

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	15/03/2018 13:38
Date Of Accident	14/03/2018 18:30
Exact Location Of Accident	BRADDELL RD TWDS TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT8839T
Insured/Policyholder	
Name Of Registered Owner	YEO SOON HOE
NRIC No	S1102397E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96392526
Alternative Phone No	Office-96392526

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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?	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	2100395224
Cover Note Number	

Driver

Name of Driver	YEO XIAOLIN
NRIC No	S8614630D
Date Of Birth	25/05/1986
Occupation	INDOOR
Date Of Driving Pass	25/06/2009
Driving Experience	8 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-82995018
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	15 PASIR RIS RISE #02-29
Postcode	518087
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
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?	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180314/2150.

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	FX9788D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

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
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FX9788D
Were seat belts worn?	NO
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.

15/03/18 12:05pm
Policyholder's Signature
Date & Time

15/03/18 12:05pm
Driver's Signature
(If driver is not the policyholder)
Date & Time

15/03/18 12:05pm
Reporting Centre Person's
Name:
NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

15/03/18 12:05pm
Policyholder's Signature
Date & Time

[Signature] 15/03/18 12:05pm
Driver's Signature
(if driver is not the policyholder)
Date & Time

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Centre
DID: 6771 4401, IIP: 8132 0062, Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg

Reporting Centre
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180314/2150

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20180314/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2018 19:42	Vide Report No.: E/20180314/0120	Station Diary No.: 117
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Informant's Particulars

Name of Informant: YEO XIAOLIN			Address: 15 PASIR RIS RISE #02-29 SINGAPORE 518087	
ID Type / ID No.: NRIC NO / S8614630D			Contact No.: Home/Office: Mobile: 82995018	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 31	Date of Birth: 25/05/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SALES ACCOUNT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/03/2018 18:30	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD near to ComfortDelgo, towards Toa Payoh				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX9788D	Car	HONDA	CB400 SF4J M	Black		0
SFT8839T	Car	MERCEDES BENZ	CLA180 (R18 BI)	Red	Slightly Damaged	0

Details of Person Involved

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180314/2150

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20180314/2150

CONTINUATION OF REPORT

Driver				
Name	YEO XIAOLIN		ID No.	S8614630D
Related Vehicle	SFT8839T (Car)		Contact No.	82995018
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	NIL		Degree of Injury	NIL

Brief Details.

On 14/03/2018 at about 1830hrs, I was driving my car (SFT8839T) along Braddell Road outside ComfortDelgro towards Toa Payoh along the middle lane. I wanted to change into the right lane, as such I turned on my right turn signal. After making a check in the right rear mirror and checked that it was clear, I switched to the right lane. Suddenly, a motorcycle (FX9788D) that was travelling on the right lane came up from behind and collided into the right side of my car. The collision caused the rider to fall off his motorcycle.

I stopped my car immediately and called for ambulance. After which, I went to check on the rider. The rider was lying on the ground and he was conscious. A few passer-bys stopped and helped the rider to the side of the road. Ambulance and traffic police arrived at the scene shortly. Paramedics made a check on the rider. He was subsequently conveyed by ambulance. The traffic police interviewed me regarding what happened. I also gave them the memory card of the rear facing in-car camera of my vehicle. The police also gave me a police case card with the incident E/20180314/0120 and told me to lodge a police report on the incident.

I am lodging this report to facilitate traffic police investigations.



**SINGAPORE
POLICE FORCE**



T/20180314/2150

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No. T/20180314/2150

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:
E /
Sgt 2 TAN YILONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/03/2018 19:42

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MA JUNXIANG
Contact No.: 65476251

Classification Of Case:

Authentication Stamp
NP168



SN 168

SIGNATURE

Sketch Plan #6



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/2018 03 14 10120

I, S 7140496 ADZ10N
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1 ROOM 16 GR PD CAM
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from YEO KIOHIN SP614630D
(Name, NRIC or Passport No. / Rank and No.)
of 15 POLICE Rm R110 #02-29 (5A087)
(Address / Police Station / NPC / NPP)
on 14/03/2018 at 1905hrs
(Date) (Time)

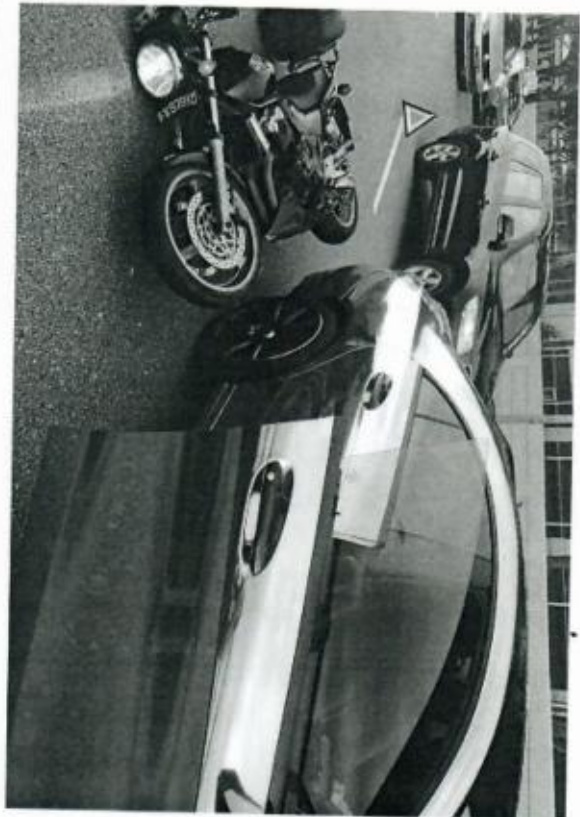
Witnessed by / * Handed over by:
(* Delete if applicable)

X
(Signature)
S8614630D
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)
S 7140496 ADZ10N
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____



Accident Sketch Plan



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE - PRIVATE VEHICLE

Name of Policyholder : Yeo Soon Hoe
Period of Insurance : 15 Dec 2017 To 14 Dec 2018
Engine No. : 27091030506464
Chassis No. : WDD1173422N141033

Vehicle No. : SFT8839T
Policy No. : 2100395224-03
Endorsement No. :
Issued Date : 05 Dec 2017

ABOUT THE COVER

Make/Model : MERCEDES BENZ CLA180 BE
Engine Capacity/Tonnage : 1,595.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDE") if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Yeo Soon Hoe - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Eunice Service Center (For accident reporting only) Add: 300 Ubi Road 3 Singapore 408650 67412338

2. Pandan Loop Service Center - Body Cars & Repair (For accident repair & accident reporting) Add: 138 Pandan Loop Singapore 128376 67776368

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

050060050

CYCLE & CARRIAGE - CORPORATE
239 ALEXANDRA ROAD
SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

819000

Accident Sketch Plan

5716379



NRIC No: S8614630D



Date of issue
18-03-2017

15 PASIR RIS RISE #02-29
SINGAPORE 518087
NRIC No: S8614630D Date: 21/07/2017

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg 25 Jun 2009


NP 428A

Licence No: S8614630D



FOR C&C USE ONLY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8614630D

Name
YEO XIAOLIN
(YANG XIAOLIN)
杨晓琳

Race
CHINESE

Date of birth
28-05-1986

Sex
F

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8614630D

Name:
YEO XIAOLIN
(YANG XIAOLIN)

Birth Date: 25 May 1986

Issue Date: 19 Jan 2018




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

