

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	03/07/2023 14:28 (SGT)
Reported by	Actual Driver
Date of Accident	01/07/2023 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN ANAK BUKIT BEFORE 'T' JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9270E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH SEE SEE
NRIC No	S1232237B
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-92475307
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5111105255-03

DRIVER

Name of Driver	LI YONGSHEN
NRIC No	S8941105Z
Date Of Birth	14/11/1989
Occupation	Indoor

Date Of Driving Pass	13/06/2014
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92475307
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	BLK 661 CHOA CHU KANG CRESCENT #06-05
Address complement	-
Postcode	680661
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACHED 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	SMS1794G
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LI YONGSHEN
Gender	Male
Phone No	(Phone) +65-92475307
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMM9270E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

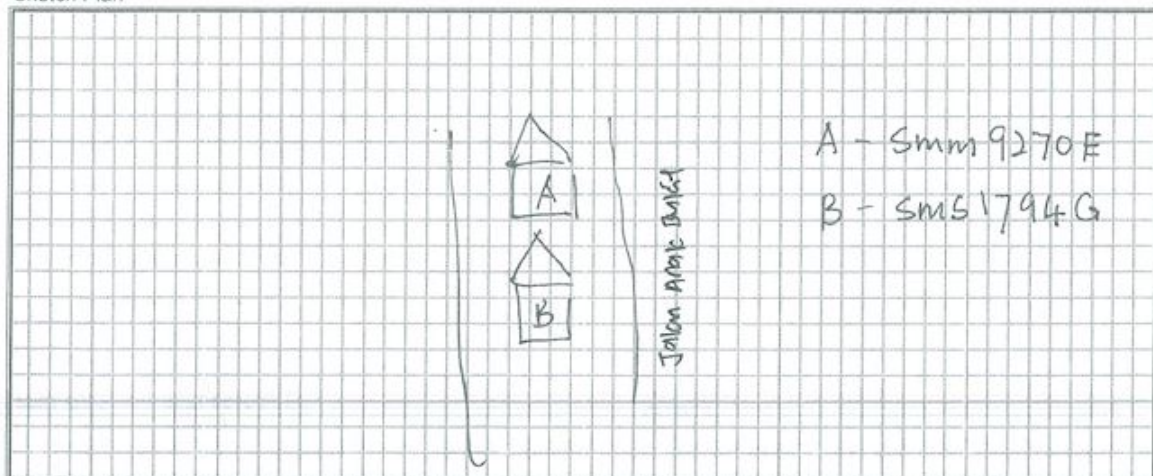
CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)

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

Refer police report no: T/20230701/2099

Declaration

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

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 570643
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)

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)














**SINGAPORE
POLICE FORCE**


T/20230701/2099

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20230701/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2023 22:38	Vide Report No.:	Station Diary No.: 136
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Informant's Particulars

Name of Informant: LI YONGSHEN			Address: APT BLK 661 CHOA CHU KANG CRESCENT #06-05 SINGAPORE 680661		
ID Type / ID No.: NRIC NO / S8941105Z			Contact No.: Home/Office: Mobile: 92475307		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 14/11/1989	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: FNB SERVICE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/07/2023 13:50	Type of Location: Straight Road
Location: JALAN ANAK BUKIT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
SMM9270E	Car	HONDA	SHUTTLE HYBRID	Black	Slightly Damaged	1
SMS1794G	Car	MERCEDES BENZ	GLA180 URBAN	Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20230701/2099

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20230701/2099

CONTINUATION OF REPORT

Passenger			
Name	DANDAN		ID No. NIL
Related Vehicle	SMM9270E (Car)		Contact No. 87799258
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
Driver			
Name	LI YONGSHEN		ID No. S8941105Z
Related Vehicle	SMM9270E (Car)		Contact No. 92475307
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	01/07/2023	Date Discharge	01/07/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMAD YAZID BIN OTHMAN		ID No. S8132493Z
Related Vehicle	SMS1794G (Car)		Contact No. 91848625
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 01/07/2023 at about 1352hrs, I was travelling along Jalan Anak Bukit in my car (Registration no. SMM9270E) together with my wife namely Dandan (HP: 87799258) in front of Bukit Timah Shopping Centre on the most right lane. I was attempting to turn right however the right filter lane was full thus I stopped my vehicle near the start of the right filter lane. A few seconds later, I felt an impact from the rear of my vehicle. I then discovered that another car (Registration no. SMS1794G) had rear ended my car.

Both the driver and I got down from our vehicles and exchanged particulars with each other after affirming no one was injured. The driver is namely Muhamad Yazid Bin Othman (NRIC no. S8132493Z, HP: 91848625). We then took photos of the incident and mutually agreed to claim insurance. Subsequently on the same day, I started to feel unwell thus I went to Ng Teng Fong Hospital at Jurong East and obtained an MC of 3 days for head injury from 01/07/2023 to 03/07/2023. My wife only hit her nose with her phone



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T/20230701/2099

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
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Report No. T/20230701/2099

CONTINUATION OF REPORT

from the impact but did not see a doctor.

My car sustained a huge dent on the rear bumper area. The other car sustained a slight dent on his front bumper and front car license plate.



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SINGAPORE 689286
Tel No: 1800-7659999



T/20230701/2099

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Report No. T/20230701/2099

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SGT 1 IVAN TAN YONG QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/07/2023 22:38

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168

16:34

4G 50

me.income.com.sg



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.
GST Reg No. M90372806G

Policy Number	5111105255-03
The Policyholder	POH SEE SEE BLK 820 #09-26 CHOA CHU KANG STREET 62 SINGAPORE 680830
Period of Insurance	18 Jul 2022 To 17 Jul 2023
Sum Insured	Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	S\$764.73
Interest Insured	
Cover Type	drive CLASSIC
Primary Driver	LI YONGSHEN
Named Driver (1)	N/A
Named Driver (2)	N/A
Make/Model	HONDA/SHUTTLE
Registration Number	SAM992DE
Chassis Number	GP 72008764
Repair at Owner's Preferred Workshop	No
Excess (Section 1)	S\$600
Excess (Section 2)	N/A
Windscreen Excess	S\$100
Additional Excess	N/A
Unnamed Driver Excess	Please refer to Terms and Conditions
Hire Purchase Company	HONG LEONG FINANCE LIMITED
Optional Cover	
Roadside Assistance and Wellness Cover	No
Transport Allowance	No
Excess Waiver	No
Capacity	1500cc
Registration Year	2019
Off-peak Car	No
Insure with CDE	Yes
NCD Entitlement	50%
NCD Protection	Yes (Free)
Loyalty Discount	5%

Memo A : N/A

Endorsement Operative : AM

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 11 Jul 2022 10:33 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Policy Number: 5111105255-03

Summary of Private Car insurance cover

This is for general information only. You can find the precise terms and conditions of this plan in the policy contract.