

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 | 16/08/2024 17:09 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 16/08/2024 13:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ANG MO KIO AVENUE 1 TOWARDS CTE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLA3862L |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | YEO CHENG TEE |
| NRIC No | SXXXX584I |
| Email Address | EDWIN.YEO.77@GMAIL.COM |
| Mobile Phone No | (Phone) +65-87679199 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|--------------|
| Manufacturer | Hyundai |
| Model | Santa fe |
| 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? | Yes |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 2199 |
| Vehicle Fuel | Diesel |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNW00003862400 |

DRIVER

| | |
|--|------------------------|
| Name of Driver | YEO CHENG TEE |
| NRIC No | SXXXX584I |
| Date Of Birth | 02/10/1977 |
| Occupation | Outdoor |
| Driving Pass Date | 31/05/2002 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 22 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87679199 |
| Alt. Phone Number | - |
| Email Address | EDWIN.YEO.77@GMAIL.COM |
| Address | BLK 12C MARSILING LANE |
| Address complement | #17-81 |
| Postcode | 733012 |
| 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 | Fire, explosion or lightning |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 1 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | No |
| 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 | TADA PASSENGER |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|---------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Tanglin Division Headquarters |
| Police Station Phone No | (Phone) +65-18003910000 |
| Alt. Police Station Phone No | (Fax) +65-63964900 |
| Police Station Address | 21 Kampong Java Road Singapore 228892 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

WITNESS DETAILS

WITNESS 1

Name PASSERBY
Phone (Phone) +65-98516487
Email -

SKETCH PLAN

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 Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
 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.

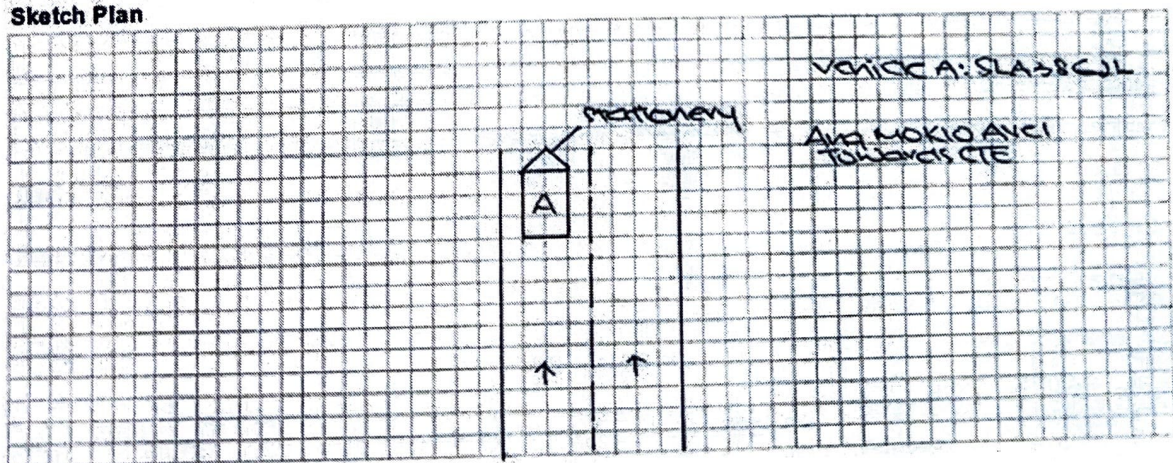
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre*
Personnel



Sketch Plan



Describe Circumstances of the Accident

Refer to attached police report: E1J0140916/7029.

Declaration

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**

E/20240816-7029

1 of 1

POLICE REPORT (NP299)

Report No. E/20240816/7029

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

| | | | | | |
|---|--|--|-----------|-----------------------------|-----------------|
| Date/Time Report Made 16/08/2024 15:15 | | Vide Report No. | | Station Diary No. | |
| Name Of Informant YEO CHENG TEE | | Address 12C MARSILING LANE #17-81 SINGAPORE 733012 | | | |
| ID Type / ID No. | | Contact No. | | | |
| NRIC NO / S77285841 | | Home/Office: | | Mobile: 87679199 | |
| Nationality SINGAPORE CITIZEN | | Email Address EDWIN.YEO.77@GMAIL.COM | | | |
| Occupation Private-hire car driver | | Sex Male | Age 46 | Date of Birth 02/10/1977 | Race Chinese |
| Institution/School Name | | Language English | | | |
| Date/Time Of Incident 16/08/2024 13:10 | | Location Of Incident 25 ANG MO KIO AVENUE 1 ANG MO KIO TELEPHONE EXCHANGE SINGAPORE 569969 | | | |

Brief details.

On 16/08/2024 at around 1pm, I started my private hire service and picked up a passenger at Woodlands, and going towards Pemimin.

While on the way, at the junction of Ang Mo Kio Avenue 1 and Avenue 2, I stopped as the traffic light was red. That was when one bike rider pulled up beside my vehicle and told me there is fire at the bottom of my bonnet. I immediately alighted to check and indeed there is fire. I immediately told my passenger to alight. After my passenger alighted, the fire grew fast and very soon my entire vehicle was engulfed in flames. I then immediately called 995.

SCDF arrived soon and put out the fire. No one was injured.

| | |
|--|--|
| 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: 16/08/2024 15:15 |
| Officer In-Charge Of Case: | Classification Of Case: |