

## 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 Authorised 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 ability.
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 Report	01/02/2018 16:01
Date Of Accident	31/01/2018 18:15
Exact Location Of Accident	ALONG ROAD 1 TAMPINES AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW1111P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO HONG TEE
NRIC No	S7132225D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94521328
Alternative Phone No	Others-94521328

### Vehicle Particulars

Manufacturer	KIA
Model	NIRO-1.6 HYBRID GDI DCT SUNROOF (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700022732
Cover Note Number	

### Driver

Name of Driver	YEO HONG TEE
NRIC No	S7132225D
Date Of Birth	21/09/1971
Occupation	INDOOR
Date Of Driving Pass	23/11/2007
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94521328
Fax Number	
Contact Number	OTHERS-94521328
EMail Address	NOEMAIL

Address	BLK 107 TAMPINES STREET 11 #07-349
Postcode	521107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES CHANGKAT NPP
Police Station Address	<b>ROAD:</b> 109 TAMPINES STREET 11 , <b>POSTCODE:</b> 521109 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7819999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8830H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	UNKNOWN (TAXI DRIVER)
Approximate Age	

Injuries Sustain

Injured person in which vehicle? SHC8830H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

A diagram showing two horizontal arrows pointing to the right. The first arrow is labeled 'A' and the second arrow is labeled 'B'. Arrow A is longer than arrow B.

Pls refer To Police Report-1

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

Number of Passengers (Including driver)?

1

Passenger 1

Name : \_\_\_\_\_

Gender : M / F

Passenger 2

Name : \_\_\_\_\_

Gender : M / F

Passenger 3

Name : \_\_\_\_\_

Gender : M / F

Passenger 4

Name : \_\_\_\_\_

Gender : M / F

Passenger 5

Name : \_\_\_\_\_

Gender : M / F

Passenger 6

Name : \_\_\_\_\_

Gender : M / F

Passenger 7

Name : \_\_\_\_\_

Gender : M / F



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180131/2154

1 of 3

Report No. T/20180131/2154

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-281  
SINGAPORE 521109  
Tel No: 1800-7819599

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2018 21:21	Video Report No.: G/20180131/0175	Station Diary No.: 15
<b>Informant's Particulars</b>		
Name of Informant: YEO HONG TEE	Address: APT BLK 107 TAMPINES STREET 11 #07-349 SINGAPORE 521107	
ID Type / ID No.: NRIC NO / S7132225D	Contact No.: Home/Office:	Mobile: 94521328
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 46	Date of Birth: 21/08/1971
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: self employed	Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/01/2018 18:15	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 10				
Weather: Heavy rain	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFW1111P	Car	KIA	NIRO HYBRID 1.6 GDI DCT SUNROOF	White	Slightly Damaged	0
SHC883CH	Car					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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## Police Report



**SINGAPORE  
POLICE FORCE**



T201801312184

Police Station Of Origin:  
Changkat NPP  
108 Tampines Street 11 #01-251  
SINGAPORE 521108  
Tel No: 1800-7819999

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Report No. T201801312184

### CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective
SFW1111P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700022732	30/06/2017
			Expiry Date
			28/06/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO HONG TEE	ID No.	S7132225D
Related Vehicle	SFW1111P (Car)	Contact No.	94521328
Hospital/Clinic	NIL	Class of Driving Licences & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment:	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 31/01/2018 at about 16:4hrs, I was driving along Tampines Ave 10. The weather was heavy rain. There was a taxi in front of me. The taxi applied brake and I also apply brake. The traffic was moving very slow. The taxi then moved on and jam its brake. I also applied brake but hit onto his rear vehicle. The passenger in the taxi called for ambulances and the driver was conveyed to hospital. I did not suffered any injuries prior to this accident. My vehicle has minor damage on the front side. Traffic police was at scene vide G/20180131/0176. My vehicle has a in-built camera and the traffic police took my memory card in the camera.



# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999



T:20180131/2164

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Report No: T:20180131/2164

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /  
Staff Sgt KOH SIEN KHAI, KELVIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/01/2018 21:21

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED ZAYID MUHAMMAD BIN SYED

ABDUL WAHID ALHINDUAN

Contact No.: 65476394

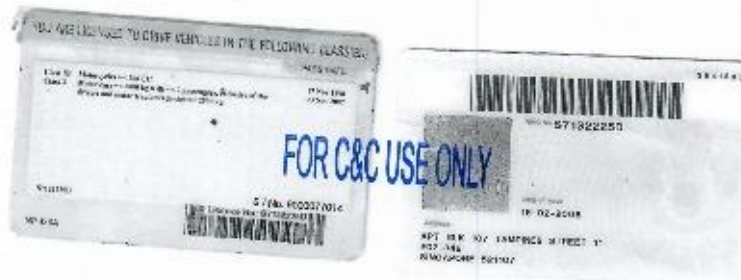
Authentication Stamp

NP183

Classification Of Case:

SIGNATURE

# Police Report





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

