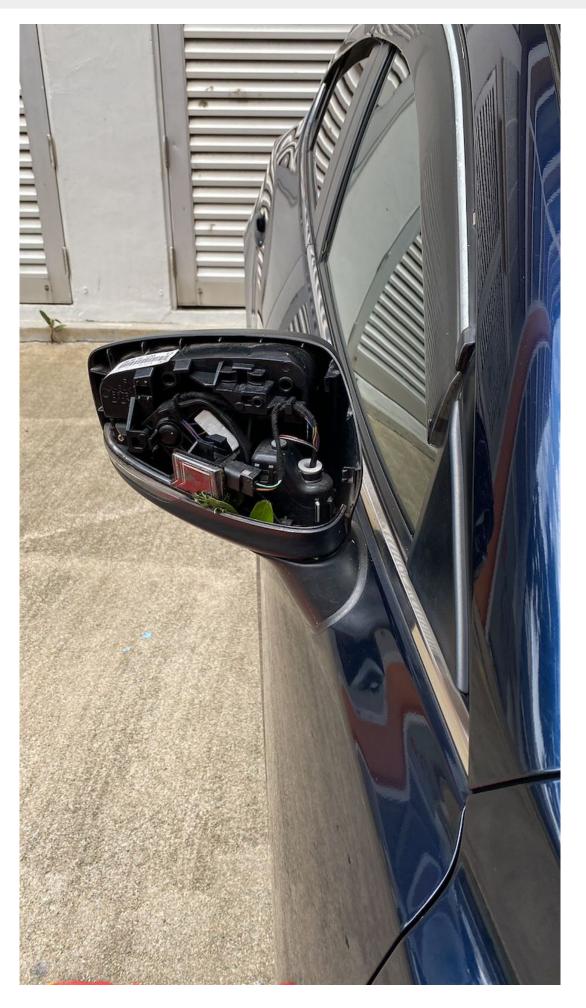
Declaration

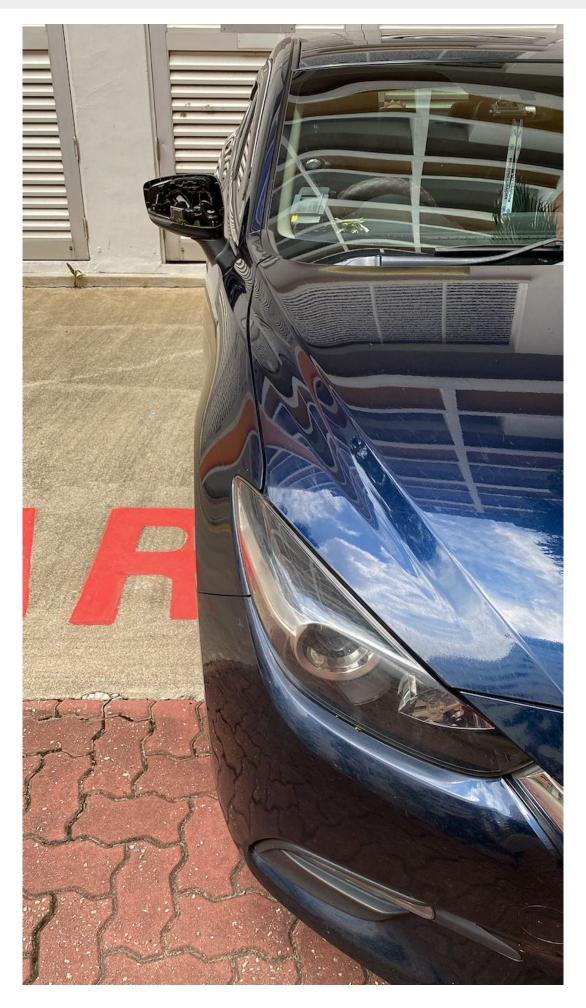
















Report No. T/20211029/2028

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT		
Date/Time Report Made: 29/10/2021 12:36	Vido Ropert Ne.:	Station Diary No.: 54
	- Marie Contract - Con	

29/10/2021 12:36		TOTAL	The second secon	54	
Informa	nt's Partic	ulars		A secretarial designation of the secretarial designation of th	
YEE HOCK BOON			Address: APT BLK 663D JURONG WEST STREET 65 #J8-231 SINGAPORE 644663		
ID Type / ID No.: NRIC NO / S7627543R			Contact No.: Home/Office:	Mobile: 87222278	
Nationality: SINGAPORE CITIZEN			Email: yeehockboon@gmail.com		
Sex: Age: Date of Birth: Male 45 30/00/1970			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PRIVATE HIRED DRIVER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/10/2021 10:30	Type of Location Straight Road	
Legation: KRANJI EXPI	RESSWAY	Road Surface:	F	Road Speed Limit:	
Clear Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:	
Traffic Flow: One Way		Idda County Cures			

Details of Vehicle involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM1500T (Not Accurate)	Car				No Damage	n
SMC8778S	Car	MAZDA	MAZDA3 SEDAN 1.5	Blue	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 640402 Tel No: 1800-7929999 Ž of 3 Report No. T/20211029/2028

CUNTINUATION OF REPORT

	ehicle Insurance Insurance Company	Insurance No	Effective	Expiry Date
The second of the second of the second	NTUC Income Insurance Co-Operative	5101174757-03	12/07/2021	11/07/2022

Brief Details.

ON 29/10/2021 at around 1037hrs. I was driving my vehicle, a dark blue Mazda 3 bearing the registration number of SMC8778S, along Kranji Expressway (KJE) and I was heading towards Pan-Island Expressway (PIE). At that point of time, I have one passenger on board as I am working as a private hired driver. While I was cruising at the right most lane, I noticed another vehicle, a Silver Mercedes Benz bearing the registration number of SKM1500T, coming onto my lane from my left. As it was edging very close to my vehicle, I sounded my horn to alert the driver but he was cutting into my lane.

To prevent collision, I started to swerve to my right which caused me to graze against the bushes along the expressway divider. The other vehicle then sped up and move off without signaling to stop or assist. I wish to add that my vehicle sustained damages such as a damaged right side mirror and some scratches on the front right side of my vehicle.

I wish to add that no one was injured and this is the first time such incident happened to me. My passenger (Mr Liu, 9190 9026) was also tine after I dropped nim on.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 049402 Tel No: 1800-7929999

3 of 3 Report No. T/20211029/2028

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 <u>report number</u> as reference.

Signature of Officer Recording The Report J / Sgt 3 TAN LITEK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2021 12:36
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP188 SINGAPORE POLICE FORCE VARIABLE CONTROL VARIABL	
SIGNATURE	



<u>IMPORTANT NOTE:</u> Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDEND	UM	
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENT	rs:	
	Original Report No: SY0921B10002	Vehicle Registration No:_	SMC8778S
	Name (as shown in NRIC): YEE HOCK BOON	NRIC/FIN/Passport No: _	SXXXX543B
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as a	ppropriate	
	Address: BLK 663D JURONG WEST ST 65 #08-231		Singapore (644663)
	Contact (Tel):	Mobile No.: 87222278	
	Email Address: YEEHOCKBOON@GMAIL.COM		
	Date of Accident: 29/10/2021	Time of Accident: 10:30	
	Place of Accident: KRANJI EXPRESSWAY		
	Insurance Company: NTUC Income Insurance Co-op	erative Ltd	
	Amend the driver detail		
		SHUYI	
	Policyholder / Driver's Signature Date:	Reporting Centre Pers Name: NRIC/FIN No.: Date:	connel's Signature

GLARMC Addendum Form