

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 24/05/2022 12:36 (SGT)
Date of Accident 23/05/2022 16:15 (SGT)
Exact Location of Accident Cairnhill Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV2126M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YUNOS BIN YUSOP
NRIC No SXXXX554I
Email Address dopeey13@yahoo.com
Mobile Phone No (Phone) +65-82500955
Alternative Phone No +65-82500955

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNW00004412100
Cover Note Number -

DRIVER

Name of Driver YUNOS BIN YUSOP
NRIC No SXXXX554I

Date Of Birth	18/06/1971
Occupation	Outdoor
Date Of Driving Pass	06/03/2018
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82500955
Alt. Phone Number	+65-82500955
Email Address	dopeey13@yahoo.com
Address	BLK 114 RIVERVALE WALK #04-61
Address complement	-
Postcode	540114
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	2
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RYDE PAX
Gender	Male

PASSENGER 2

Name	RYDE PAX
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT E/20220523/7024

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	SML7993X
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

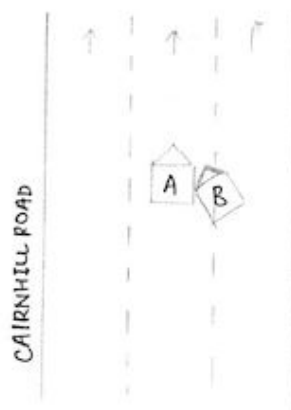
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



(A) SHV2126M

(B) SML7993X

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG CAIRNHILL ROAD, ON THE MIDDLE
 LANE. SUDDENLY, A CAR FROM MY RIGHT CUT IN AND
 COLLIDED ONTO THE RIGHT SIDE OF MY VEHICLE.

POLICE REPORT E/20220523/7024

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
 Time

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

Witnessed by Reporting Centre
 Personnel

























**SINGAPORE
POLICE FORCE**



E/20220523/7024

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POLICE REPORT (NP299)

Report No. E/20220523/7024

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 23/05/2022 17:00	Vide Report No.	Station Diary No.
Name Of Informant YUNOS BIN YUSOP	Address 114 RIVERVALE WALK #04-61 SINGAPORE 540114	
ID Type / ID No. NRIC NO / S7147554I	Contact No. Home/Office:	Mobile: 82500955
Nationality SINGAPORE CITIZEN	Email Address DOPEEY13@YAHOO.COM	
Occupation DRIVER	Sex Male	Age 50
	Date of Birth 18/06/1971	Race Boyanese
Institution/School Name	Language English	
Date/Time Of Incident 23/05/2022 16:15 - 23/05/2022 16:15	Location Of Incident CAIRNHILL ROAD	

Brief details.

I was travelling along Cairnhill Road towards CTE on the middle lane.
Suddenly, a car from my right cut into my lane and collided on to the right side of my vehicle.

I had 2 passengers with me at the time of the accident.

My vehicle: SMV2126M
3rd Party vehicle: SML7993X

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/05/2022 17:00
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20220523/7024

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220523/7024

Subjects Involved			
Victim			
Person Name	YUNOS BIN YUSOP		
ID Type	NRIC NO	ID No	S7147554I
Gender	Male	Age	50
Race	Boyonese	Language	English
Occupation	DRIVER	Address	114 RIVERVALE WALK #04-61 SINGAPORE 540114
Mobile No	82500955	Is Informant A Victim?	Yes
Person Name	YUNOS BIN YUSOP (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
23/05/2022 17:00

Classification Of Case:

