

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	05/10/2024 13:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/10/2024 19:25 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1220D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALBEE YEO BAO WEN
NRIC No	S9229495A
Email Address	Beeartdepartment@gmail.com
Mobile Phone No	(Phone) +65-90221316
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rush
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	1495
Vehicle Fuel	-
First Registration Date	-
Chassis no	J200E0017969
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5139778194-01

DRIVER

Name of Driver	ALBEE YEO BAO WEN
NRIC No	S9229495A
Date Of Birth	14/08/1992
Occupation	Indoor
Driving Pass Date	15/06/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90221316
Alt. Phone Number	-
Email Address	Beeartdepartment@gmail.com
Address	214 MARSILING LANE #24-802
Address complement	-
Postcode	730214
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
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	NA
Gender	Female

PASSENGER 2

Name	NA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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 QX76D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Government
 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 SMC6501L
 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 ALBEE YEO BAO WEN
 Gender Female
 Phone No (Phone) +65-9229495
 Address 214 MARSILING LANE #24-802
 Address Complement -
 Post Code 730214
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SJJ1220D
 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.

Policyholder's Signature / Date & Time

Actual 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: SJS 1220D B: QX76D C: SMC 6501L
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vJun2022

1

Describe Circumstance of the Accident

Refer to police report T/ 2024 1004 / 2084

Declaration

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



Policyholder's Signature / Date & Time

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



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

































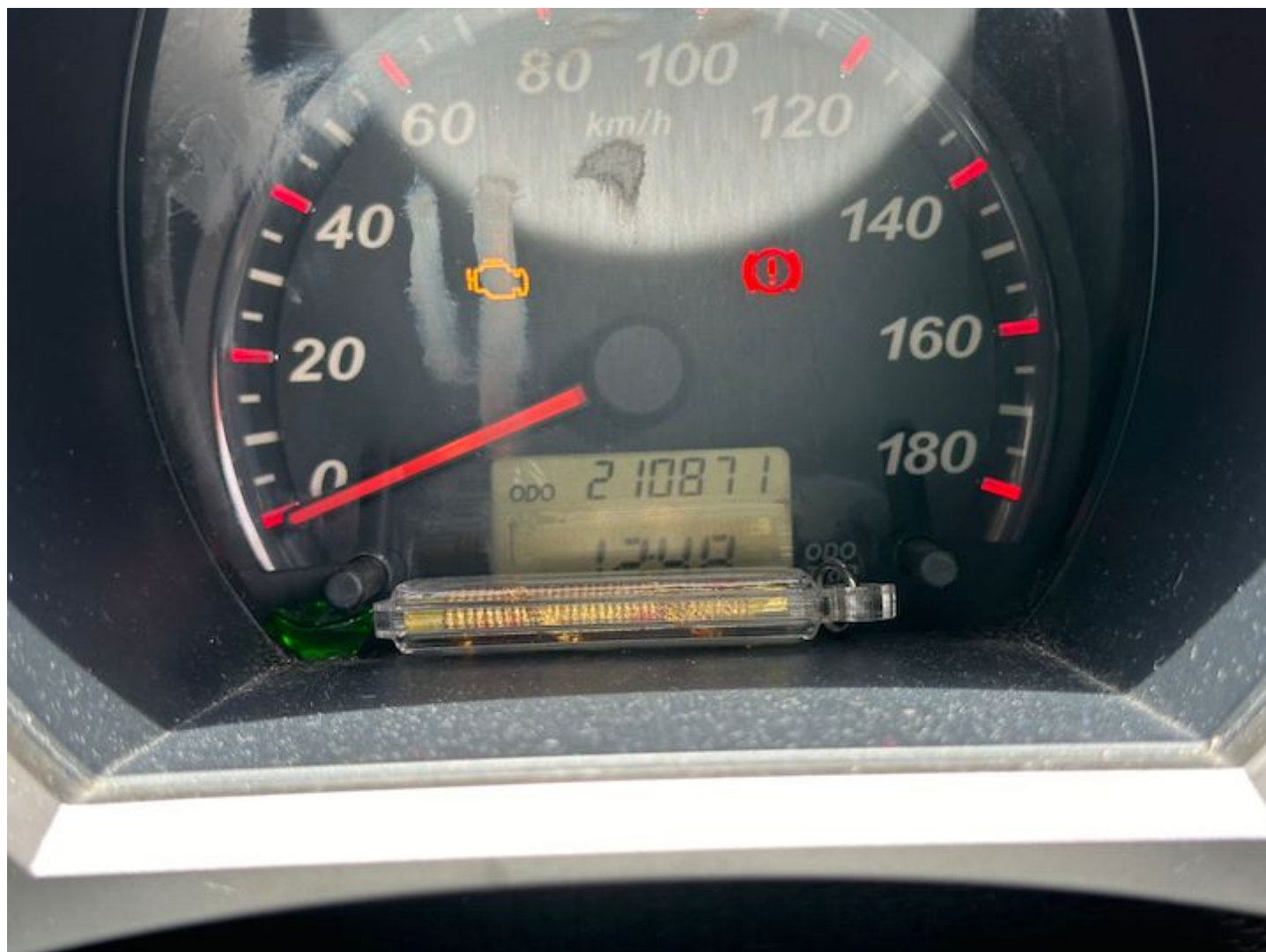


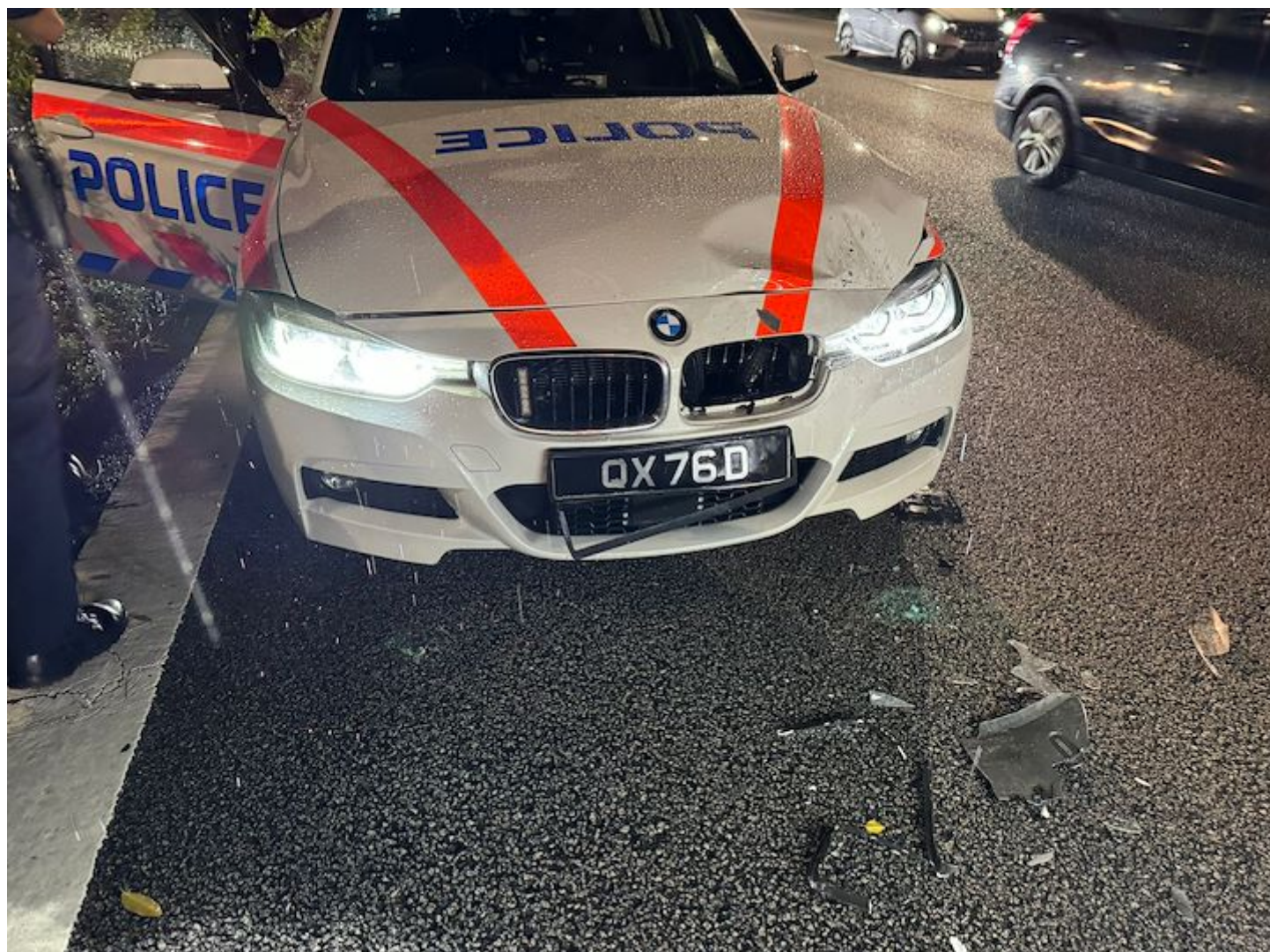






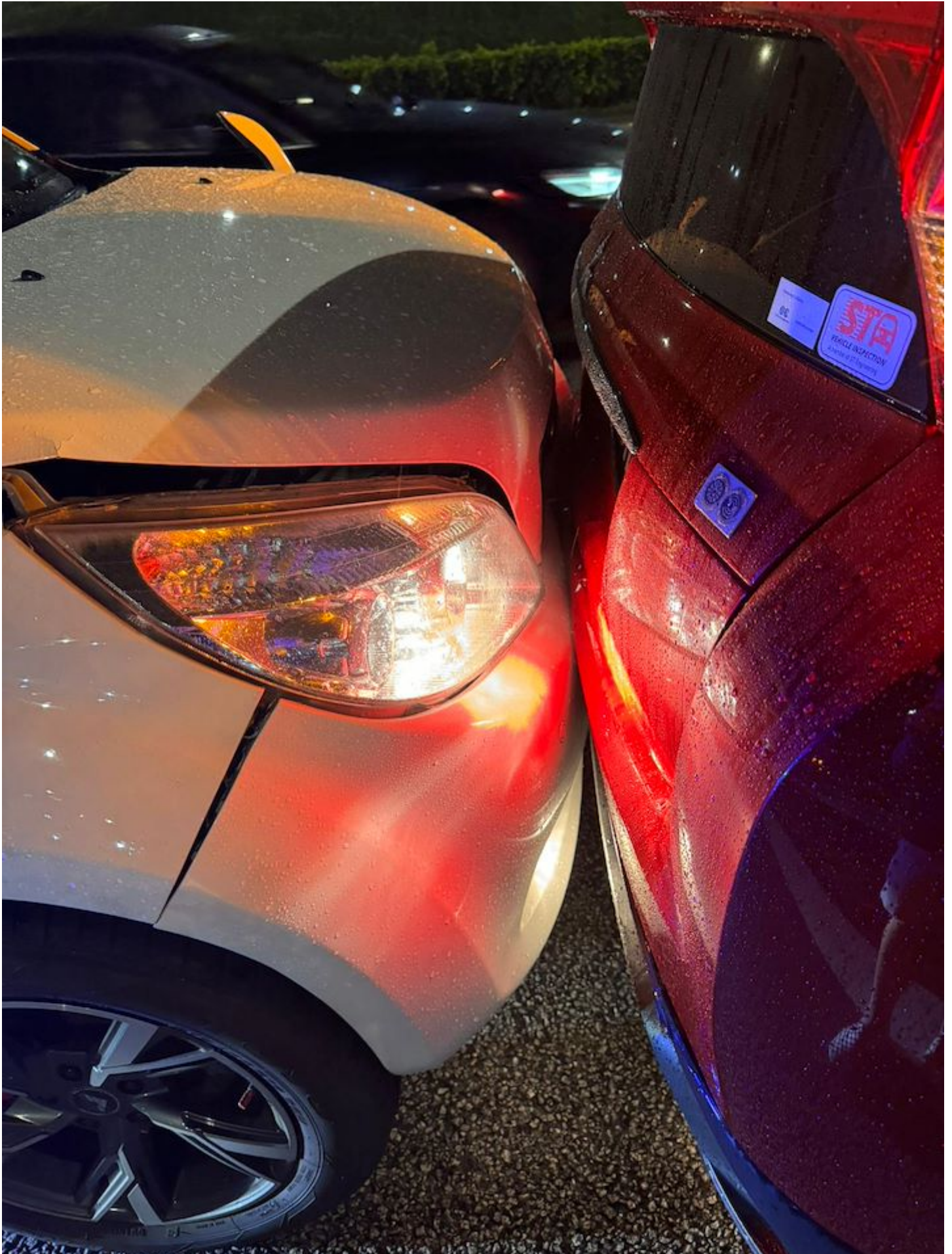


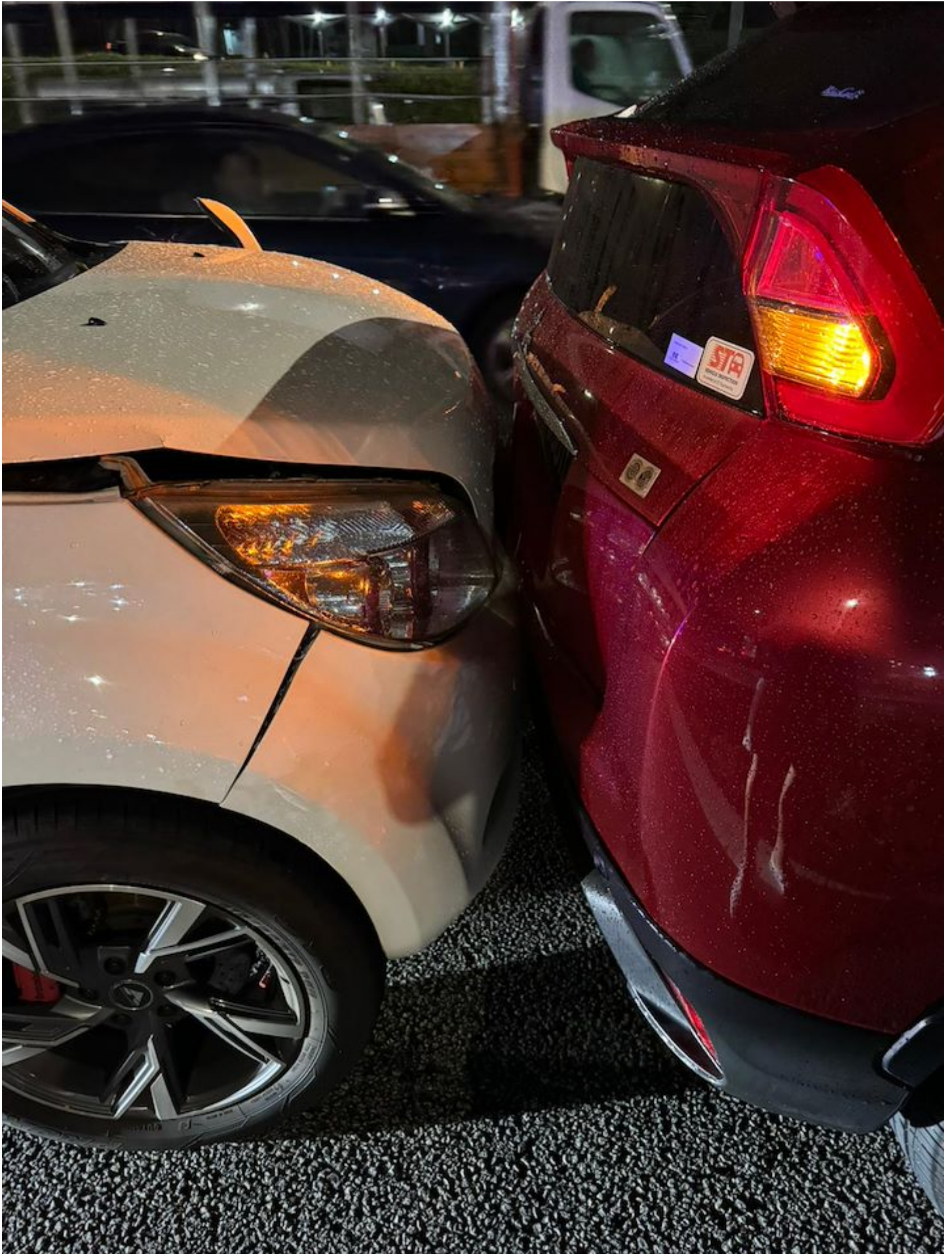


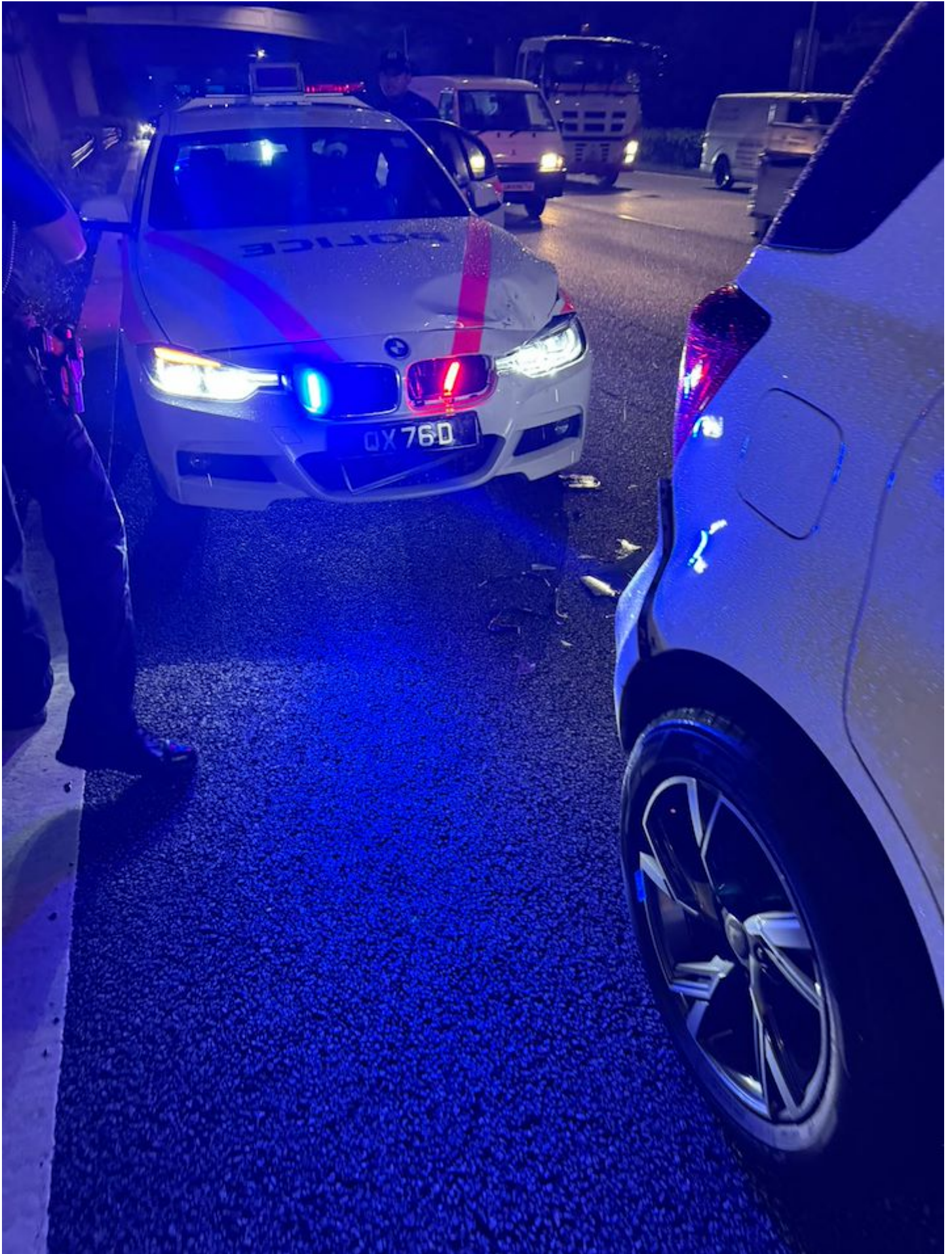




































**SINGAPORE
POLICE FORCE**



T/20241004/2084

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20241004/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2024 22:22		Vide Report No.: D/20241004/0101		Station Diary No.: 111	
Informant's Particulars					
Name of Informant: ALBEE YEO BAO WEN			Address: 214 MARSILING LANE #24-802 SINGAPORE 730214		
ID Type / ID No.: NRIC NO / S9229495A			Contact No.: Home/Office: Mobile: 90221316		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 32	Date of Birth: 14/08/1992	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 04/10/2024 19:25	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
QX76D	Motor car					0
SJJ1220D	Motor car				Seriously Damaged	2
SMC6501L	Motor car					0



**SINGAPORE
POLICE FORCE**



T/20241004/2084

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20241004/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	QX76D (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	QX76D (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	TEO HAOWEN	ID No.	S8921439D
Related Vehicle	SJJ1220D (Motor car)	Contact No.	91181955
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20241004/2084

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20241004/2084

CONTINUATION OF REPORT

Driver			
Name	ALBEE YEO BAO WEN		ID No. S9229495A
Related Vehicle	SJJ1220D (Motor car)		Contact No. 90221316
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	ETHAN HUANG QIRUI		ID No. T1719446H
Related Vehicle	SJJ1220D (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	JASON		ID No. NIL
Related Vehicle	SMC6501L (Motor car)		Contact No. 90266758
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 04/10/2024 at about 1925hrs, I was driving along AYE(MCE) on lane 1. Near the 7.5km mark, the car ahead of me suddenly slowed down and came to a complete stop. I applied the brakes and came to a complete stop behind the car ahead. Suddenly, there was an impact from the rear that caused my vehicle to move forward, and the front portion of my vehicle (SJJ1220D) hit onto the rear portion of the car ahead (SMC6501L). I made a check and saw that the front portion of a police car (QX76D) had hit onto the rear portion of my vehicle.

The collision had caused my vehicle to be badly damaged.

The accident was attended to by police and paramedics. No one was conveyed to the hospital and no one appeared to be injured at the scene. I was given a case card and was advised to



**SINGAPORE
POLICE FORCE**



T/20241004/2084

Police Station Of Origin:
Tampines N.P.C
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Report No. T/20241004/2084

CONTINUATION OF REPORT

lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20241004/2084

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20241004/2084

CONTINUATION OF REPORT

Signature of Officer Recording The
G /

SR STAFF SGT MUHAMMAD
NOOR AZRI BIN MOHAMED
SALLEH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
STAFF SGT TAN WEI SIONG
Contact No.: 96723584

Signature Of Informant:

Date/Time:
04/10/2024 22:22

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: SC2A24A50002 Vehicle Registration No: SJJ1220D

Name (as shown in NRIC): ALBEE YEO BAO WEN NRIC/FIN/Passport No: S9229495A

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

Address: 214 MARSILING LANE #24-802 Singapore ()

Contact (Tel): 9022 1316 Mobile No.: 9022 1316

Email Address: Beeartdepartment@gmail.com

Date of Accident: 04/10/2024 Time of Accident: 1925

Place of Accident: AYE

Insurance Company: INCOME

(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:

TO ADD ON INJURED PERSON DETAILS

Policyholder / Actual Driver's Signature
Date:

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