

## 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 .....	10/02/2023 09:54 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	09/02/2023 03:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Junction of Upper Serangoon Road and Serangoon Avenue 2
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJT3675J
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YAP KIAN FAI
NRIC No .....	S7247839H
Email Address .....	pyaxa1@gmail.com
Mobile Phone No .....	(Phone) +65-93853330
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5125433673

#### DRIVER

Name of Driver .....	YAP KIAN FAI
NRIC No .....	S7247839H
Date Of Birth .....	15/12/1972
Occupation .....	Indoor

Date Of Driving Pass .....	30/06/1992
Driving experience .....	30 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93853330
Alt. Phone Number .....	-
Email Address .....	pyaxa1@gmail.com
Address .....	APT BLK 209B COMPASSVALE LANE
Address complement .....	#06-104
Postcode .....	S542209
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	1
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

#### 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 .....	SNB5224L
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) .....	1

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.


**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

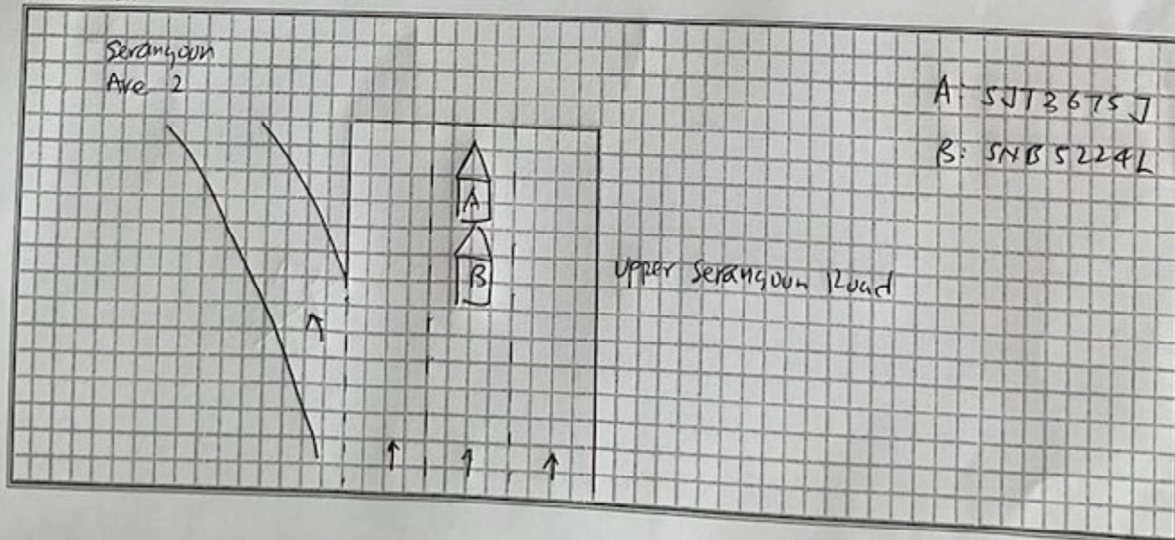
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
10/02/2023 0930 hrs

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


Refer to police report : 7/20230209/2008

Declaration

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time  
 10/02/2023 0930 hr

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

 1212 chong cheng  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)


**SINGAPORE  
POLICE FORCE**


T/20230209/2008

1 of 3

Report No. T/20230209/2008

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/02/2023 05:03	Vide Report No.: F/20230209/0034	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: YAP KIAN FAI			Address: APT BLK 209B COMPASSVALE LANE #06-104 SINGAPORE 542209	
ID Type / ID No.: NRIC NO / S7247839H			Contact No.:	Mobile: 93853330
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 50	Date of Birth: 15/12/1972	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: MOM OFFICER			Driving Licence Information: Class: 2B,2A,3	
			Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/02/2023 03:30	Type of Location: X-Junction
Location:  UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
SJT3675J	Car	TOYOTA	VIOS E AUTO	Red	Slightly Damaged	0
SNB5224L	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT3675J	NTUC Income Insurance Co-Operative Limited	5125433673	12/01/2022	04/04/2023



**SINGAPORE  
POLICE FORCE**



T/20230209/2008

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20230209/2008

**CONTINUATION OF REPORT**

**Brief Details.**

On 090223, at about 0330hrs, I had stopped my vehicle bearing plate number SJT3675J at the cross junction of Upper serangoon road and Serangoon ave 2. I wish to state that the traffic light was red as such I had brake my vehicle at a complete stop. I suddenly felt an impact from the rear and discovered that a dark grey car believed to be the plate number of SNB5224L had hit me.

I had alighted my vehicle to make a check. The vehicle however reversed and fled. I had then called for traffic police, vide report F/20230209/0034. Traffic police came and seized my in-car SD card for investigation. I am not injured. My rear bumper however was dented due to the collision.

I am lodging a report to assist police in the investigation.



# SINGAPORE POLICE FORCE



T/20230209/2008

3 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20230209/2008

## 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:

F /

SGT 3 NORAISAH BINTE MOHD  
PERDAUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/02/2023 05:03

Officer In Charge Of Case:

TP / HRT /

STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148

Classification Of Case:

NP168