

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	14/04/2023 16:19 (SGT)
Reported by	Actual Driver
Date of Accident	13/04/2023 23:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Slip Road Cavenagh Road & Bukit Timah Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML8469L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN YIHAO, CLEMENT
NRIC No	S8638335G
Email Address	CLEMENT.LINYH@GMAIL.COM
Mobile Phone No	(Phone) +65-94375283
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	5119701900-02

DRIVER

Name of Driver	YUE YI XIAN
NRIC No	S8708154J
Date Of Birth	21/03/1987
Occupation	Indoor

Date Of Driving Pass	16/09/2009
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82331706
Alt. Phone Number	-
Email Address	RYAN.YUEYX@GAIL.COM
Address	BLK 1 TOH YI DRIVE #13-131
Address complement	-
Postcode	591501
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Passenger
Gender	Male

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

REFER TO SKETCH PLAN / POLICE REPORT

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	SMS9704P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG WEI LING
NRIC No	S8804218B
Contact Number	(Phone) +65-87871314
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	YUE YI XIAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SML8469L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 14/04/2023 / 15:33

Report No: MT/ _____

D.O.A: 13/04/2023

Vehicle No: SML8469L

Reporting Type: _____

Time: 23:45 hrs

SKETCH PLAN

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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

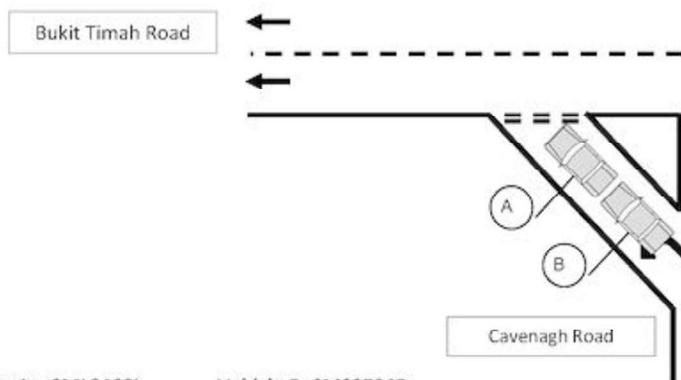
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

14/04/23 / 15:33
Policyholder's Signature / Date & Time


14/04/23 / 15:33
Driver's Signature (if driver is not the policyholder) / Date & Time

Tang Chun Kiet (S098825)
Customer Care Executive
Motor Service Centre 
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Vehicle A: SML8469L

Vehicle B: SM59704P

Describe Circumstances of the Accident

Refer to Police Report

Declaration

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

14/04/23 / 15:33

Policyholder's Signature / Date & Time



14/04/23 / 15:33

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

Tang Chun Kiet (S098825)
Customer Care Executive
Motor Service Centre



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

























**SINGAPORE
POLICE FORCE**



T/20230414/7041

1 of 3

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

Report No. T/20230414/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2023 16:09	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YUE YI XIAN		Address: 1 TOH YI DRIVE #13-131 SINGAPORE 591501	
ID Type / ID No.: NRIC NO / S8708154J		Contact No.:	Mobile: 82331706
Nationality: SINGAPORE CITIZEN		Email: ryan.yueyx@gmail.com	
Sex: Male	Age: 36	Date of Birth: 21/03/1987	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Company director		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2023 23:45	Type of Location: Sliproad
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SML8469L	Car					0
SMS9704P	Car	HYUNDAI		Red	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20230414/7041

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

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Report No. T/20230414/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YUE YI XIAN	ID No.	S8708154J
Related Vehicle	SML8469L (Car)	Contact No.	82331706
Hospital/Clinic	NAM SENG CLINIC PTE. LTD.	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/04/2023	Date	14/04/2023
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ANG WEI LING	ID No.	S8804218B
Related Vehicle	SMS9704P (Car)	Contact No.	87871314
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

The accident took place at 11:45pm on 13 April on the sliproad from Cavenagh Road leading to Bukit Timah Road. Traffic was approaching on Bukit Timah Road and I had to give way by stopping my car (SML8469L) along the Cavenagh Road slip road leading to Bukit Timah Road. At this moment my car was hit from behind by another car (SMS9704P) driven by Ang Wei Ling (S8804218B) and my car was pushed forward, straddling the slip road and Bukit Timah Road. I got off the vehicle to observe that my car had sustained damage to the hatch door and the rear bumper. I communicated to Ang Wei Ling to drive forward to Esso Winstedt where it would be safer to exchange contact details and not obstruct the slip road. We exchanged our contact information and driver details at Esso Winstedt and parted ways. I saw a doctor the following morning and I was examined by the doctor. The doctor determined that I had sustained whiplash injuries for which I received an MC for 3 days, a doctor's memo and medication.



**SINGAPORE
POLICE FORCE**



T/20230414/7041

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

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Report No. T/20230414/7041

CONTINUATION OF REPORT

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: 14/04/2023 16:09
Officer In Charge Of Case: TP / TPIB / MUHAMMAD FIRDAUS BIN SULEIMAN Contact No.: 65476228	Classification Of Case:

NP168