

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	23/03/2023 14:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/03/2023 09:30 (SGT)
Exact Location of Accident	Pasir Ris Street 71, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9678B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RICKY YEO BENG HUAT
NRIC No	S1374570F
Email Address	rickyyeo4545@gmail.com
Mobile Phone No	(Phone) +65-98784545
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Grace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116455732-02

DRIVER

Name of Driver	RICKY YEO BENG HUAT
NRIC No	S1374570F
Date Of Birth	03/09/1959
Occupation	Outdoor

Date Of Driving Pass	30/11/1977
Driving experience	45 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98784545
Alt. Phone Number	-
Email Address	rickyyeo4545@gmail.com
Address	BLK 188 BISHAN STREET 13
Address complement	#12-455
Postcode	570188
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 - Change/cross lane
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)	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	N.A
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLANS

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-97998677
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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

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

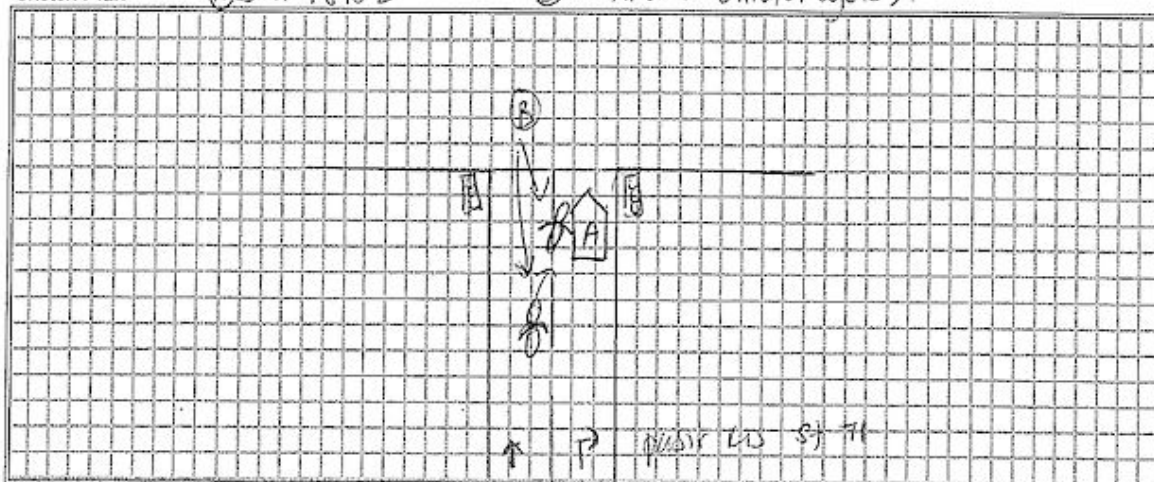


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

① SLH 9678B

② unknown (motorcycle)



vJun2022

1

Describe Circumstances of the Accident

Refer police report
7/20230319/2002

☐ Claim OD ☐ Claim Third Party ☒ Claim-OD/TP at other workshop ☒ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/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 Centre Personnel

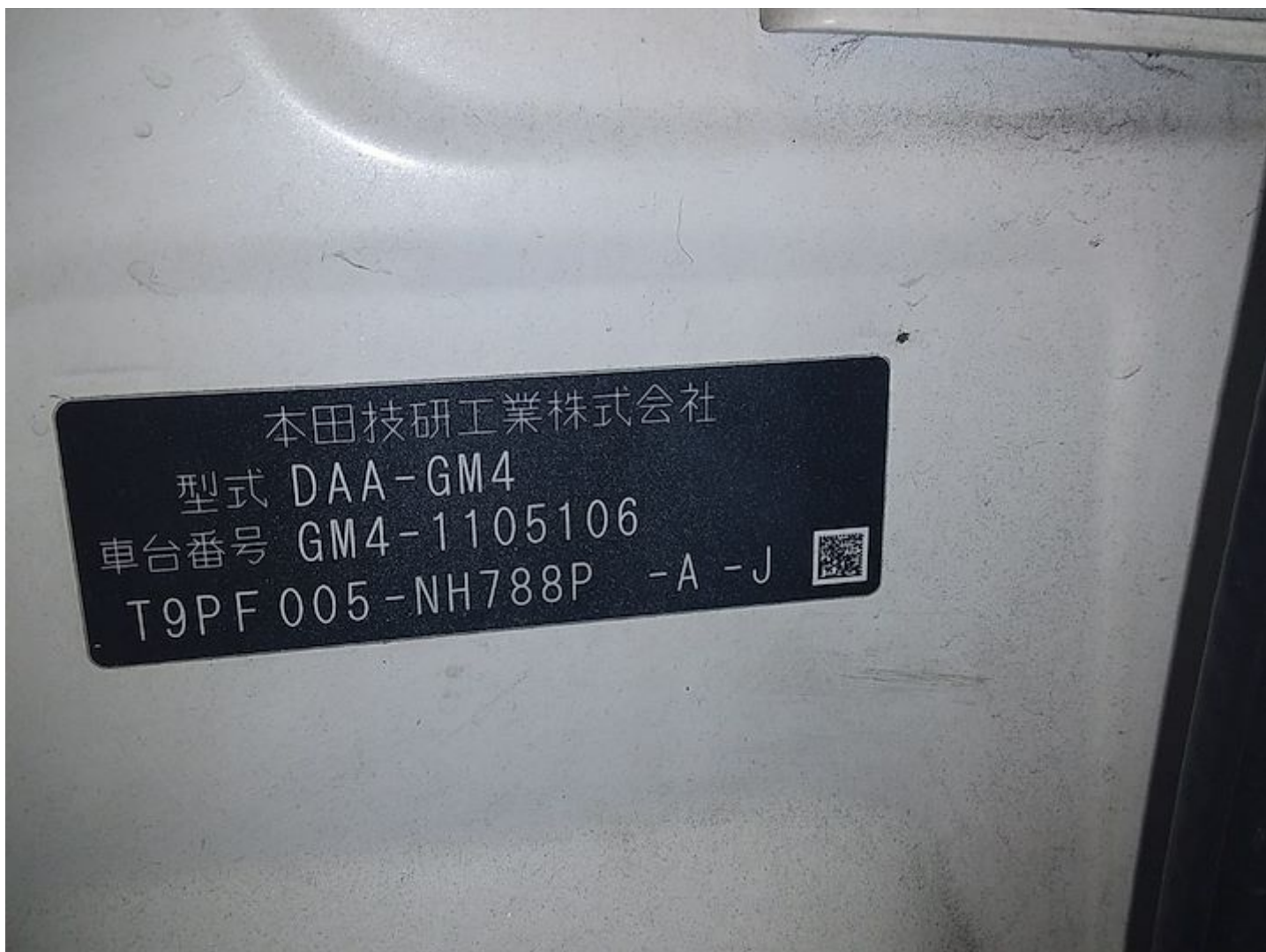






























**SINGAPORE
POLICE FORCE**



T/20230319/2002

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20230319/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2023 00:34	Vide Report No.:	Station Diary No.: 4
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Informant's Particulars

Name of Informant: RICKY YEO BENG HUAT	Address: APT BLK 188 BISHAN STREET 13 #12-455 SINGAPORE 570188		
ID Type / ID No.: NRIC NO / S1374570F	Contact No.: Home/Office: Mobile: 98784545		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 63	Date of Birth: 03/09/1959	Type of Informant: Driver
Race: Chinese	Language: Mandarin		
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2023 09:30	Type of Location: T-Junction
Location: PASIR RIS STREET 71			
Weather: Clear	Road Surface: Dry		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH9678B	Car	HONDA	GRACE HYBRID 1.5DX A	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH9678B	NTUC Income Insurance Co-Operative Limited	5116455732-02	24/05/2022	23/05/2023



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T/20230319/2002

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Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

2 of 3
Report No. T/20230319/2002

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RICKY YEO BENG HUAT	ID No.	S1374570F
Related Vehicle	SLH9678B (Car)	Contact No.	98784545
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/03/2023 at around 9:30am, I was working as a grab driver and was ferrying a passenger in my vehicle. I had stopped my vehicle at a T Junction and was waiting for a right green turn arrow when suddenly a bike (Honda) collided onto the front passenger side of my vehicle causing my front bumper to dislodge slightly. After which, I alighted from my vehicle to make a check on the rider and also my vehicle. I had requested for the rider's particulars however he informed me that he do not have any particulars. Therefore, I asked for his phone number (+6597998677) and the rider left the scene shortly after.

I had called the rider a few times and he informed me that he will be transferring the repair fee to me however he did not do so. Shortly after at around 8:36pm, the rider informed me that he wants to let insurance settle however I do not have any of his particulars or his bike registration number.

I am lodging police report for police to investigate.

**SINGAPORE
POLICE FORCE**

T/20230319/2002

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3

Report No. T/20230319/2002

Signature of Officer Recording The Report:

E /

SGT 1 Howard Phoon Ho Yong

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/03/2023 00:34

Officer In Charge Of Case:

TP / GIA /

Classification Of Case:

Contact No.:

NP168

