

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	29/06/2022 16:16 (SGT)
Reported by	Both
Date of Accident	28/06/2022 07:25 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS PIE @ LAMPOST 162 (33KM)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX4475G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YUNAN BIN RAWI
NRIC No	SXXXX349G
Email Address	yunanrawi@gmail.com
Mobile Phone No	(Phone) +65-84933994
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00000042200

DRIVER

Name of Driver	YUNAN BIN RAWI
NRIC No	SXXXX349G
Date Of Birth	10/12/1965
Occupation	Outdoor

Date Of Driving Pass	11/09/1989
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84933994
Alt. Phone Number	-
Email Address	yunanrawi@gmail.com
Address	BLK 274 YISHUN STREET 22 #07-152
Address complement	-
Postcode	760274
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JTS1846
Vehicle Category	Motorcycle

PASSENGER 1

Name	YEN CI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
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

PLEASE REFER TO POLICE REPORT T/20220628/7022

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTS2846
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	BONG YOU LIANG
Passport No/FIN	9XXXXXX5553
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**

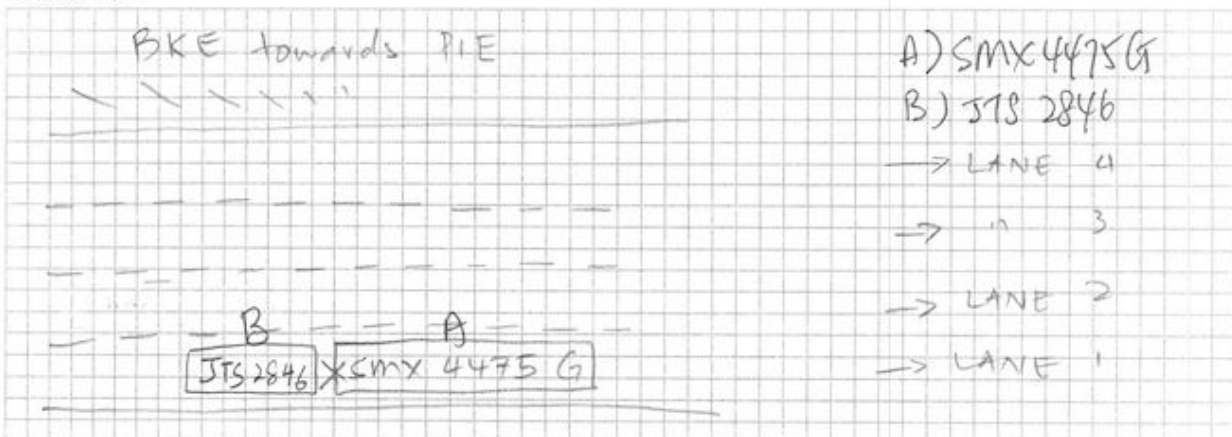
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand,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

YK 29/6/22 1515

Policyholder's Signature / Date & Time

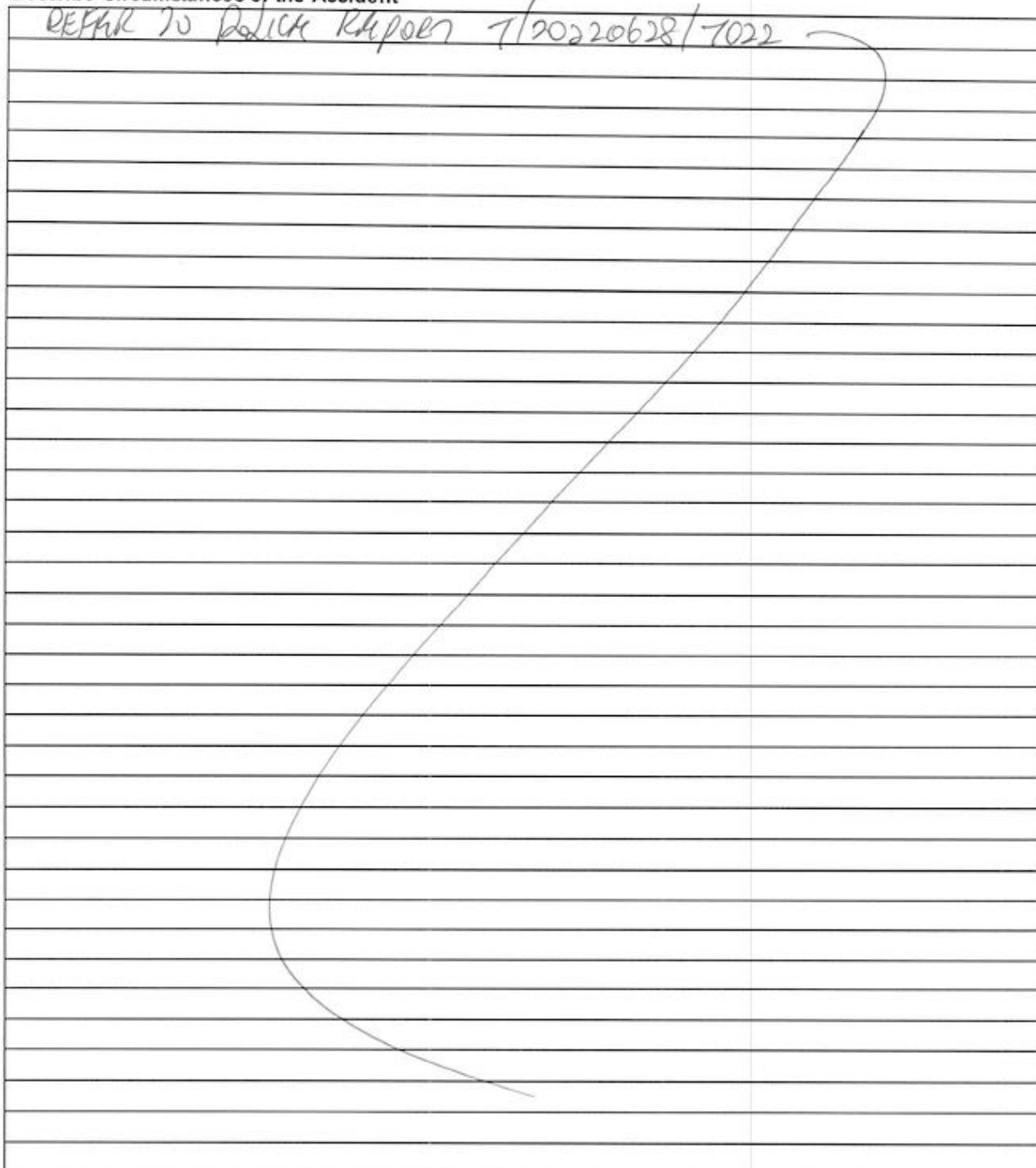
Driver's Signature (if driver is not the policyholder) / Date & Time

W 29/06/2022
Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident

REFER TO Police Report 7/20220628/7022



Declaration

We declare the foregoing particulars are true in every respect.

 29/6/22 1515

Policyholder's Signature / Date & Time

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

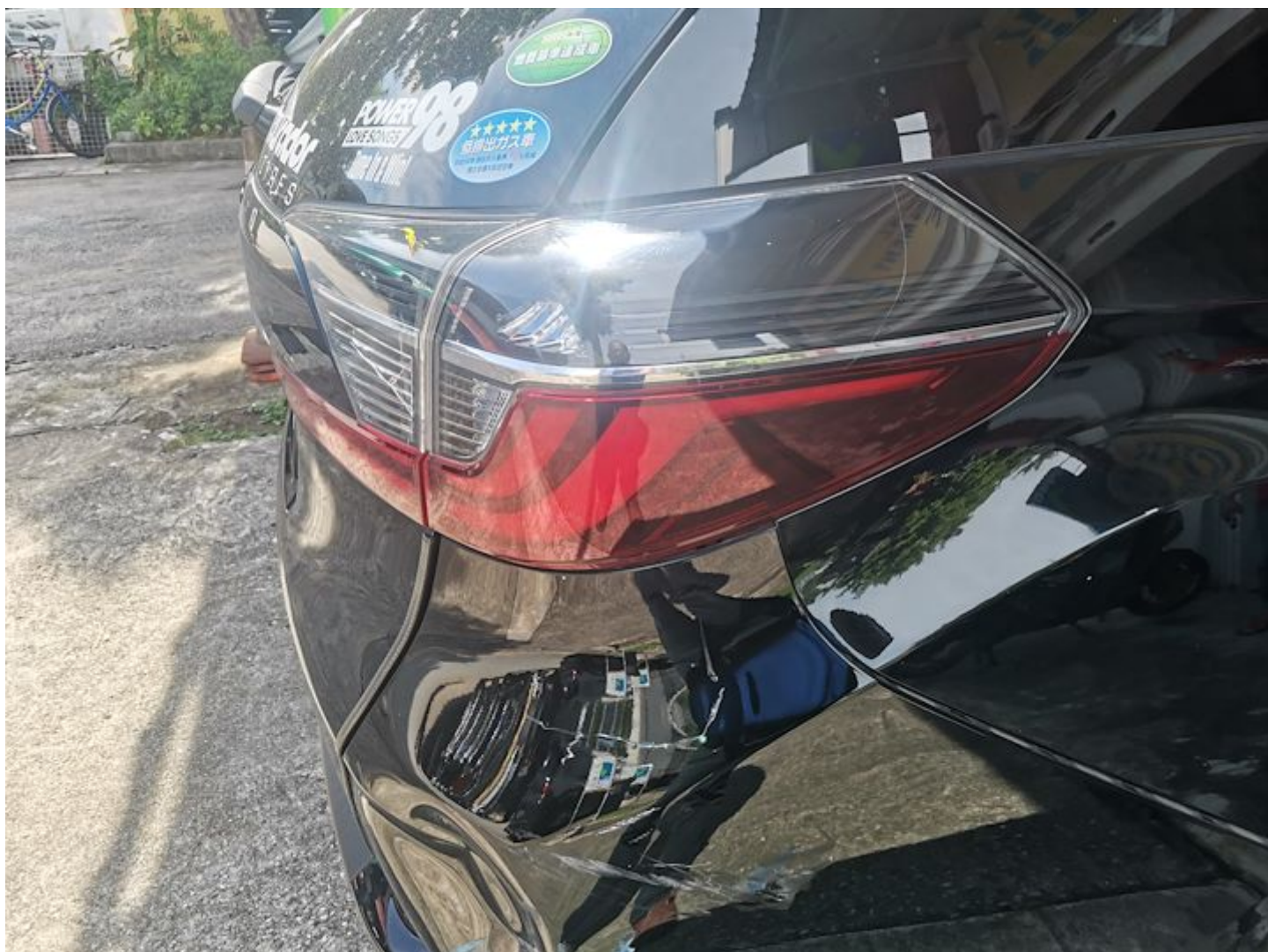
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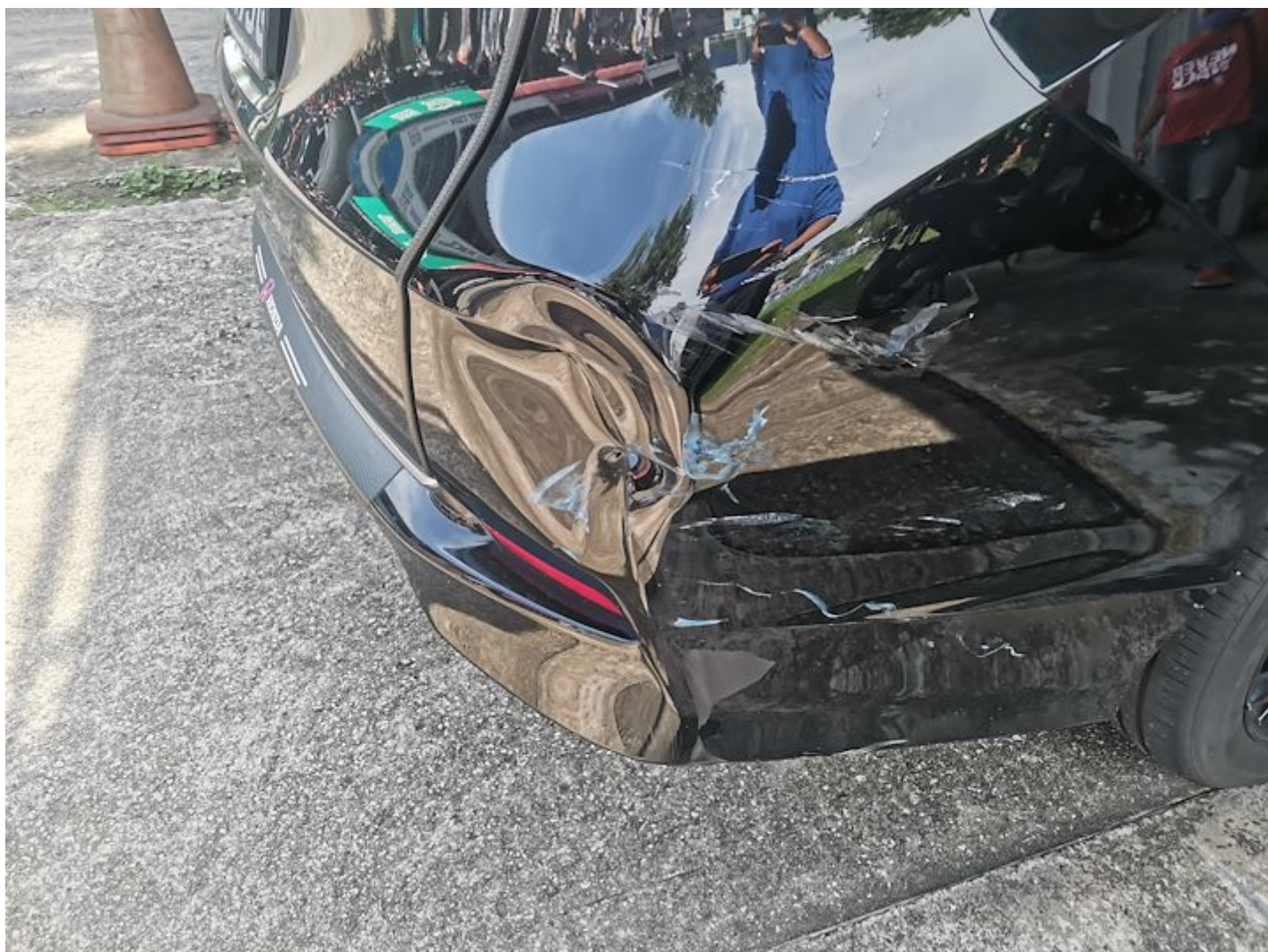
Witnessed by Reporting Centre Personnel













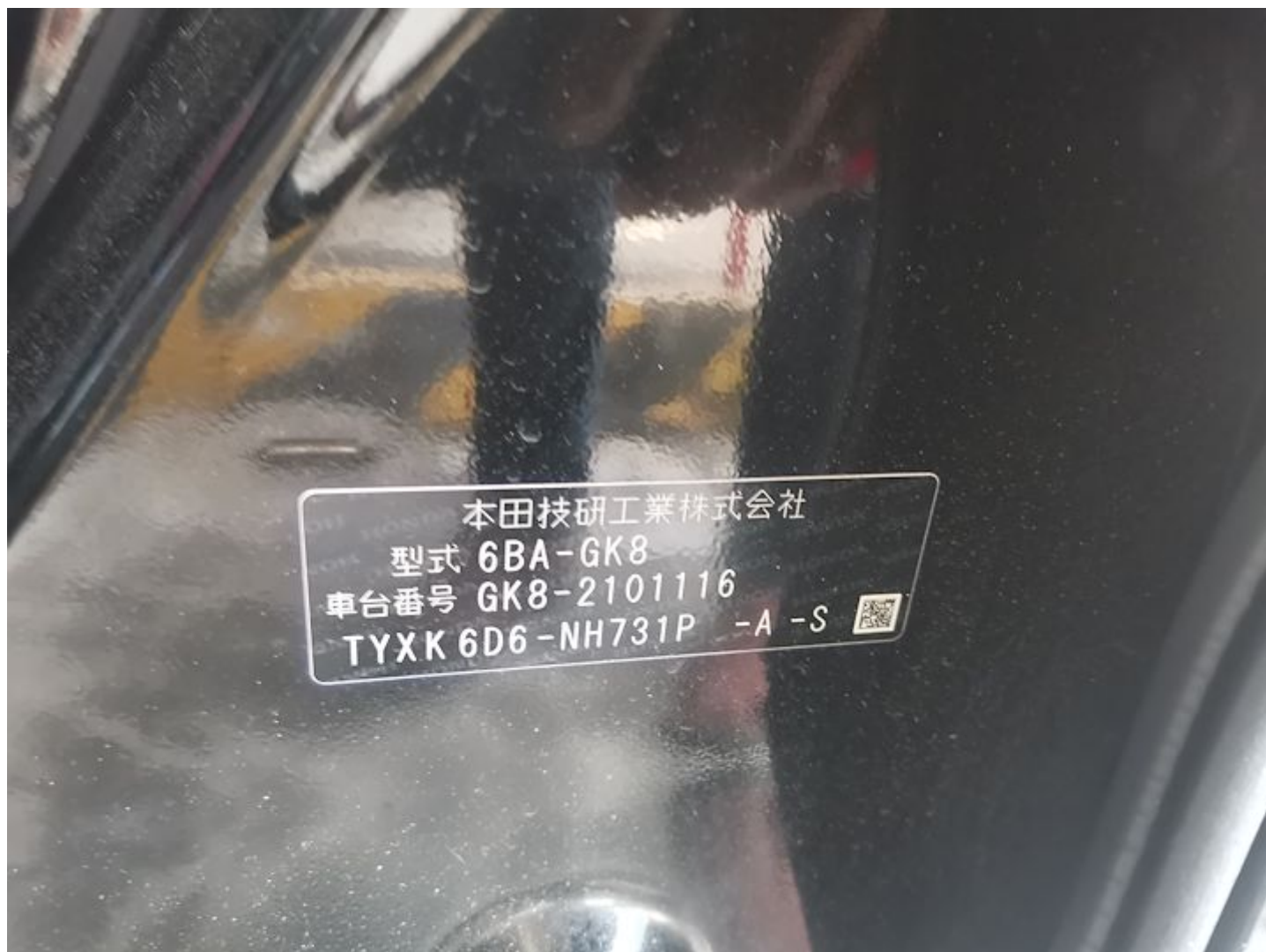


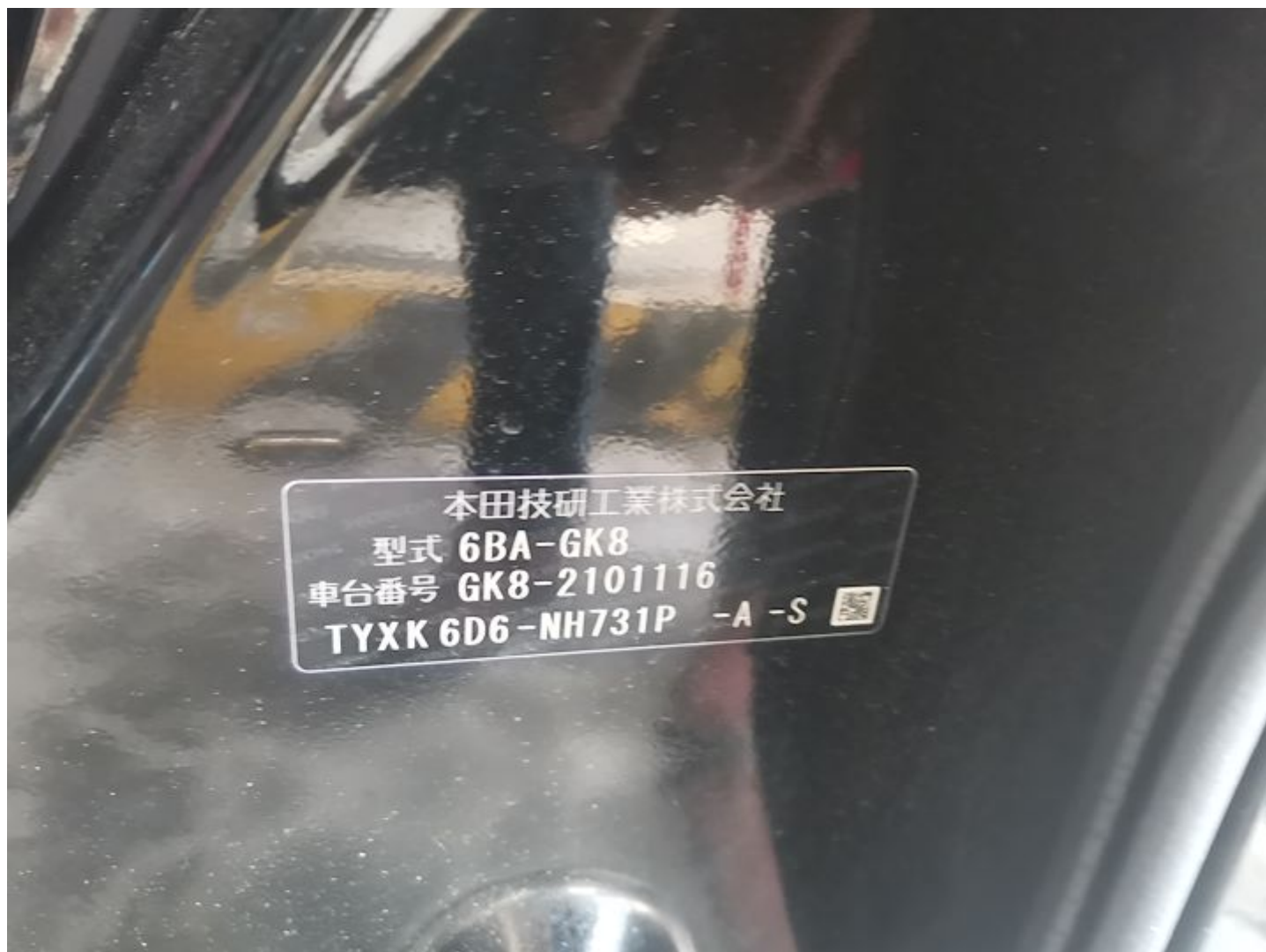



















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220628/7022

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Report No. T/20220628/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2022 14:12	Vide Report No.: F/20220628/0057	Station Diary No.:
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Informant's Particulars			
Name of Informant: YUNAN BIN RAWI		Address: 274 YISHUN STREET 22 #07-152 SINGAPORE 760274	
ID Type / ID No.: NRIC NO / S1687349G		Contact No.: Home/Office: Mobile: 84933994	
Nationality: SINGAPORE CITIZEN		Email: YUNANRAWI@GMAIL.COM	
Sex: Male	Age: 56	Date of Birth: 10/12/1965	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 28/06/2022 07:25	Type of Location: Straight Road
Location: BKE towards PIE Lamp Post Number: 162				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
JTS2846	Motorcycle			Blue	Slightly Damaged	0
SMX4475G	Car	HONDA	shuttle	Black	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220628/7022

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Report No. T/20220628/7022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	YEN CI	ID No.	NIL
Related Vehicle	SMX4475G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	YUNAN BIN RAWI	ID No.	S1687349G
Related Vehicle	SMX4475G (Car)	Contact No.	84933994
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 28/06/2022 at about 0725hrs, I was at BKE towards PIE at the second lane. I signal right wanting to change to first lane, I observe the first lane was clear to change, when changing lane suddenly a malaysia motorcycle(JTS2846) hit my right rear of my car. Shortly after EMAS and Traffic police came to scene, I left the scene to send my passenger then the IO called me to meet the traffic police at daily farm. Traffic police took my SD card and advise to me lodge the report.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220628/7022

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Report No. T/20220628/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

This report is lodged at Yishun North NPC Kiosk 1
NP168

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

Date/Time:
28/06/2022 14:12

Classification Of Case:



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: F/20220628/0057

I, Sgt S TO9700 Iuran Nasoha
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of PD Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One 32GB SanDisk Ultra micro SD card

2

3

4

5

6

7

8

9

10

from Yunan Bin Rawi, S1687349G, Sⁿ 97897713
(Name, NRIC or Passport No. / Rank and No.)

of Blk 274 Yishun St 22 #07-152 S(760274)
(Address / Police Station / NPC / NPP)

on 28/6/2022 at 0948hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Yp
(Signature)

Yunan Bin Rawi, S1687349G
(Name, NRIC or Passport No. / Rank and No.)

Received by:

LI
(Signature)

Sgt S TO9700 Iuran
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 Esmond Phua, 65476200

Location: BKE(PF) 33km L/P 162