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.

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 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 25/04/2022 14:03 (SGT) Date of Accident 23/04/2022 18:10 (SGT) Exact Location of Accident Singapore Additional Location Information COMPASSVALE BOW Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SGP8382C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YONG POO CHYE NRIC No. S2653375I

Email Address DARENYONGCY@GMAIL.COM Mobile Phone No (Phone) +65-97206398

Alternative Phone No +65-97206398

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel

Variant HONDA / VEZEL 1.5X CVT

Exact purpose for which vehicle was being used at time of accident

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 5118934941-01

Cover Note Number

DRIVER

Name of Driver YONG CHENG YEW NRIC No. S9176111D

Date Of Birth 10/06/1991 Occupation Indoor Date Of Driving Pass 24/10/2013 Driving experience 8 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-97206398 Alt. Phone Number Email Address DARENYONGCY@GMAIL.COM Address APT BLK 402B FERNVALE LANE Address complement #19-219 Postcode 792402 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Parent Does Driver Own Other Vehicles? Nο 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 - Head to Rear 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? 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? Nο PASSENGER 1 Name **UNKNOWN** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO.T/20220423/7026 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**

SJE3381K

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

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 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)

Lunderstand, 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 law yers/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' 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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan

A: SGP 8382 C

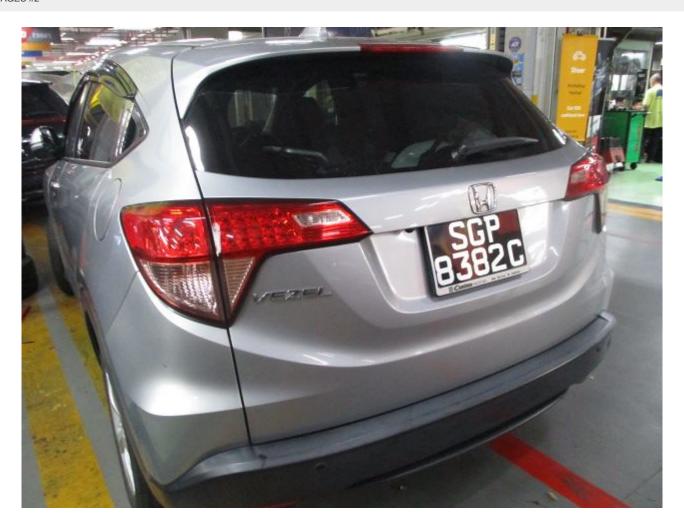
B: SJE 3381 K

COMPNSMUE BOW

THE QUARTZ Condenia in

refer to report no. T	120220423 17026	
laration		
declare the foregoing particula	s are true in every respect.	
		(Op.
		(UP
		\circ
yholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Dr & Time	ate Witnessed by Reporting Centre

















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220423/7026

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 3/04/2022 23:46		Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars			
	Informant: HENG YE		Address: 402B FERNVALE LANE #19-219 SINGAPORE 79		
	/ ID No.: D / S91761	11D	Contact No.: Home/Office: Mobile: 97206398		
Nationality: SINGAPORE CITIZEN		Email: DARENYONGCY@GMAIL.COM			
Sex: Male	Age: 30	Date of Birth: 10/06/1991	Type of Informant: Driver		
Race: Chinese		Language: Institution / School N			
Occupation:		Driving Licence Inform Class: 2B,3	ation: Date of Expiry:		

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 23/04/2022 18:10	Type of Location T-Junction
Location: COMPASSV/	ALE BOW			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		Road Surface: Dry Traffic Control: Not Controlled		Road Speed Limit: Traffic Volume: Moderate

A CONTRACTOR OF THE PARTY OF TH	ehicle Invo			ENGINEERS DEL ME		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SGP8382C	Car	HONDA	Vezel	Silver	Slightly Damaged	2
SJE3381K	Car	TOYOTA	ALTIS	Silver	Slightly Damaged	1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220423/7026

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGP8382C	NTUC Income Insurance Co-Operative Limited	5118934941-01	08/09/2021	07/09/2022

Details of Perso	on Involved	102 100		1200-60	15.00	
Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Driver		257 E.L.			3833	
Name	YONG CHENG YEW			ID No	-	S9176111D
Related Vehicle	SGP8382C (Car)			Contact No.		97206398
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 2B,3 Date of Expiry: NIL
Date	NIL Date			-	NIL	
No. of Days gran	ted Medical Leave	Degree of		NIL		
Driver					2012	
Name	WAH SHI EUN, BELLE		ID No.		S8605193A	
Related Vehicle	SJE3381K (Car)			Conta	ct No.	83393183
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: 3A Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

Was stop at the guardhouse exiting from a condominium (The Quartz), the front vehicle (SJE3381K) suddenly reversed to hit my car and try to run away. I have horns to remind her to stop roadside to talk about the incident. I have car camera and downloaded the video as record purpose.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220423/7026

CONTINUATION OF REPORT

Sketch Plan				
Informant is	not able	to	provide	sketch

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: 23/04/2022 23:46
Officer In Charge Of Case: TP / TPIB / NORASHIKIN BINTE DAUD	Classification Of Case:
Contact No.: 65476439	