

# 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 .....	29/07/2024 13:22 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	26/07/2024 23:00 (SGT)
Exact Location of Accident .....	Foch Rd, Singapore
Additional Location Information .....	FOCH ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKQ8373B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ALAN YEO KOK HEONG
NRIC No .....	S7636345E
Email Address .....	ALANYEO76@YAHOO.COM
Mobile Phone No .....	(Phone) +65-98508561
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	5
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 .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10764707R02

### DRIVER

Name of Driver .....	ALAN YEO KOK HEONG
NRIC No .....	S7636345E
Date Of Birth .....	28/10/1976
Occupation .....	Indoor

Driving Pass Date .....	19/01/2004
Driving experience .....	20 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98508561
Alt. Phone Number .....	-
Email Address .....	ALANYE076@YAHOO.COM
Address .....	723 CLEMENTI WEST STREET 2 #13-178
Address complement .....	-
Postcode .....	120723
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) .....	2
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 .....	LONG JINGYI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004849999
Alt. Police Station Phone No .....	(Fax) +65-62181399
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE SKETCH PLAN AND POLICE REPORT

#### 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 .....	SNP8495C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ANG WEI HONG
NRIC No .....	S9106870B
Contact Number .....	(Phone) +65-98333271
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 .....	ALAN YEO KOK HEONG
Gender .....	Male
Phone No .....	(Phone) +65-98508561
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS
Injured person in which vehicle? .....	SKQ8373B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LONG JING YI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SKQ8373B
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.
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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:

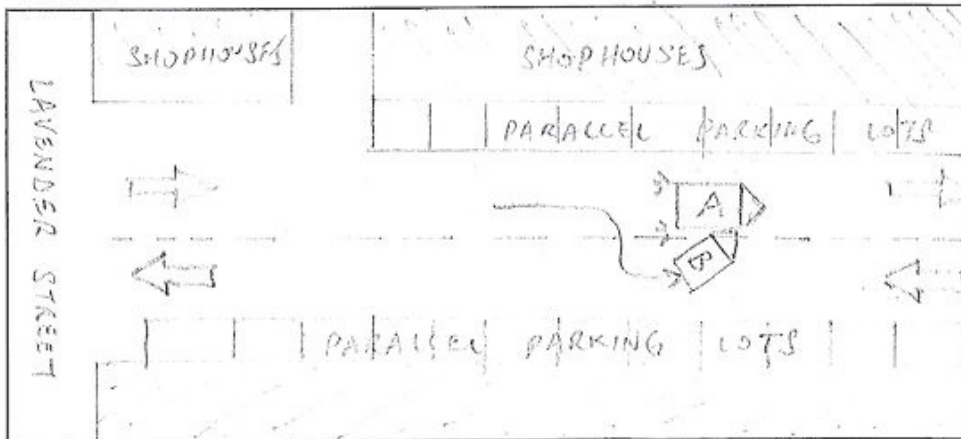
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*[Signature]* 29/07/24  
 Policyholder's Signature / Date & Time

*[Signature]* 29/07/24  
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 29/07/24  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)


Sketch Plan



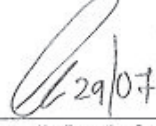
Describe Circumstance of the Accident		
Date of Accident: 26/07/24	Time: 2300	Location: FOCH ROAD
My Vehicle A: SKQ 8373B	Vehicle B: SNP 8495C	Vehicle C:
<p>ON THE 26/07/24 AT ABOUT 2300 HRS, I TURNED INTO FOCH ROAD FROM LAVENDER STREET AND SLOWED DOWN AS I WAS LOOKING FOR A PARKING LOT TO PARK THE CAR. I SWITCHED ON THE HAZARD LIGHTS IMMEDIATELY WHEN I STOPPED MY VEHICLE, WITH AFTER I HAD CHECKED MY REAR MIRROR. IN A FEW SECONDS, I JUST HEARD HEARD AN ENGINE ROAR AND IMMEDIATELY SAW A RED VEHICLE ON MY DRIVER SIDE WITH A HEAVY IMPACT THE VEHICLE THAT HIT ME CONTINUE DRIVING EVEN AFTER HITTING ME BUT STOPPED AFTER ABOUT 50 METRES. I EXITED MY VEHICLE AND THE DRIVER OF THE OTHER VEHICLE ALSO EXITED HIS VEHICLE AND WALKED TOWARDS ME. AS HE DREW CLOSER, HE KEPT APOLOGISING TO ME AND ASKED ME FOR PRIVATE SETTLEMENT. I TOLD HIM I WOULD CHECK THE PRICE OF REPAIR ON THE NEXT DAY AND INFORMED HIM. <del>HE</del> HE HAD ASKED ME TO SEND MY VEHICLE TO HIS WORKSHOP AND HE WOULD REPAIR FOR ME BUT I REFUSED. IN THE NEXT DAY, AFTER CHECKING WITH THE WORKSHOP, I CALLED MR ANG TO INFORM HIM OF THE COST OF REPAIR BUT HE AGAIN ASKED ME TO SEND MY VEHICLE TO HIS WORKSHOP AND HE WOULD TAKE CARE OF ALL REPAIRS IN WHICH I REFUSED. AFTER WHICH AS WE COULDN'T REACH AN AGREEMENT, I TOLD HIM THAT I WOULD CLAIM FROM HIS INSURER.</p>		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor	<input checked="" type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only
Remarks: Please forward a copy of my efile accident Report to:		
My Workshop: HENG YAP SENG AUTO SERVICES		
Workshop Email Address: hysauto1122@hotmail.com		
<input type="checkbox"/> Note: Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information		

Declaration

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

  
 Policyholder's Signature / Date & Time: 29/07/24

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

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



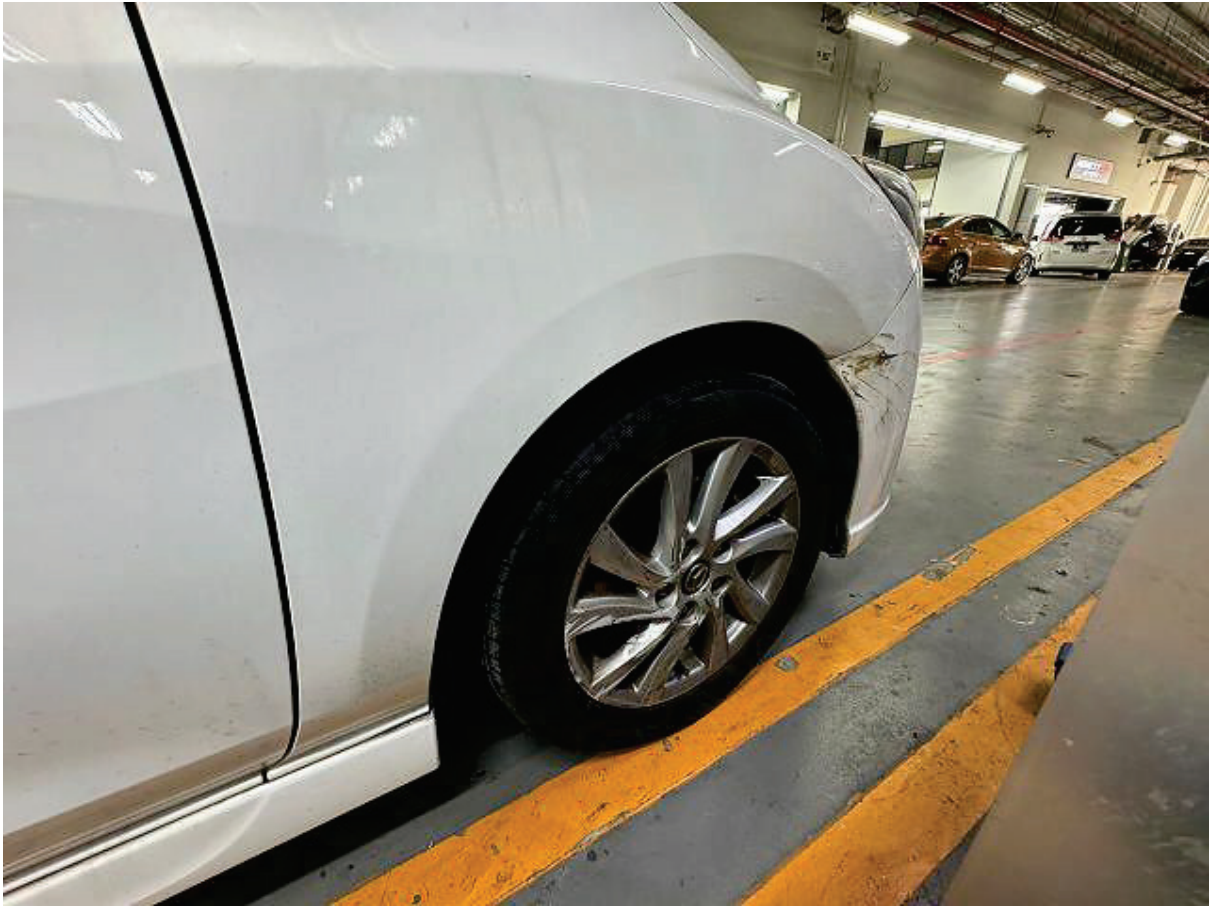


























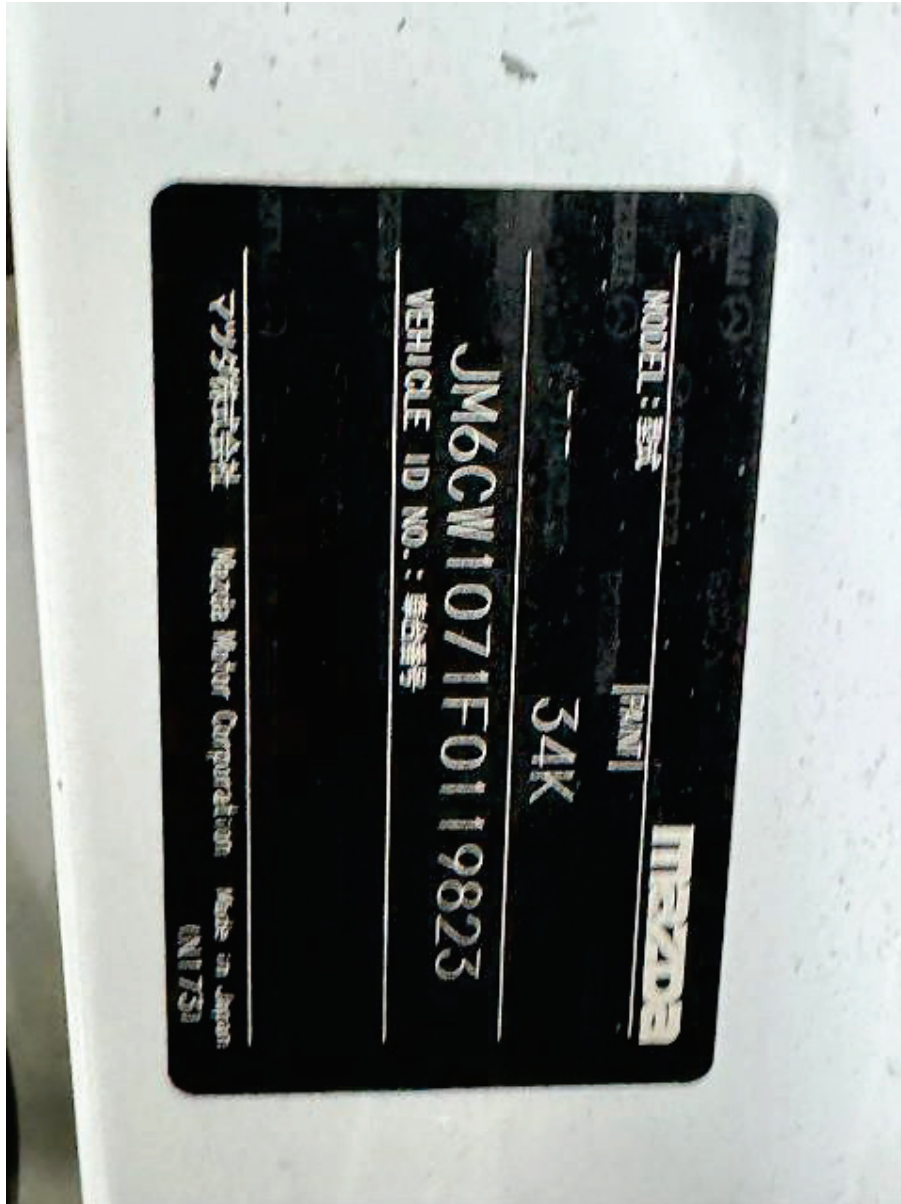














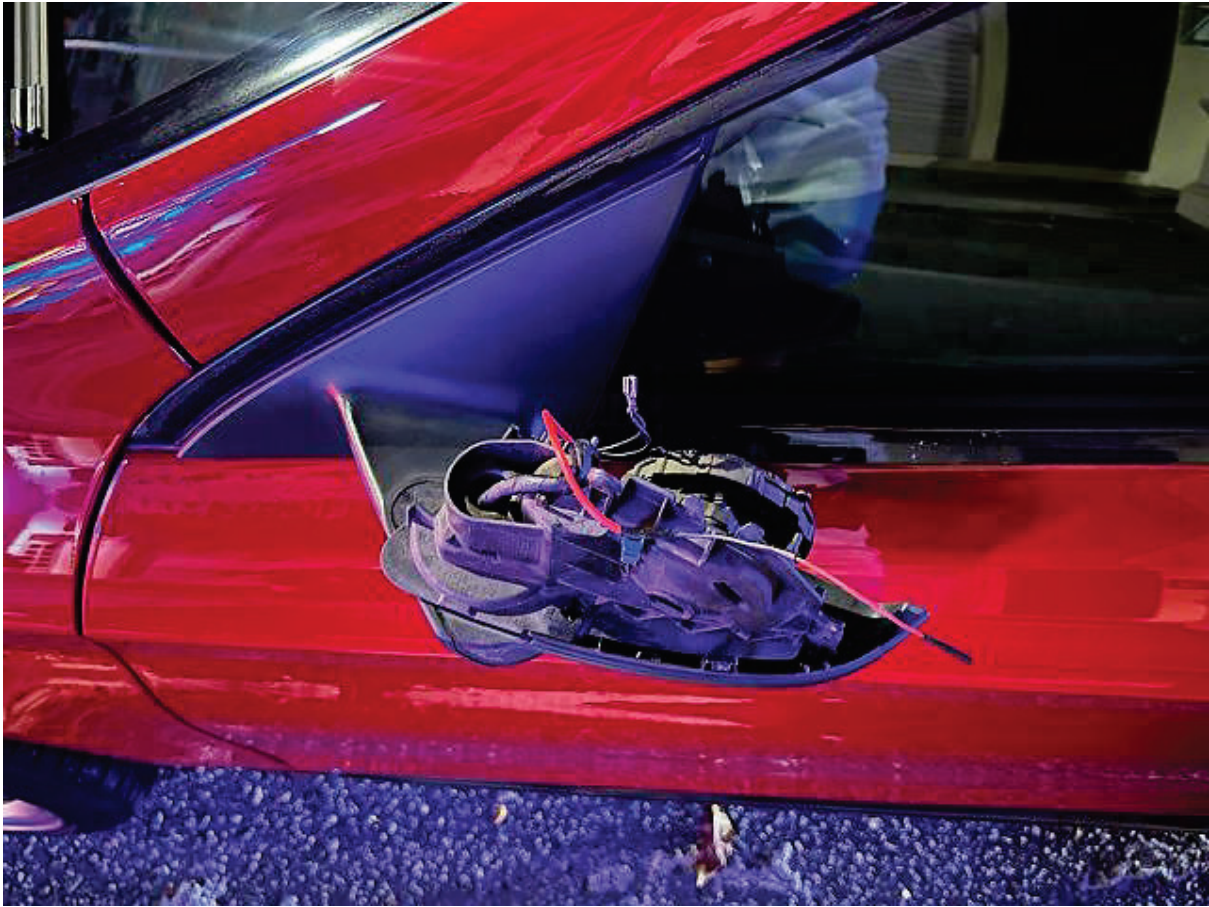






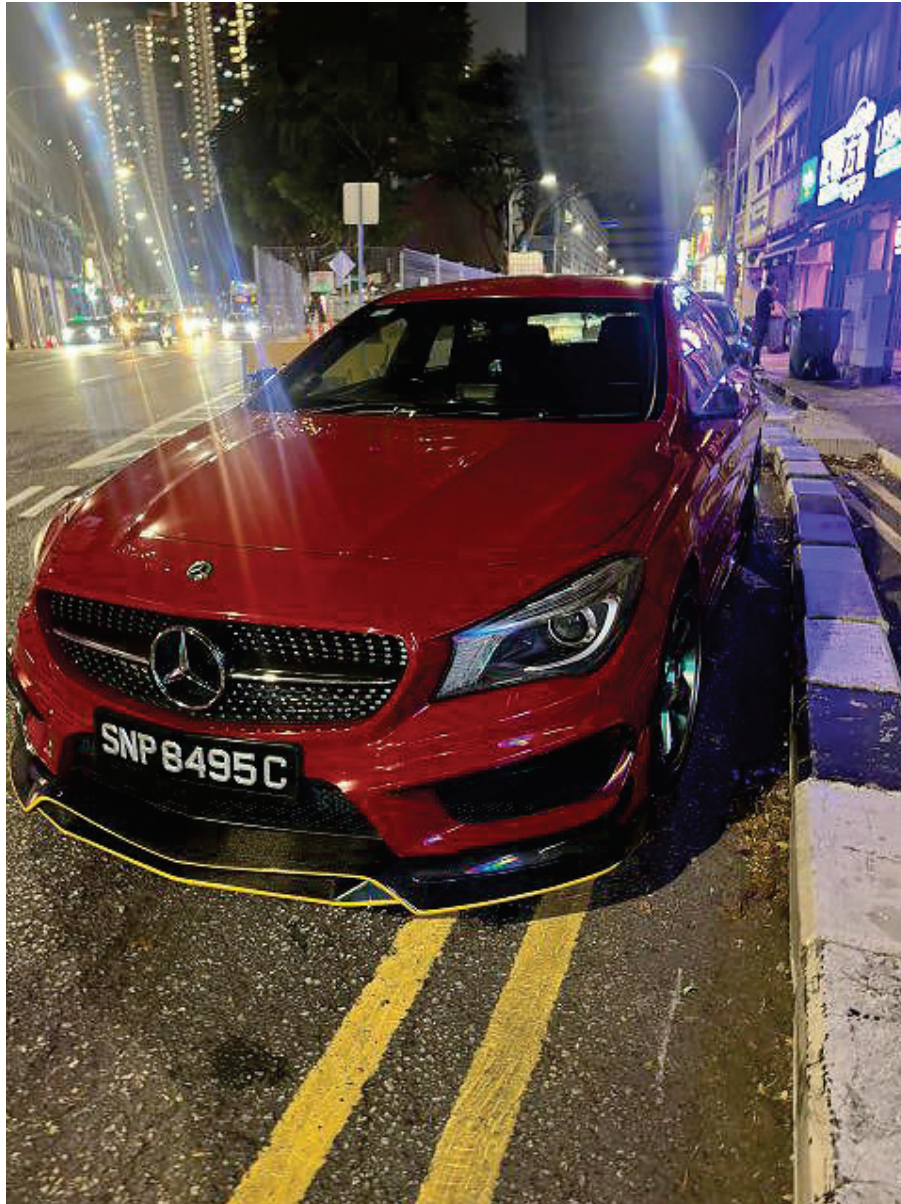














**SINGAPORE  
POLICE FORCE**



T/20240729/2024

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

1 of 4

Report No. T/20240729/2024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/07/2024 11:08		Vide Report No.:	Station Diary No.: 28
<b>Informant's Particulars</b>			
Name of Informant: ALAN YEO KOK HEONG		Address: APT BLK 723 CLEMENTI WEST STREET 2 #13-178 SINGAPORE 120723	
ID Type / ID No.: NRIC NO / S7636345E		Contact No.: Home/Office:                      Mobile: 98508561	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 28/10/1976	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Other finance and insurance clerks		Driving Licence Information: Class: 3                      Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2024 23:00	Type of Location: Straight Road
Location:  FOCH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SKQ8373B	Motor car	MAZDA	MAZDA5 5- DOOR WAGON 2.0L SP.6EAT	White	Slightly Damaged	1
SNP8495C	Motor car	MERCEDES BENZ	CLA200 AMG LINE (R18 BI)	Red	Slightly Damaged	0





**SINGAPORE  
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T/20240729/2024

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51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20240729/2024

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALAN YEO KOK HEONG	ID No.	S7636345E
Related Vehicle	SKQ8373B (Motor car)	Contact No.	98508561
Hospital/Clinic	VIVA MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	29/07/2024	Date Discharge	29/07/2024
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LONG JINGYI	ID No.	S8204168J
Related Vehicle	SKQ8373B (Motor car)	Contact No.	91468554
Hospital/Clinic	VIVA MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	29/07/2024	Date Discharge	29/07/2024
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ANG WEI HONG	ID No.	S9106870B
Related Vehicle	SNP8495C (Motor car)	Contact No.	98333271
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 26/07/2024 at around 2300hrs, my vehicle bearing registration number SKQ8373B was stationary along Foch Road towards Beatty Lane right before Hotel81. As I was waiting for the parking lot with my hazard lights on, a car bearing registration number SNP8495C came from behind and collided onto the front right of my vehicle. My passenger and I went to see the doctor to get ourselves treated, to which we were both given 3 days of MC.

The cost of repairs of my vehicle is SGD3,000. I do not know the cost of damages of the other involved vehicle. My car is not equipped with a camera. However, I noticed that there was a



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T/20240729/2024

Police Station Of Origin:  
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51 Ang Mo Kio Avenue 9 SINGAPORE  
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Tel No: 1800-4849999

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Report No. T/20240729/2024

CONTINUATION OF REPORT

camera in the other vehicle.

I am making this report for Insurance Claim purposes.



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POLICE FORCE**



T/20240729/2024

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4 of 4  
Report No. T/20240729/2024

**CONTINUATION OF REPORT**

Signature of Officer Recording The F / SGT 2 MUHAMMAD ADHWA AHLAMI BIN JOHARI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	

Signature Of Informant:	
Date/Time: 29/07/2024 11:08	
Classification Of Case:	

NP168

It pays to choose

**Budget  
Direct**  
insurance

## Certificate of Insurance

 Comprehensive Car Policy  
 Policy Number: P10764707R02

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

### Certificate Number P10764707R02 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number	:	SKQ8373B
Chassis Number	:	JM6CW1071F0119823
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	30/06/2024 (00:00)
3) Date / Time of Expiry of Insurance	:	29/01/2025 (23:59)
4) Excess (i) Policy	:	S\$ 800.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Alan Yeo Kok Heong
6) Persons or Classes of Persons Entitled to Drive*	Drivers named as a Main / Named Driver in this Certificate of Insurance only.  Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.	
Main Driver / Date of Birth	:	Alan Yeo Kok Heong(28/10/1976)
Named Driver(s) / Date of Birth	:	Long Jingyi (28/01/1982)
7) Limitation as to use*	Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.  <i>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.</i>	
8) Finance Company	:	Sing Investments & Finance Limited

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

 Issued in Singapore on  
 21/06/2024

 Auto & General Insurance (Singapore) Pte. Limited  
 Trading as Budget Direct Insurance



 Simon Birch  
 Chief Executive Officer

 Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**  
 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg