

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	30/07/2024 15:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/07/2024 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEFORE UNDERPASS (QUEENWAYS) TOWARDS FARRER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM8999S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOON YU WEN
NRIC No	SXXXX574J
Email Address	BENNINGTONSOON@GMAIL.COM
Mobile Phone No	(Phone) +65-82238055
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	S9333574J

DRIVER

Name of Driver	SOON YU WEN
NRIC No	SXXXX574J
Date Of Birth	11/09/1993

Occupation	Indoor
Driving Pass Date	13/01/2012
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82238055
Alt. Phone Number	-
Email Address	BENNINGTONSOON@GMAIL.COM
Address	BLK 449 CLEMENTI AVE 3 #03-219
Address complement	-
Postcode	120449
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?	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	GLADYS KEE
Gender	Female

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 THE SKETCH PLAN POLICE

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ACCIDENT VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK3383Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KAM SOCK YEE
NRIC No	SXXXX666Z
Contact Number	(Phone) +65-96633220
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	SOON YU WEN
Gender	Male
Phone No	(Phone) +65-82238055
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SKM8999S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

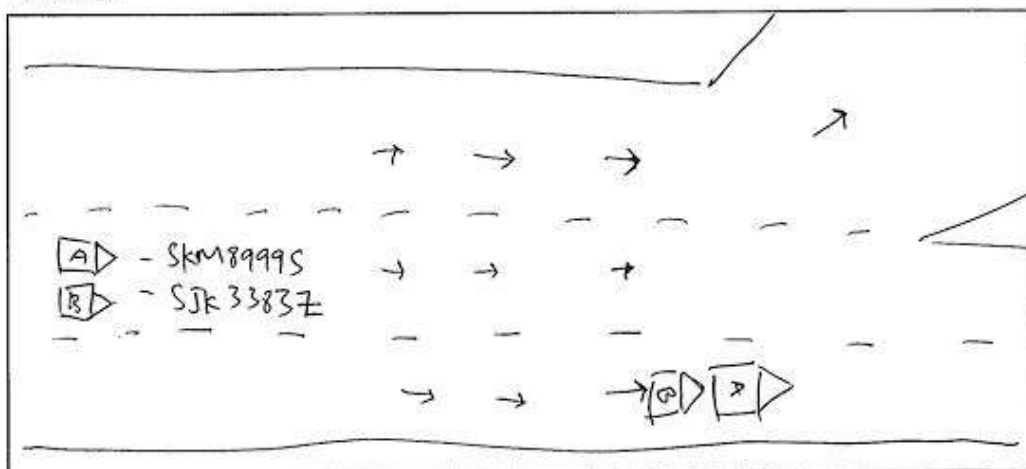
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management 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.

for
Policyholder's Signature / Date & Time

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

for
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
6/30/2024

Sketch Plan



Before Underpass (Queensway) towards Farrer Rd

Describe Circumstance of the Accident:		
Date of Accident: <u>29/7/2024</u>	Time: <u>4.10pm</u>	Location: <u>Before Underpass (Queensway) towards Passer Rd</u>
My Vehicle A: <u>SKM 89995</u>	Vehicle B: <u>SJK 3383Z</u>	Vehicle C: _____
<p style="font-size: 1.2em; text-align: center;">Refer to police report</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: _____		
Workshop Email Address: _____		
<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.

foan

Policyholder's Signature / Date & Time

foan

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


30/07/2024
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20240730/7069

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

Report No. T/20240730/7069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2024 14:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Soon Yu Wen			Address: 449 Clementi Ave 3 #03-219 SINGAPORE 120449		
ID Type / ID No.: NRIC NO / S9333574J			Contact No.: Home/Office: Mobile: 82238055		
Nationality: SINGAPORE CITIZEN			Email: benningtonsoon@gmail.com		
Sex: Male	Age: 30	Date of Birth: 11/09/1993	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Real estate agent			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: 29/07/2024 16:10	Type of Location: Straight Road
Location: QUEENSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJK3383Z	Motor car	TOYOTA	CH-R	White	Slightly Damaged	0
SKM8999S	Motor car	MERCEDES BENZ	E250 SEDAN (R18)	Grey	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKM8999S	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01295189	25/08/2023	28/11/2024



**SINGAPORE
POLICE FORCE**



T/20240730/7069

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

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Report No. T/20240730/7069

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAM SOCK YEE (JIAM SHUYI)	ID No.	S7804666Z
Related Vehicle	SJK3383Z (Motor car)	Contact No.	96633220
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	Soon Yu Wen	ID No.	S9333574J
Related Vehicle	SKM8999S (Motor car)	Contact No.	82238055
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/07/2024	Date Discharge	30/07/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	GLADYS KEE JING YING	ID No.	S9745139G
Related Vehicle	SKM8999S (Motor car)	Contact No.	91254267
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/07/2024	Date Discharge	30/07/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 29 Jul 2024, I was driving my car (SKM8999S) from Battery Road towards Holland Village for my next appointment with my wife.

When I was traveling towards Farrer Road before the Queensway Underpass, there was some road works going on on the left lane before the entrance of the underpass, so several vehicles in front started filtering right. I turned on my right signal light, waited for an opportunity to filter into the right lane, when I spotted a big gap between the van in front and the Toyota CHR (SJK3383Z) behind who slowed down, I took the opportunity to let my car merge fully into the right lane. Shortly after merging into the right lane, the van in front of me slowed down, I followed suit, then I saw the CHR in the rear view mirror coming fast towards me and she hit the back of my car. The impact felt was quite big



**SINGAPORE
POLICE FORCE**



T/20240730/7069

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20240730/7069

CONTINUATION OF REPORT

In our opinion, she was using her phone then and the phone flew to her face, causing a cut under her lip. We felt unwell today and decided to went to the clinic to have a check up. Both me and my wife's was given 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20240730/7069

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Report No. T/20240730/7069

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

NP168

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

Date/Time:
30/07/2024 14:39

Classification Of Case: