

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 First Submission	13/07/2023 16:49 (SGT)
Reported by	Actual Driver
Date of Accident	10/07/2023 18:08 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YUAN CHING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ7554G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Company Reg No	199904194N
Email Address	JAY@SKYWAY.COM.SG
Mobile Phone No	(Phone) +65-88551188
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	YAO FEI FEI
NRIC No	S7372833I
Date Of Birth	24/01/1973
Occupation	Outdoor

Date Of Driving Pass	16/12/2002
Driving experience	20 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90066812
Alt. Phone Number	-
Email Address	FFEIYAP@GMAIL.COM
Address	783B WOODLANDS RISE #15-29
Address complement	-
Postcode	732783
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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?	Yes
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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT T/20230711/2120
 CAR @ TP COMPOUND
 PHV STICKER PHOTO NOT TAKEN
 REPORT AS PTE USE - AS INTERIM

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR9988D
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	YAP FEI FEI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMZ7554G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	HAMIDAH BTE ALI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR9988D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

1. This Form shall be completed by the Insured Person, and not by the Insurer.
2. Information provided on this Form is for the use of the Traffic Police Department for investigation purposes only. It is not to be used for any other purpose.
3. The completion and submission of this Form by the Insured Person does not constitute an admission of liability on the part of the Insured Person.
4. **Any false reporting may be referred to the Traffic Police Department for investigation.**
5. This report will be forwarded by the Insurers to the GIA Roadside Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of this report will for a fee be made available upon application by interested parties.
6. By the lodgement of this report to the Insurers, you hereby consent to the forwarding of this report to the Traffic Police and to copies of the report being made available as aforesaid.

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

I understand, acknowledge, agree and warrant that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, store, disclose and/or process my personal data and information put out in this Form and any other personal information provided by me to be processed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurers who have licensed vehicles involved in this accident (all Insurers) who have licensed vehicles involved in this accident who are collectively referred to as the "Insurers"; the Insurers may in turn use the Personal Information for the purpose of handling claims and/or for any other purpose lawfully permitted by the Insurers; and
- (b) processing of my Personal Information is necessary for the Insurers to handle my claim and/or for any other purpose lawfully permitted by the Insurers.

and I warrant that the information provided is true and correct.

I warrant that the information provided is true and correct and that I am not aware of any false or misleading information provided.

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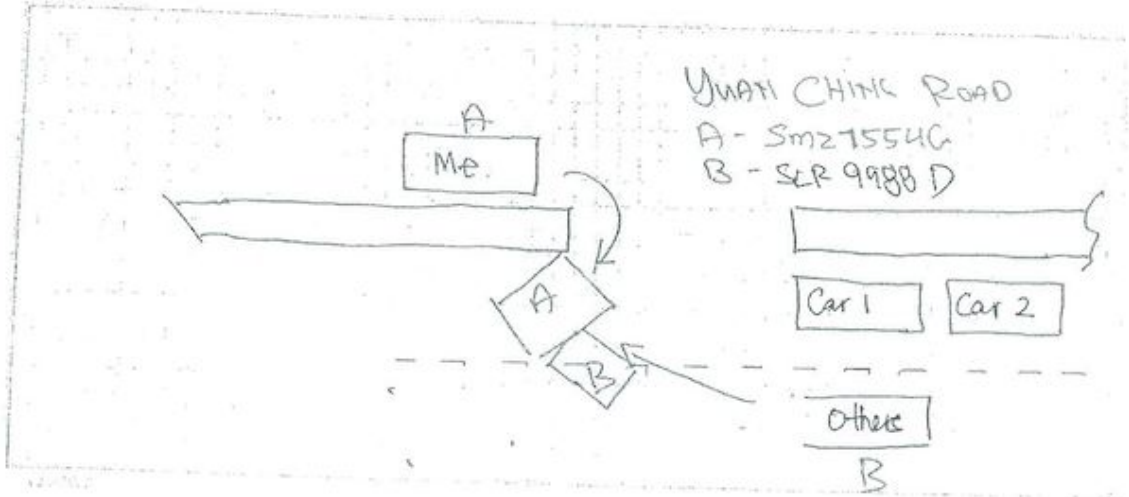
I warrant that the information provided is true and correct and that I am not aware of any false or misleading information provided.


 Insured Person's Signature (Print Name)


 Insurer's Signature (Print Name)


 Witness's Signature (Print Name)

Sketch Plan



Refer to T.P. Reports.

1. Date of accident: _____

2. Time of accident: _____

3. Location: _____

4. Weather: _____

5. Road conditions: _____

6. Vehicle involved: _____

7. Driver: _____

8. Passenger: _____

9. Other: _____

10. Description of accident: _____

11. Description of damage: _____

12. Description of injuries: _____

13. Description of property damage: _____

14. Description of other: _____

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10. Description of accident:

11. Description of damage:

12. Description of injuries:

13. Description of property damage:

14. Description of other:

15. Description of other:

16. Description of other:

17. Description of other:

18. Description of other:


**SINGAPORE
POLICE FORCE**


T/20230711/2120

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20230711/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2023 20:10	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: YAP FEI FEI			Address: APT BLK 783B WOODLANDS RISE #15-29 SINGAPORE 732783		
ID Type / ID No.: NRIC NO / S7372833I			Contact No.: Home/Office: Mobile: 90066812		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 50	Date of Birth: 24/01/1973	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/07/2023 18:05	Type of Location: Straight Road
Location: YUAN CHING 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 Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLR9988D	Car	TOYOTA	ESTIMA	Brown	Seriously Damaged	2
SNZ7554G	Car	TOYOTA	SHUTTLE	Blue	Seriously 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/20230711/2120

Police Station Of Origin:
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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20230711/2120

CONTINUATION OF REPORT

Name	HAMIDAH BTE ALI		ID No.	S6802940F
Related Vehicle	SLR9988D (Car)		Contact No.	97990168
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	YAP FEI FEI		ID No.	S7372833I
Related Vehicle	SNZ7554G (Car)		Contact No.	90066812
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 10/07/2023 at about 1808hrs along Yuan Ching Road towards Jurong West when I was driving my company's rental car and wanted to do a U-turn where there is a U-turn sign. Before I did the U-turn, I stopped my car near the turning area and checked for any incoming vehicles on the opposite side. There were 2 cars that stopped on the opposite side on the right lane of a 2-lane road to allow me to turn. Hence, I did the U-turn but suddenly I heard a loud bang from the front left side of my car causing my car to turn and go over the Centre divider. I was shocked and sat in me for a while. I managed to alight from my car and saw that it was an accident. I then walked to the side of the road. I called my company's emergency office to report about the accident. Police and ambulance came. I and the other car driver exchanged particulars and contact details. I asked the driver if everyone including his passengers were ok and she replied that its ok except for her daughter who was sitting at her back seat. My company car's in-vehicle camera do not have SD card. My company's car sustained serious damaged on the front left tyre side.



**SINGAPORE
POLICE FORCE**



T/20230711/2120


Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20230711/2120

CONTINUATION OF REPORT

Signature of Officer Recording The Report: L / SGT 2 MUHAMMAD SHAFUDIN SHAH BIN EFFENDI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SGT 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415

Signature Of Informant: 
Date/Time: 11/07/2023 20:10
Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1237D0007 Vehicle Registration No: SMZ75546

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: _____


Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPLOAD REPORT/SKETCH PLAN

Policyholder / Actual Driver's Signature
Date: _____


Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): _____
Date: _____