

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	04/04/2018 14:04
Date Of Accident	04/04/2018 08:20
Exact Location Of Accident	FARRER RD TWRDS AYE BEFORE FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3920R
Insured/Policyholder	
Name Of Registered Owner	YEO REN HUEI
NRIC No	S7911525H
Email Address	LAWRENCEYEO79@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91773224
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-1.5 (A)
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-000408
Cover Note Number	

Driver

Name of Driver	YEO REN HUEI
NRIC No	S7911525H
Date Of Birth	08/05/1979
Occupation	INDOOR
Date Of Driving Pass	17/05/2005
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91773224
Fax Number	
Contact Number	OTHERS-NOPHONE
E-Mail Address	LAWRENCEYEO79@GMAIL.COM

Address	BLK 572 ANG MO KIO AVE 3 #10-3373
Postcode	560572
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	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

REFER TO ATTACHED

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	SJY8820Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LISA
NRIC/Passport Number	S8845080I
Contact Number	97282244
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EW2244U
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	LYNNETTE LEONG LI LING
NRIC/Passport Number	S7417490F
Contact Number	96392117
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEO REN HUEI
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SJV3920R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

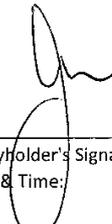
SKETCH PLAN

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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: 4/4/15 11:25 AM

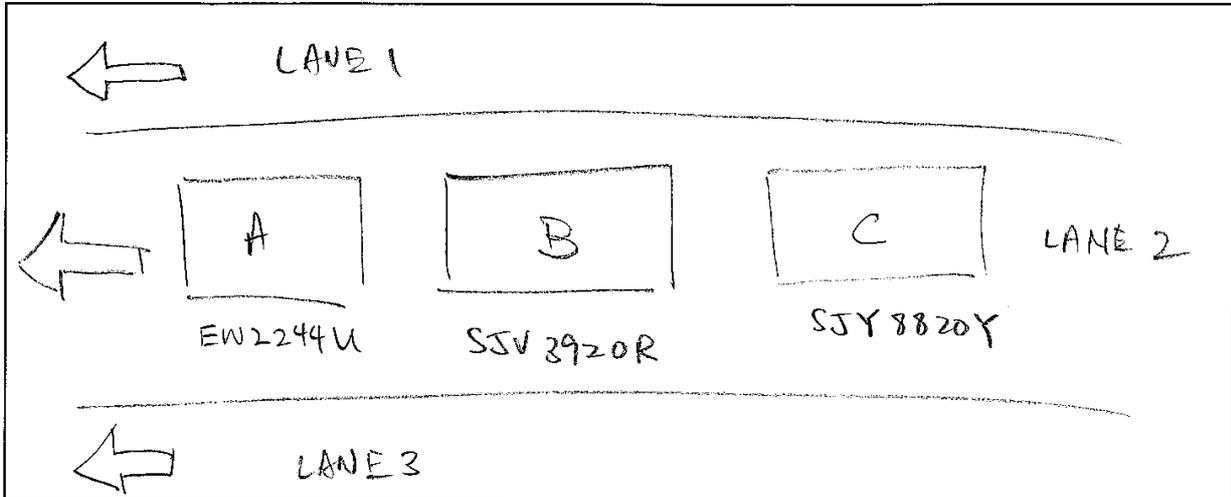
Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

Sketch Plan Pg. 2

SKETCH PLAN

Accident Date: 4 April 2017 Time: 9:20 AM Location: Farrer Road (towards AYE) before Alyon
 My Vehicle A: EW 2244U Vehicle B: SSV 3920R Vehicle C/Others: SSY 8820Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm owner vehicle B (SSV 3920R).
 I have come to a stop due to heavy traffic ~~behind~~ behind EW 2244U.
 Then SSY 8820Y ramp into my car rear. And the impact
 cause ~~me~~ my car to move forward and hit EW 2244U rear.

() Claim OD / TP at Ah Lim Motor Claim OD / TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to
 My workshop
 Email Address : lawrenceyeo79@gmail.com
 & Myself
 Email Address :

Note : Please take note that your insurer have **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.

[Signature]
 Policyholder's Signature
 Date & Time: 21/4/17 11:25 AM

[Signature]
 Driver's Signature (if driver is not the policyholder)
 Date & Time

[Signature]
 Witnessed by Reporting Centre
 Personnel

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
 reg no. 1978-00490-N



**PRIVATE CAR
SCHEDULE**

Agency	F000014	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ18-000408
Account	F000014	Issued on	09/01/2018 in Singapore	Replacing Policy no.	DMPPHQ17-000356
Client	0105916	Acceptance Date	09/01/2018		

Period of Insurance from 25/01/2018 to 24/01/2019 , both dates inclusive

Insured's Name Yeo Ren Hwei (Yang RenHui)
 Address Blk 303 Ang Mo Kio Avenue 1
 #08-1113
 Singapore 560303

Business/Occupn Manager (Indoor)
 Hire Purchase DBS BANK LTD

Premium	Basic Annual Premium	SGD695.50		
	Special Discount @ 5%	SGD34.78		
	Safe Driver Discount	SGD33.04		
	Plus NCD Protector @ 10%	SGD62.77		
	Premium after NCD	SGD690.45	Premium Due	SGD690.45
			Premium GST	SGD48.33
			Total Due	SGD738.78

Risk No. 001	PRIVATE CAR			
1. Registration	SJV3920R	Make/Model	SUBARU IMPREZA 1.5 Saloon 1498cc	
Type of Cover	Comprehensive	No. of seats	5	Body Type Saloon
Engine No.	EL15D627915	Capacity cc	1498	Yr of Manuf/Regn 2008/2010
Chassis No.	JF1GE3KF39G003791			NCB% 50.00
				Certificate Ref. MX2
Sum Insured: Market Value at the time of loss			SGD0.00	
Insured/Named Drivers			SGD500.00	
Unnamed Drivers			SGD1,000.00	
YEID	Additional		SGD3,000.00	
Named Drivers Insured				

PRIVATE CAR COMPREHENSIVE - CLASSIC PLAN (Ver. 8)

For information on Motor Claims Framework (MCF), please visit GIA websites
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
 Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
 Certificate of Insurance. You will have to pay the Excess for every claim made
 against us for own damage claims to your vehicle under Section 1.

Continued on page 2



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7911525H**
Name: **YEO REN HUEI (YANG RENHUI)**
Birth Date: **08 May 1979**
Issue Date: **17 May 2005**

001341105F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7911525H**



Name: **YEO REN HUEI (YANG RENHUI)**
杨任辉
Race: **CHINESE**
Date of birth: **08-05-1979** Sex: **M**
Country of birth: **SINGAPORE**

S7911525H

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

Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg	PASS DATE: 17 May 2005
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NP 428A

Licence No: **S7911525H**



4446764



NRIC No: **S7911525H**



Date of Issue: **17-08-2009**

APT BLK 572 ANG MO KIO AVENUE 3 #10-3373
SINGAPORE 660572

NRIC No: **S7911525H** Date: **07/03/2017**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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