

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 Actual 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 10/10/2022 14:45 (SGT)
Reported by Both
Date of Accident 08/10/2022 12:30 (SGT)
Exact Location of Accident Jln Eunoz, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV6516U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FANG YIH UEI
NRIC No S8876039E
Email Address RAYFANG@LIVE.COM
Mobile Phone No (Phone) +65-93215155
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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 3456

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5119597979-01

DRIVER

Name of Driver FANG YIH UEI
NRIC No S8876039E
Date Of Birth 10/02/1988
Occupation Indoor

Date Of Driving Pass	07/01/2011
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93215155
Alt. Phone Number	-
Email Address	RAYFANG@LIVE.COM
Address	55 NEW UPPER CHANGI ROAD
Address complement	08-1454
Postcode	461055
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?	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)	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	-

PASSENGER 1

Name	SOH EE PING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanah Merah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004499999
Alt. Police Station Phone No	(Fax) +65-62447251
Police Station Address	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB8085G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FANG YIH UEI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SMV6516U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

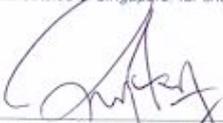
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B. Consent under the Personal Data Protection Act (PDPA)

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

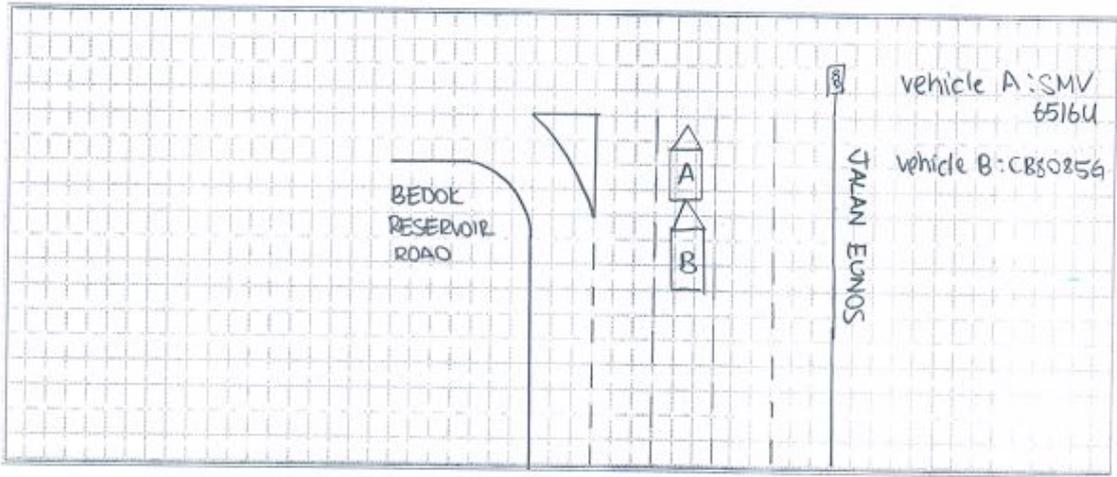

 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



Sketch Plan



Describe Circumstance of the Accident

As per police report T/20221008/9087

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 Officer Personnel
(Name as in NRIC/D card)





















**SINGAPORE
POLICE FORCE**



T/20221008/2087

1 of 4

Report No. T/20221008/2087

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2022 18:04	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: FANG YIH UEI		Address: APT BLK 55 NEW UPPER CHANGI ROAD #08-1454 SINGAPORE 461055	
ID Type / ID No.: NRIC NO / S8876039E		Contact No.: Home/Office: Mobile: 93215155	
Nationality: MALAYSIAN		Email: rayfang@live.com	
Sex: Male	Age: 34	Date of Birth: 10/02/1968	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PROJECT MANAGER		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 08/10/2022 12:30	Type of Location: T-Junction
Location: EUNOS LINK			
Weather: Sunny	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	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	Condition	No of Passenger
CB8085G	Bus/Coach/Minibus	MITSUBISHI	ROSA BUS 4.9L MT 2WD 6T TURBO	White		0
SMV6516U	Car	TOYOTA	ESTIMA AERAS 3.5G A	Black		1



**SINGAPORE
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Report No. T/20221008/2087

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV6516U	NTUC Income Insurance Co-Operative Limited	5119597979-01	01/11/2021	31/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	FANG YIH UEI		ID No.	S8876039E
Related Vehicle	SMV6516U (Car)		Contact No.	93215155
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	08/10/2022		Date Discharge	08/10/2022
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	ZHANG QINGHUA		ID No.	G2690166P
Related Vehicle	NIL		Contact No.	87398639
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

Brief Details.

On the 08/10/2022 at around 1230hrs I was travelling along the said road going towards Still Road, I had reached the T-junction when the traffic light turned amber as such I had slowed down before coming to a stop at the stop line. Just for a second later suddenly an impact hit my vehicle from behind causing my vehicle to move forward away from the stop line. The other vehicle which was a minibus had collided into the rear of my vehicle at the traffic light when it had turned red. After the impact I had exited my vehicle to take some photos and exchange particulars with the other driver, that was when he complained that I was driving very slowly. I then told him that I did not want to quarrel and we just had to lodge a report and claim insurance, we had then exchanged particulars and took some photo before going on our own way. I had then went to get a medical checkup immediately at Parkway East Hospital, there the doctor gave me medical leave for 5 days for my head, neck, chest and back injury.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
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Tel No: 1800-4499999



T/20221008/2087

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Report No. T/20221008/2087

CONTINUATION OF REPORT





**SINGAPORE
POLICE FORCE**



T/20221008/2087

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Tanah Merah NPP
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SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20221008/2087

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: G / SGT 3 LIM SHAO WEI, CLARENCE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/10/2022 18:04
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119597979-01

Cover : drivo CLASSIC

- | | |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle | : SMV6516U |
| Chassis Number | : GSR500006694 |
| 2. Name of Policyholder | : FANG YIH UEI |
| 3. Effective Date of Insurance | : 01 Nov 2021 |
| 4. Expiry Date of Insurance | : 31 Oct 2022 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: FANG YIH UEI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: AL AUTOCAR PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE. LTD. (00000614373)
 Date of Issue : 24 Oct 2021 11:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive