

# 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 .....	12/11/2024 13:59 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	11/11/2024 16:35 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	LORONG 6 TOA PAYOH
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLJ9373U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YEO GUAT KIAN
NRIC No .....	SXXXX869G
Email Address .....	MS.YVONNE.YEO@GMAIL.COM
Mobile Phone No .....	(Phone) +65-93870617
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	TOURAN 1.4 TSI TL 5T12NZ
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1395
Vehicle Fuel .....	Petrol
First Registration Date .....	30/12/2016
Chassis no .....	WVGZZZ1TZHWO44806
Effective Date/Time of Ownership .....	04/10/2024 10:10 (SGT)

### INSURANCE COMPANY

Name of Insurance Company .....	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number .....	M0065596

### DRIVER

Name of Driver .....	YEO GUAT KIAN
NRIC No .....	SXXXX869G
Date Of Birth .....	06/10/1980
Occupation .....	Outdoor
Driving Pass Date .....	06/12/2005
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	18 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93870617
Alt. Phone Number .....	-
Email Address .....	MS.YVONNE.YEO@GMAIL.COM
Address .....	19 SENGGANG EAST AVENUE #02-19
Address complement .....	-
Postcode .....	544808
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 .....	Collision - Head to Rear
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? .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: T/20241111/7160

#### ATTACHMENT(S)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	SKW6885Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	KIERAN
Contact Number .....	(Phone) +65-98382304
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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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:

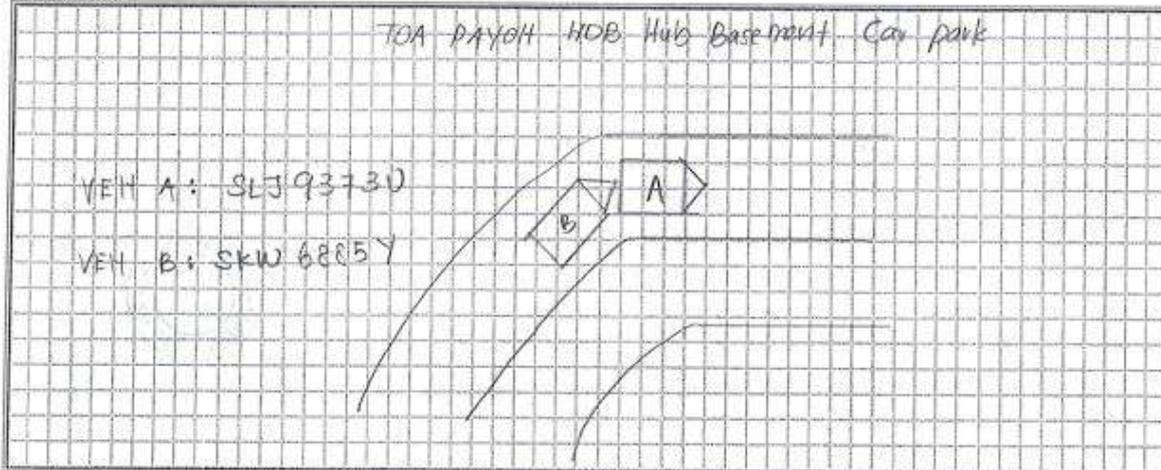
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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**



vJun2022

Describe Circumstance of the Accident

Refer to police report NO: 7/2024 1111/7160

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/20241111/7160

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20241111/7160

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/11/2024 22:35	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: YEO GUAT KIAN		Address: 19 Sengkang East Ave #02-19 AUSTVILLE RESIDENCES SINGAPORE 544808	
ID Type / ID No.: NRIC NO / S8028869G		Contact No.:	Mobile: 93870617
Nationality: SINGAPORE CITIZEN		Email: ms.yvonne.yeo@gmail.com	
Sex: Female	Age: 44	Date of Birth: 06/10/1980	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Real estate agent		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/11/2024 16:35	Type of Location: Car Park
Location: LORONG 6 TOA PAYOH				
Weather: Drizzling		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW6885Y	Motor car	MAZDA			Slightly Damaged	0
SLJ9373U	Motor car	VOLKSWAGON	TOURAN	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLJ9373U	ETIQA INSURANCE BERHAD	M0065596	03/10/2024	02/10/2025



**SINGAPORE  
POLICE FORCE**



T/20241111/7160

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20241111/7160

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KIERAN	ID No.	NIL
Related Vehicle	SKW6885Y (Motor car)	Contact No.	98382304
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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	YEO GUAT KIAN	ID No.	S8028869G
Related Vehicle	SLJ9373U (Motor car)	Contact No.	93870617
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 (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

On November 11, 2024, about 4.30pm, I was exiting the Toa Payoh HDB Hub basement car park when my vehicle was hit from the rear by a car with the license plate SKW6885Y. Upon inspection, it looks like the car plate of SKW6885Y was cracked after incident. Additionally, from the attached video, it seems like the driver of SKW6885Y was using his handphone at the time of the accident. Kindly, contact me at 93870617 for rear cam video as I cannot upload here.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20241111/7160

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Report No. T/20241111/7160

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
11/11/2024 22:35

Classification Of Case: