

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	04/07/2024 09:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/07/2024 09:10 (SGT)
Exact Location of Accident	Cantonment Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNP2595L
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Darren Yeo Fu Wen
NRIC No	SXXXX905I
Email Address	yeo.darren@yahoo.com.sg
Mobile Phone No	(Phone) +65-92476763
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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 hire
Transmission	Auto
CC	1300

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZD04276

DRIVER

Name of Driver	Darren Yeo Fu Wen
NRIC No	SXXXX905I
Date Of Birth	25/07/1994
Occupation	Outdoor

Driving Pass Date	28/01/2013
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92476763
Alt. Phone Number	-
Email Address	yeo.darren@yahoo.com.sg
Address	Blk 694B Woodlands Drive 62 #04-28
Address complement	-
Postcode	732694
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

Please refer to the sketch plan.

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	SMQ2987X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Tan Li Chin Hackett
NRIC No	SXXXXX721F
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	Darren Yeo Fu Wen
Gender	Male
Phone No	(Phone) +65-92476763
Address	694B Woodlands Drive #04-28
Address Complement	-
Post Code	732694
Approximate Age Years Old	29
Injuries Sustained	-
Injured person in which vehicle?	SNP2595L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 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

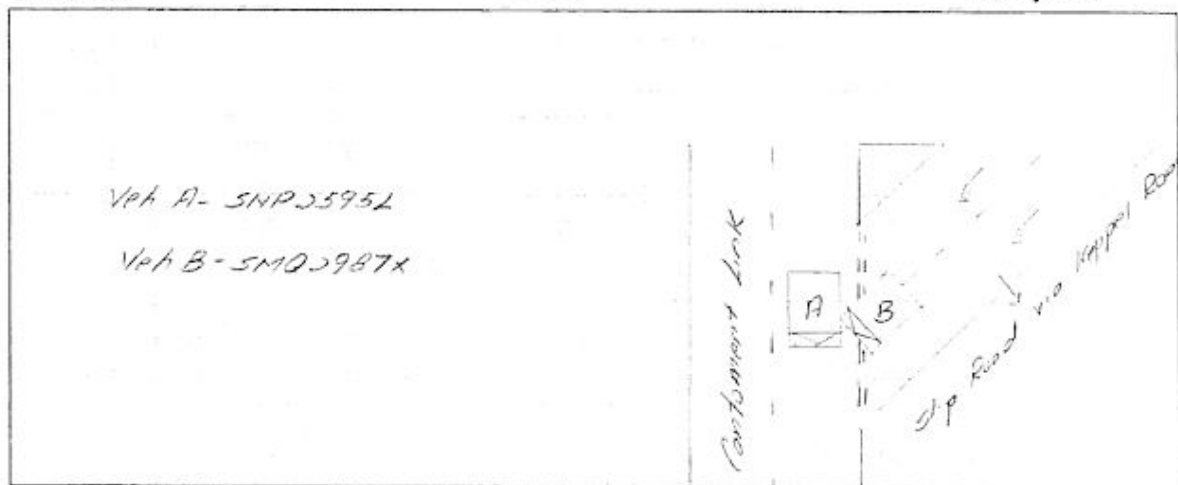
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Yeo
Policyholder's Signature / Date & Time
- 4 JUL 2024

Yeo
Driver's Signature (if driver is not the policyholder) / Date & Time
- 4 JUL 2024

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

Sketch Plan



Describe Circumstance of the Accident

Please refer to the attached Police Report.

Declaration

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

[Signature]
 Policyholder's Signature / Date & Time
 - 4 JUL 2024

[Signature]
 Driver's Signature (if driver is not the policyholder) / Date
& Time
 - 4 JUL 2024

[Signature]
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card) Jenny Lim



**SINGAPORE
POLICE FORCE**



T/20240703/7059

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

1 of 3

Report No. T/20240703/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2024 14:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DARREN YEO FU WEN			Address: 694B WOODLANDS DRIVE 62 #04-28 SINGAPORE 732694		
ID Type / ID No.: NRIC NO / S9426905I			Contact No.: Home/Office: Mobile: 92476763		
Nationality: SINGAPORE CITIZEN			Email: YEO_DARREN@YAHOO.COM.SG		
Sex: Male	Age: 29	Date of Birth: 25/07/1994	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Computer engineer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2024 09:10	Type of Location:
Location: CANTONMENT ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMQ2987X	Motor car	JAGUAR				0
SNP2595L	Motor car	NISSAN	QASHQAI			0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240703/7059

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

2 of 3

Report No. T/20240703/7059

CONTINUATION OF REPORT

Driver			
Name	DARREN YEO FU WEN	ID No.	S9426905I
Related Vehicle	SNP2595L (Motor car)	Contact No.	92476763
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/07/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details.

ON 03/07/2024 AT 9.10AM, MY VEHICLE A (SNP2595L) WAS TRAVELLING ALONG CANTOMENT LINK. SUDDENLY VEHICLE B (SMQ2987X) CAME OUT FROM THE SLIP ROAD VIA KEPPEL ROAD AND HIT ON THE LEFT FRONT DOOR TO REAR PORTION OF MY VEHICLE A. AFTER THE ACCIDENT, I FELT PAIN ON MY LEFT NECK AREA AND I WENT TO SEE A DOCTOR AT MOUNT ALVERNIA HOSPITAL AND WAS GIVEN 3 DAY MC FROM 03/07/2024 TO 05/07/2024.

**SINGAPORE
POLICE FORCE**

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



T/20240703/7059

3 of 3

Report No. T/20240703/7059

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

NP168

Signature Of Informant:

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

Date/Time:
03/07/2024 14:09

Classification Of Case: