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 witholding 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.

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 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 30/08/2024 11:30 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 29/08/2024 17:00 (SGT) Exact Location of Accident Greenwich Dr., Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

02/04/2018 03:04 (SGT)

Vehicle Registration Number SLX6342E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEO ENG KWEE NRIC No SXXXX159G Email Address YEOENGKWEE@HOTMAIL.COM Mobile Phone No (Phone) +65-92970832 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model SHUTTLE 1.5G CVT 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1496 Vehicle Fuel Petrol First Regisration Date 02/04/2018 Chassis no GK81200381

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P11054548R00

DRIVER

Effective Date/Time of Ownership

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	YEO ENG KWEE SXXXX159G 06/12/1958 Indoor 03/07/1985 3 Valid 39 YEARS AND 1 MONTH Male (Phone) +65-92970832 - YEOENGKWEE@HOTMAIL.COM BLK 234 HOUGANG AVENUE 1 08-248 SINGAPORE 530234 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE	E PTE LTD TEL 67415336
ATTACHMENT(S)	
Are accident photos available for attachment?	Vac

Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6327M
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 Traffic Police Department for investigation.

- 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.
- 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)

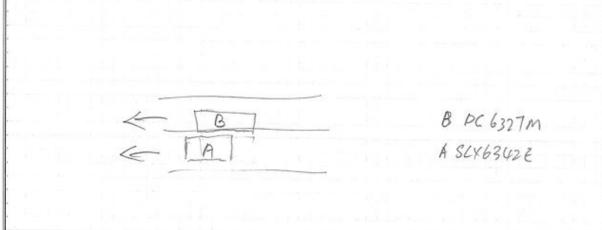
I understand, acknowledge, agree and consent that:

- (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 Purp\(\frac{1}{2}\)ses.

Policyholder 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)



1

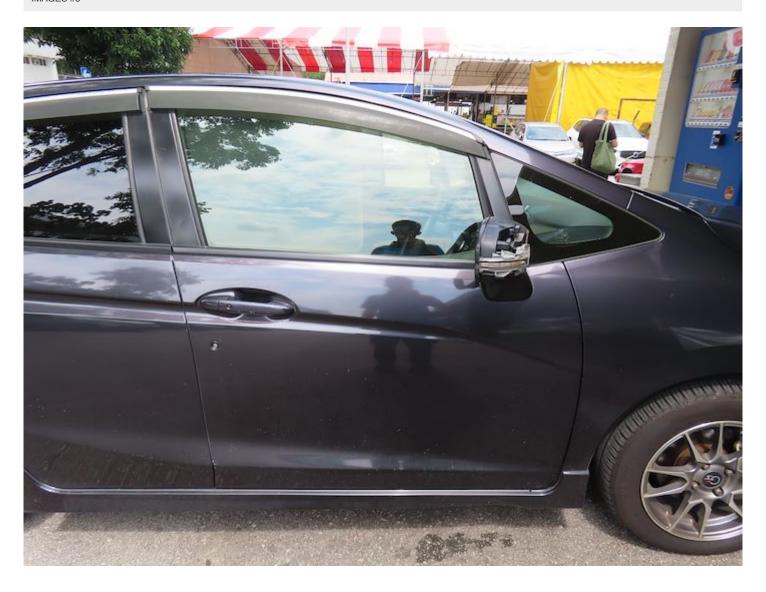
Claration I declare the foregoing particulars are true in every respect. It is made within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details. When the made within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details.			nt.	Kej	Police	to	Reper	De CII
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Mr.	ereby the claim	urteen (14) days plause whereby t	at your insurer may have a fo	be advise	policy, please	ainst your owr	h to claim aga	u wist
		r insurer for more details.	urence. Kindly check with yo	the day of	neframe from t	e stipulated t	nade within th	t be m
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<i>y</i>		4					14	1
syholder Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Perso	entre Personnel	Witnessed by Reporting Centre Pe	not the policyholder) / Date	nature (if did	Driver's Sign	Date & Time	Signature /	wholde
& Time (Name as in NRIC/ID card)				, and a fit all		- 316 W 1811W	/ Signature)	,

























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240829/7122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2024 21:07		ade:	Vide Report No.:	Station Diary No.:
Informan	t's Particular	S		
Name of YEO EN	Informant: 3 KWEE		Address: 234 HOUGANG AVE 1 #08-	248 SINGAPORE 530234
ID Type / ID No.: NRIC NO / S1335159G Nationality: SINGAPORE CITIZEN		9G	Contact No.: Home/Office:	Mobile: 92970832
		N	Email: YEOENGKWEE@HOTMAIL	COM
Sex: Age: Date of Birth: Male 65 09/12/1958			Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Aircraft engine mechanic and repairer		anic and repairer	Driving Licence Information: Class:	Date of Expiry:

Type of Accident: Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 29/08/2024 17:00	Type of Location: EXIT FROM KPE TOWARD TAMPINES ROAD
Location: GREENWICH DRI	VE	Road Surface:		
Weather: Clear				
Weather: Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled	Trat Ligh	ffic Volume:

Details of Ve	hicle Involved					A CONTRACT OF
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC6327M	Bus/Coach/Mini bus					0
SLX6342E	Motor car	HONDA	SHUTTLE 1.5G CVT	Black		0

	nicle Insurance	Tr. Co.	1	
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLX6342E	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P11054548R00	02/04/2024	01/04/2025





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240829/7122

CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrians		Use of Pedestrian Crossing: NA			
Driver					William Company
Name	YEO ENG KWEE		ID No	:	S1335159G
Related Vehicle	SLX6342E (Motor car)		Conta	ct No.	92970832
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave (MC) NIL	Degree of I	Injury	NIL	

Brief Details.

I was driving along KPE and exiting tampines road (exit 9A) on 29/8/24 at approximately 1700hrs when a white bus bearing carplate PC6327M hit my right side mirror. The bus was out of his lane and after hitting my vehicle, the bus sped off. I have video evidence showing the said bus swerving out of his lane and eventually he sped off along KPE and i exited Exit 9A towards hougang on my left. My car is damaged and the driver of the bus did not stop. I am making this report as this is a hit and run accident and also for insurance claim purposes.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20240829/7122

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: 29/08/2024 21:07
Officer In Charge Of Case: TP / HRT / SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:
NP168	