

## 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	20/02/2018 18:29
Date Of Accident	20/02/2018 13:30
Exact Location Of Accident	PENJURU ROAD TOWARDS JALAN BUROH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD8981P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FLORENCE WONG MEI YOCK
NRIC No	S2202735B
Email Address	HENRYEYO2001@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94556484
Alternative Phone No	OFFICE-94556484

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623G5
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1807177
Cover Note Number	CN868453

### Driver

Name of Driver	YEO WEE HOCK
NRIC No	S1770789B
Date Of Birth	26/05/1966
Occupation	INDOOR
Date Of Driving Pass	10/08/1985
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87164483
Fax Number	
Contact Number	
Email Address	HENRYEYO2001@YAHOO.COM.SG

Address	BLK 606 ELIAS ROAD #03-206
Postcode	510606
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE ATTACHMENT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM8638T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RANGANATHAN PRABU
NRIC/Passport Number	G2772081T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD3542S
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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 YEO WEE HOCK

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKD8981P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

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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 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:

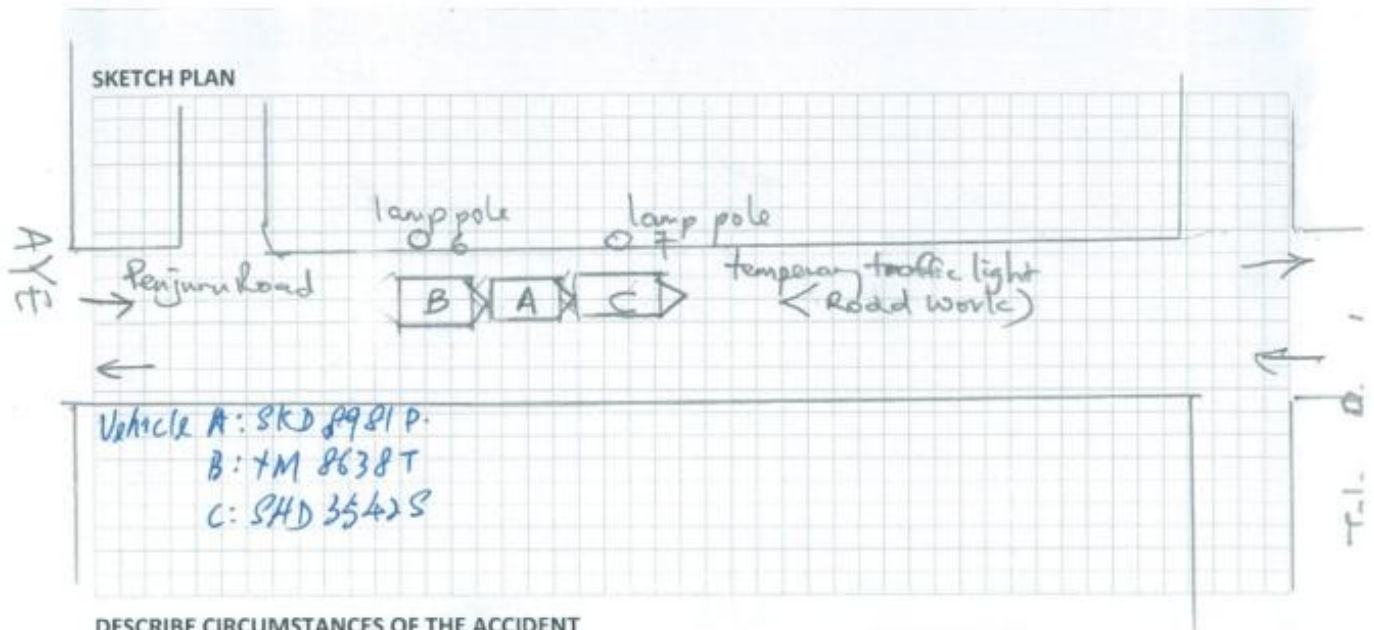
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 1:30 pm on 20 Feb 2018, I was driving on Penjuru Road towards ~~Tanjong~~ Jalan Buroh. There was a minor road work and a temporary traffic light. My car SKD 8981 P followed the front taxi and stopped based on the red light shown via the temporary traffic light. Suddenly the lorry behind YM 8638 T hit me hard and caused my vehicle to move forward. My car due to the momentum, hit the rear of the front car SHD 3542 S. The accident happened in between the lamp pole No 6 and No 7 of Penjuru Road. There is slight damage to the rear of the taxi (SHD 3542 S), my car front and back. After the accident, the momentum caused discomfort to my back, neck and limbs.

## DECLARATION

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

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.:



## MOTOR COVER NOTE

### AXA INSURANCE PTE LTD

8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Service Centre #B1-01  
Tel: 6338 7288 Fax: 6338 2522  
Website: www.axa.com.sg  
GST Registration Number: 199903512M



Original

Agent Code: **05223**

Policy No. (if any): **P1807177**

**Renewal**

SmartDrive Quote Ref:

## MOTOR COVER NOTE

No. **CN868453**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

## SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	WONG MEI YOCK FLORENCE
MAKE AND DESCRIPTION OF VEHICLE	VOLKSWAGEN JETTA 1.4 TSI AT 1623G5
VEHICLE REGISTRATION NO.	SKD8981P
YEAR OF MANUFACTURE	2011
ENGINE NO.	CAX953574
CHASSIS NO.	WVWZZZ16ZCM073955
ENGINE CAPACITY/TONNAGE	1390 CC
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MAYBANK
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>16/01/2018</b> TO: <b>15/01/2019</b>
EXCESS (S\$)	600
AXA PREMIUM WORKSHOP?	YES

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by META AGENCY PTE LTD on 28/12/2017 10:34am

Authorised Signature

**Note :** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
  - Cover note issued and cancelled before inception.
  - Retaining the old registration number for a new vehicle insuring with AXA.

### PREMIUM WARRANTY

#### For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

#### For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTRC/NOTE/V01/03

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1770789B



Name

YEO WEE HOCK

杨伟福

Race

CHINESE

Date of birth

26-05-1966

Sex

M

S1770789B

Country/Place of birth  
SINGAPORE



5322991



NRIC No. S1770789B



Date of issue

02-07-2014

Address

APT BLK 606 ELIAS ROAD  
#03-206  
SINGAPORE 510606

DRIVER DRIVING LICENCE (FRONT)

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S1770789B**

Name: **YEO WEE HOCK**

Birth Date: **26 May 1966**

Issue Date: **20 Oct 2003**

**000933663C**





DRIVER DRIVING LICENCE (BACK)

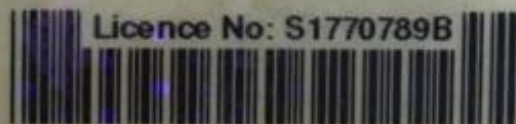
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

**Class 3** Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

**10 Aug 1985**

NP 428A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2202735B



FLORENCE WONG MEI YOCK

黄美玉

Race

CHINESE

Date of Birth

22-08-1967 F

Country of Birth

SINGAPORE



1 0 0 1 1 4 9



IC No. S2202735B



Expiry Date

07-03-1994

APT BLK 808 ELIAS RD #03-208  
SINGAPORE 510808

NRIC No. S2202735B


Expiry Date 21-10-1999

No. 3123367

OWNER AUTHORISE LETTER

To Whom It May Concern,

Accident involving my vehicle no. SKD 8981P  
on 20/2/2018 (date) with YM 8638T and SHD 3542S (other vehicle no.)  
along Penjuru Road towards Jalan Buroh  
I, Florence Wong Mei Yock NRIC No: S2202735B  
owner of vehicle no- SKD 8981P am aware of the accident of my  
vehicle on 20/2/2018 (Date)  
while car was driven by Yeo Wee Hock IC No: S1770789B  
I hereby authorise him/her to make the report.

  
Name: Florence Wong Mei Yock  
Date: 20/2/2018  
HP 94556484

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for  
the above accident.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



**SINGAPORE  
POLICE FORCE**



T/20180221/2037

1 of 4

Police Station Of Origin:  
Pasir Ris N.P.C.  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No: T/20180221/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/02/2018 10:44	Vide Report No.:	Station Diary No: 58
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**Informant's Particulars**

Name of Informant: YEO WEE HOCK	Address: APT BLK 606 ELIAS ROAD #03-206 SINGAPORE 510606		
ID Type / ID No.: NRIC NO / S1770789B	Contact No.:	Mobile: 87164483	
Nationality: SINGAPORE CITIZEN	Home/Office:		
	Email:		
Sex: Male	Age: 51	Date of Birth: 26/05/1966	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Business development manager	Driving Licence Information: Class: 3	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2018 13:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PENJURU ROAD JALAN BURUH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHD3542S	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SKD6981P	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623G5	Grey	Slightly Damaged	0
YMB538T	Lorry	ISUZU	NNR85UH4 A	White	Slightly Damaged	2





**SINGAPORE  
POLICE FORCE**



T/20180221/2037

2 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No: T/20180221/2037

**CONTINUATION OF REPORT**

**Details of Person Involved**

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	YEO WEE HOCK	ID No.	S1770789B
Related Vehicle	SKD8981P (Car)	Contact No.	87164483
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/02/2018	Date Discharge	20/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	RAGANATHAN PRABU	ID No.	G2772081T
Related Vehicle	YM8638T (Lorry)	Contact No.	NIL
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	NIL	Degree of Injury	NIL

**Brief Details.**

On the 20/02/2018 at about 1330hrs, I was driving my vehicle bearing plate number SKD8981P along Penjuru Road, towards Jalan Buroh. The said road had 2 lanes but 1 lane was blocked due to road work and a temporary traffic light was installed. Due to the traffic light turning red, I then stopped my vehicle. At that point of time, there was a taxi bearing plate number SHD3542S which was in front of my car.

Out of a sudden, I felt an impact coming from the rear of my car. A lorry bearing plate number YM8638T had collided into the rear of my car. The collision resulted in my car to inch forward and collided with the rear of the said taxi. Subsequently, after the collision, all the drivers alighted the cars to take photos of the collision. The taxi had 1 passenger while the lorry had 2 passengers but none of them were injured.

Subsequently, we then got back into our car and left the location. Not long after, I felt sharp pain on my neck area. As such, I proceeded to Changi General Hospital to seek medical assistance and received a total of 03 days MC (20/02/2018 - 22/02/2018).

I was then instructed by my insurance agent to lodge a traffic police report.



**SINGAPORE  
POLICE FORCE**



T10018032110037

2 OF 6

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No: T10018032110037

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 /

Sgt 2 TAN JUN HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/02/2018 10:44

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

168

SIGNATURE

ACCIDENT PHOTO 1





ACCIDENT PHOTO 2





ACCIDENT PHOTO 3



ACCIDENT PHOTO 4



ACCIDENT PHOTO 5





ACCIDENT PHOTO 6





ACCIDENT PHOTO 7



ACCIDENT PHOTO 8



ACCIDENT PHOTO 9





ACCIDENT PHOTO 10





ACCIDENT PHOTO 11



ACCIDENT PHOTO 12



ACCIDENT PHOTO 13





ACCIDENT PHOTO 14





ACCIDENT PHOTO 15



ODOMETER READING



CHASSIS NUMBER



ACCIDENT SCENE PHOTO 1





ACCIDENT SCENE PHOTO 2



ACCIDENT SCENE PHOTO 3



ACCIDENT SCENE PHOTO 4



ACCIDENT SCENE PHOTO 5

