

## 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 .....	05/06/2024 14:00 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	05/06/2024 08:00 (SGT)
Exact Location of Accident .....	KPE, Singapore
Additional Location Information .....	KPE TUNNEL
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLT3625E
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YEO HENG CHUA
NRIC No .....	S1670266H
Email Address .....	nicklausyeo@gmail.com
Mobile Phone No .....	(Phone) +65-90109343
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Note
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1200

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1700070960

#### DRIVER

Name of Driver .....	YEO HENG CHUA
NRIC No .....	S1670266H
Date Of Birth .....	17/01/1964
Occupation .....	Indoor

Driving Pass Date .....	27/06/1985
Driving experience .....	39 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90109343
Alt. Phone Number .....	-
Email Address .....	nicklausyeo@gmail.com
Address .....	BLK 27 BALAM ROAD #17-39
Address complement .....	-
Postcode .....	370027
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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) .....	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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

#### 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 .....	SLT6050T
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMA3714U
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SLV2839B
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) .....	-

SKETCH PLANIMPORTANT NOTICE

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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.

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

A SLT 362SE  
B SLT 6050T  
C SMA 37144  
D SLV 3839B

Diagram: A car icon moves from left to right through three boxes labeled B, C, and D.

Refer To Police Report.

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

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Policyholder's Signature / Date & Time

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



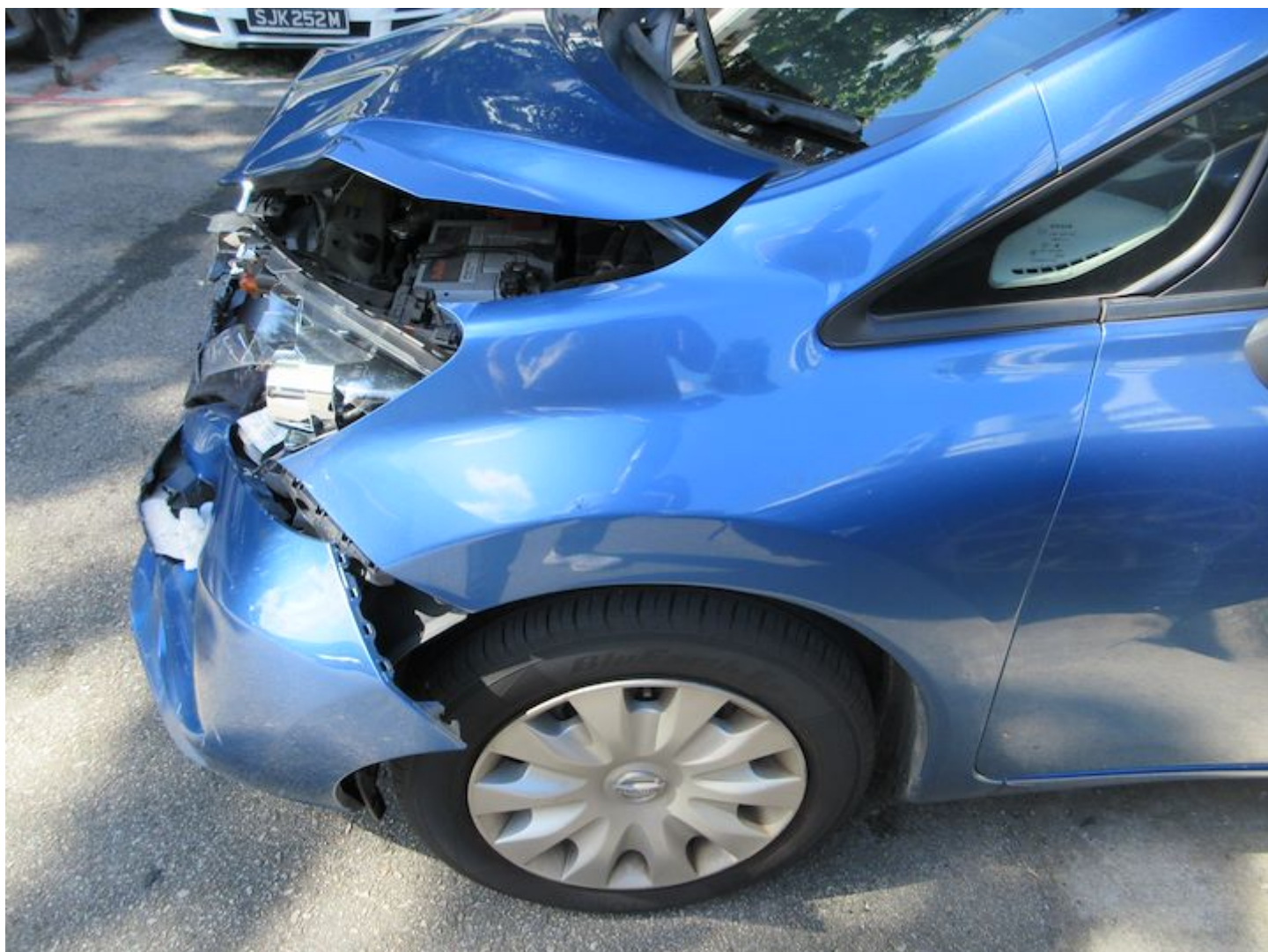






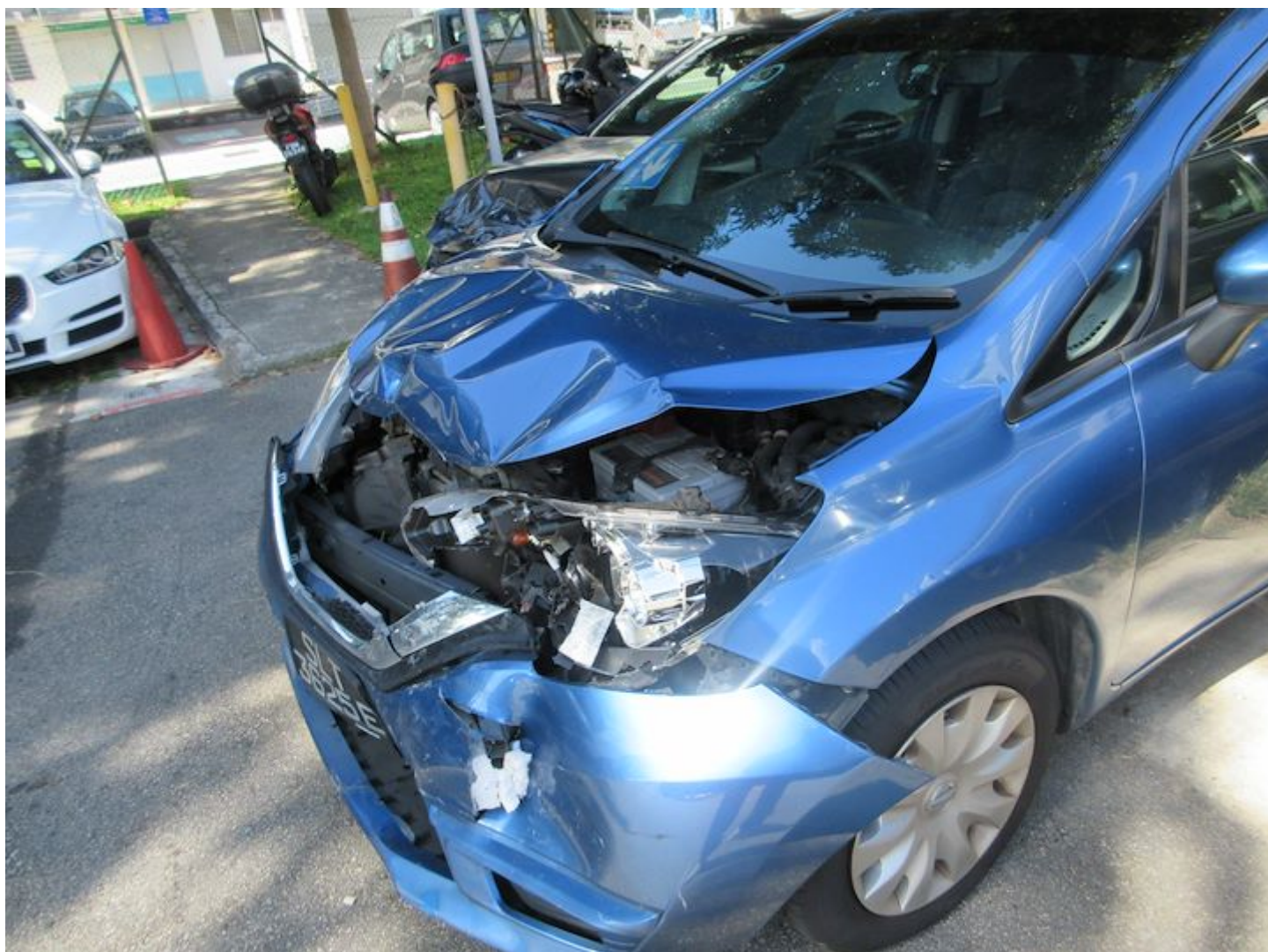


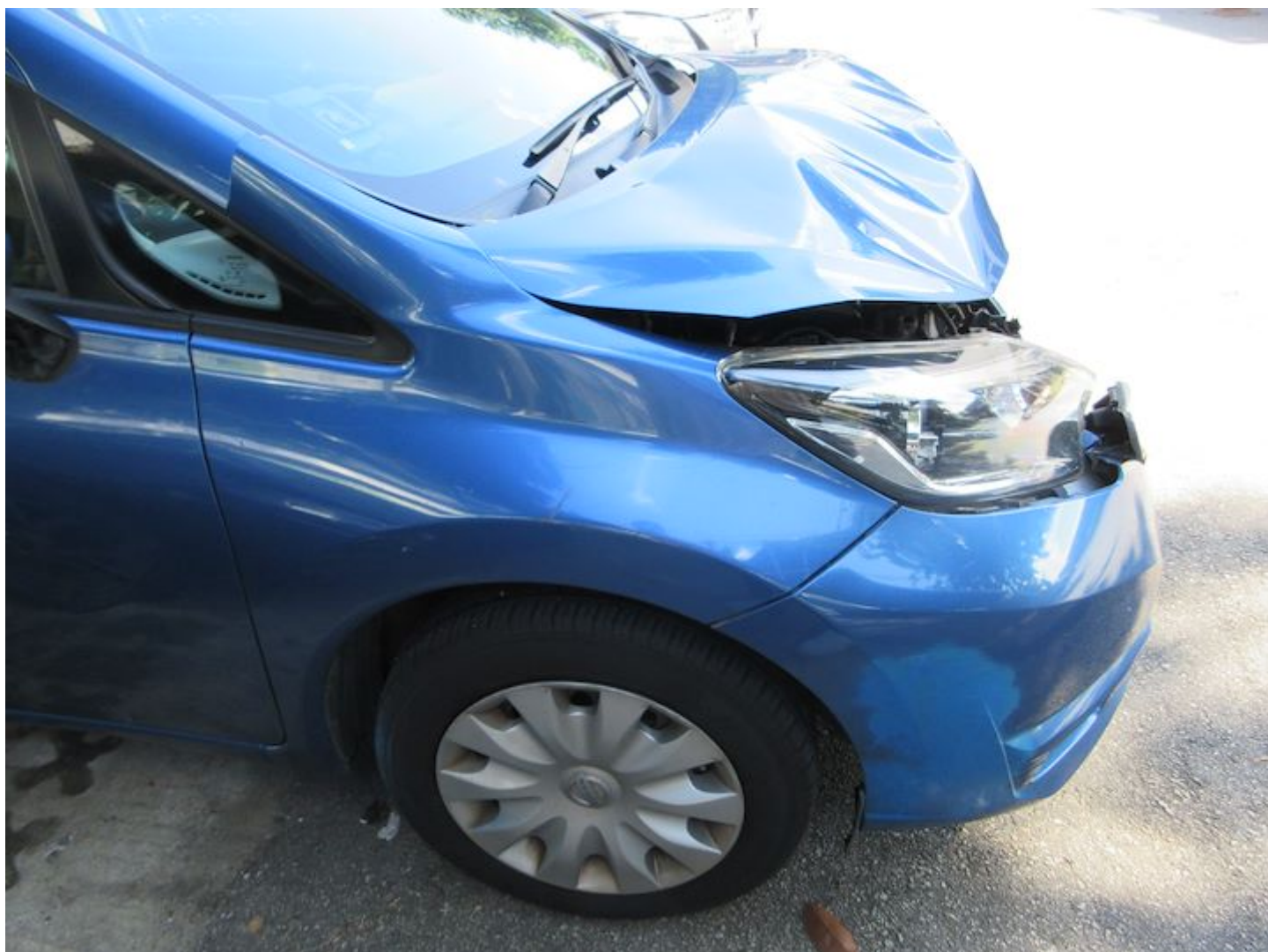




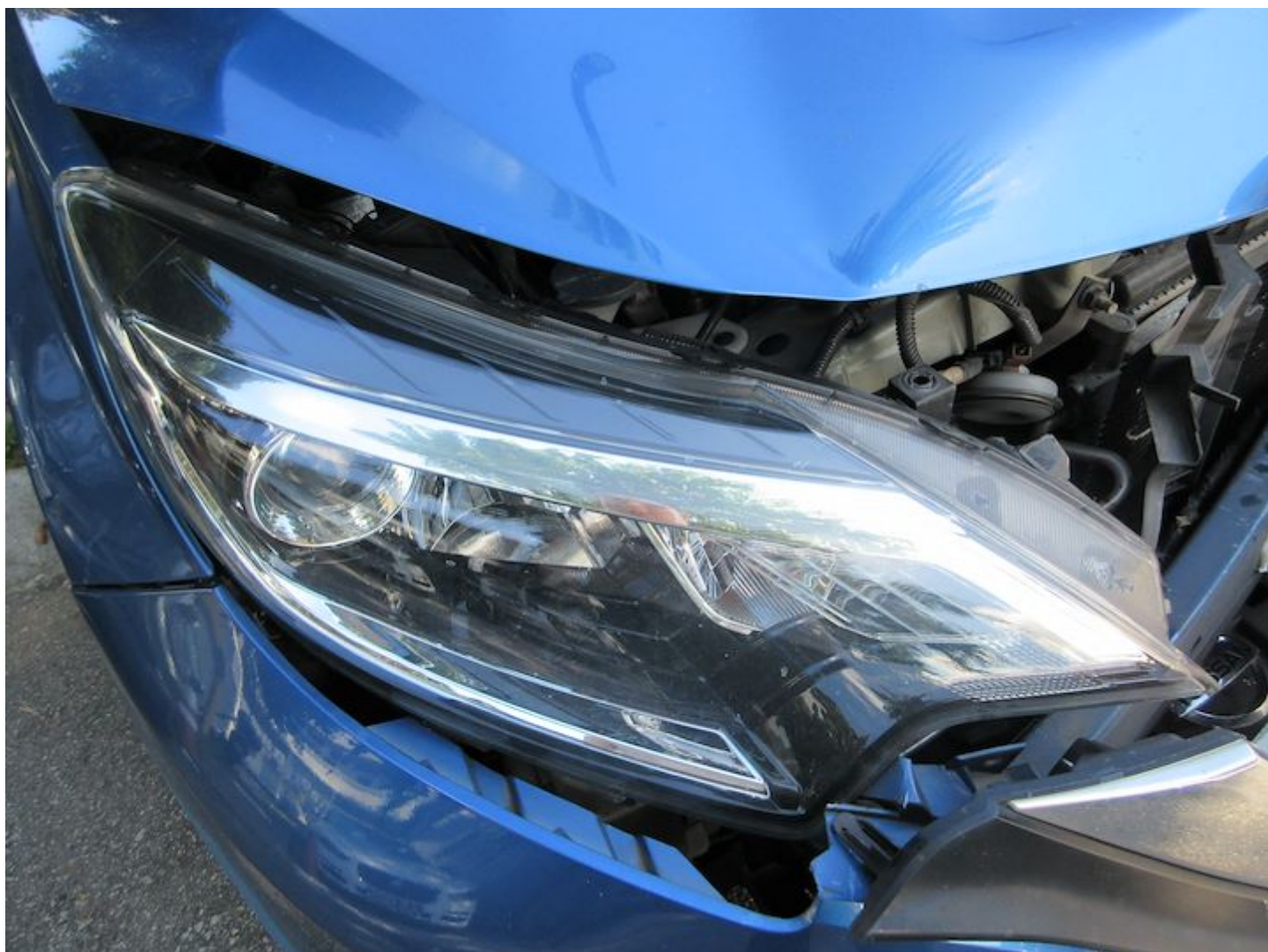








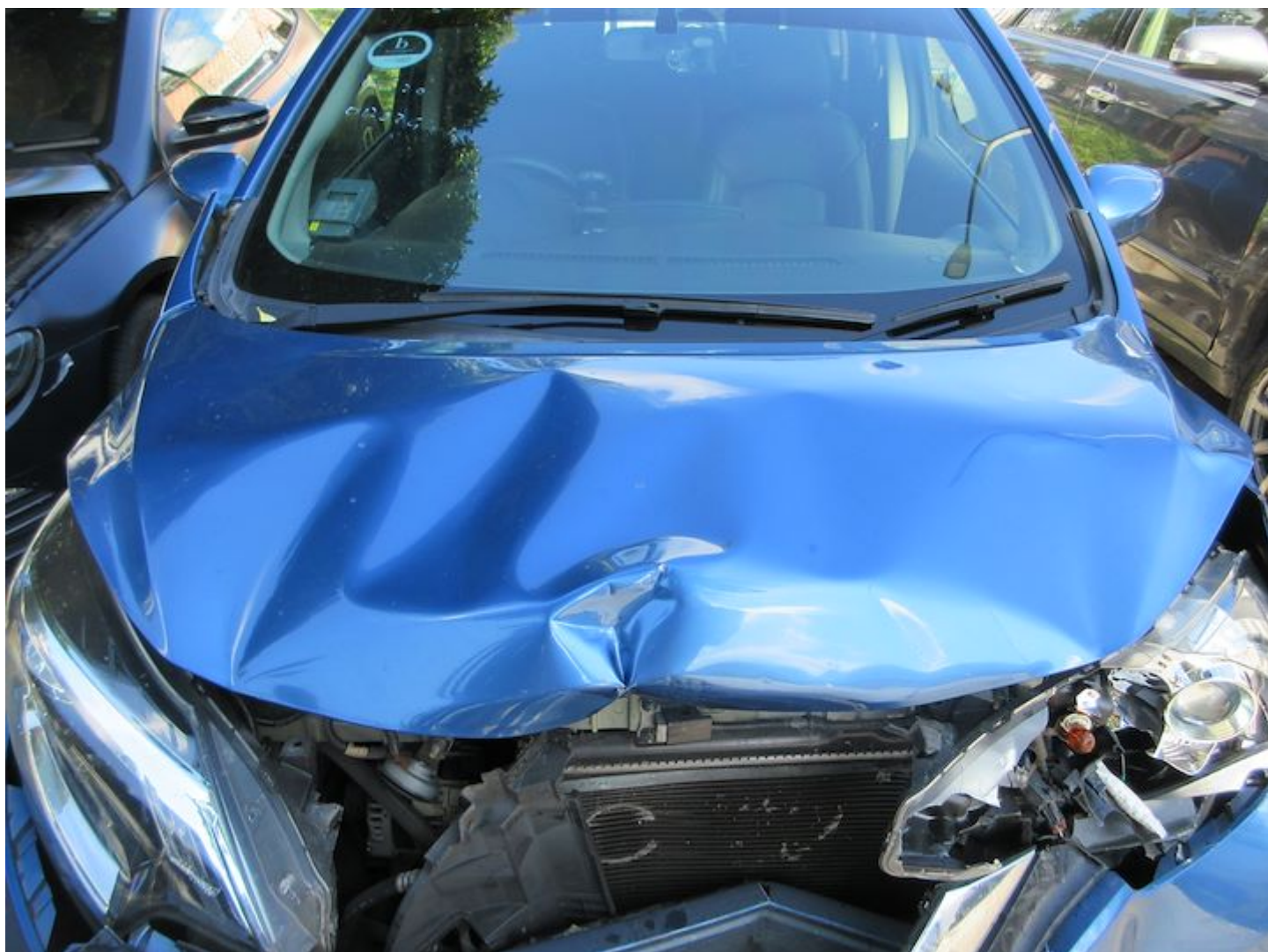




















**SINGAPORE  
POLICE FORCE**



G/20240605/7036

1 of 1

**POLICE REPORT (NP299)**

Report No. G/20240605/7036

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 05/06/2024 12:33		Vide Report No.		Station Diary No.	
Name Of Informant Yeo Heng Chua		Address 27 Balam road #17-39 SINGAPORE 370027			
ID Type / ID No. NRIC NO / S1670266H		Contact No. Home/Office:                      Mobile: 90109343			
Nationality		Email Address nicklausyeo@gmail.com			
Occupation Warehouse worker		Sex Male	Age	Date of Birth	Race
Institution/School Name		Language English			
Date/Time Of Incident 05/06/2024 08:00		Location Of Incident 27 Balam road #17-39 SINGAPORE 370027			

**Brief details.**

I saw the car in front suddenly brake but no time to brake and hit the back of the car

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: 05/06/2024 12:33
Officer In-Charge Of Case:	Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048543  
 Tel: (65) 6224 9010 Fax: (65) 6224 9030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S60000000 / GST Reg. No: M00001770

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

#### ADDENDUM

##### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No.: \_\_\_\_\_ Vehicle Registration No: SLT3626E  
 Name (as shown in NRIC): YEO HENG CHUA NRIC/FIN/Passport No.: 916702664  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 27 BALAM RD #11-39 Singapore 370927  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 90109348  
 Email Address: NICKLAUSYEO@GMAIL.COM  
 Date of Accident: 05/06/2024 Time of Accident: 0800  
 Place of Accident: KPE TUNNEL  
 Insurance Company: DIRECT ASIA

##### (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:

Apart from the damages on the front of the car, I also realised  
the right side mirror lower cover was dislodged after the  
impact.

Policyholder / Driver's Signature  
 Date: 5/6/24

PROGRESSIVE CAR CARE PTE LTD  
 200, North Bridge Road #01-15/16  
 Singapore 070150  
 Tel: 6741 5330 Fax: 6741 7208  
 Email: [claims@progressivecarcare.com.sg](mailto:claims@progressivecarcare.com.sg)

Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

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