

## 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	03/05/2018 14:18
Date Of Accident	02/05/2018 18:35
Exact Location Of Accident	IN THE CARPARK BEHIND BLK 281 BT BATOK EAST AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8037K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JEREMIAH YEO HUAT CHYE
NRIC No	S7527589G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98897687
Alternative Phone No	OFFICE-98897687

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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
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	DMPPHQ17-003275
Cover Note Number	-

### Driver

Name of Driver	JEREMIAH YEO HUAT CHYE
NRIC No	S7527589G
Date Of Birth	06/09/1975
Occupation	INDOOR
Date Of Driving Pass	01/03/1996
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98897687
Fax Number	
Contact Number	OFFICE-98897687
Email Address	NOEMAIL

Address	29A HILLVIEW AVE #10-08
Postcode	669562
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	2
Passenger 1	NAME: : CHELSEA
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE9196P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SZE THO CHANGSHENG
NRIC/Passport Number	S8340034Z
Contact Number	82991344
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	JEREMIAH YEO HUAT CHYE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKE8037K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

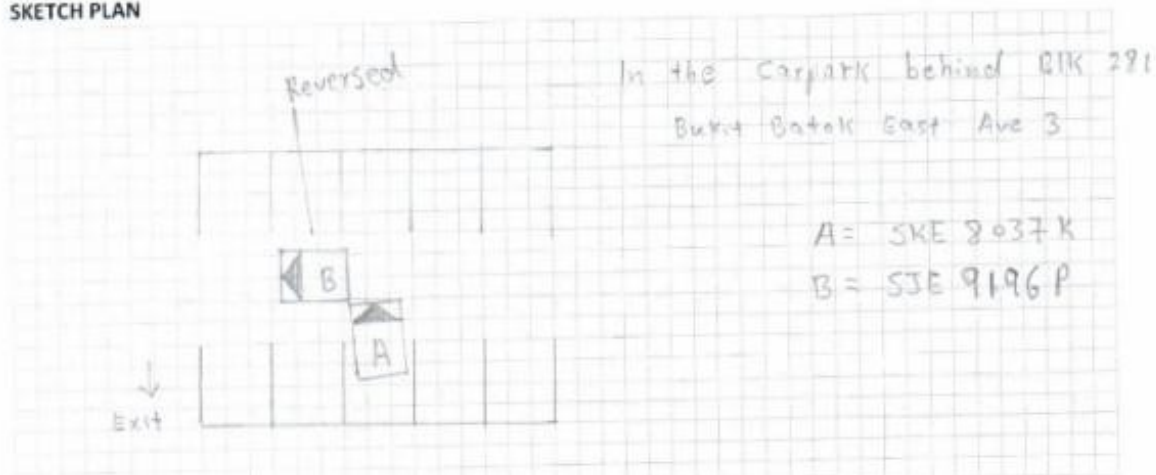
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

Please Refer to Police Report

## 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.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180503/7004

1 of 4

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

Report No. T/20180503/7004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2018 12:15		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JEREMIAH YEO HUAT CHYE		Address: 29A HILLVIEW AVENUE #10-08 SINGAPORE 669562			
ID Type / ID No.: NRIC NO / S7527589G		Contact No.: Home/Office:		Mobile: 98897687	
Nationality: SINGAPORE CITIZEN		Email: Jeremiahyeo@gmail.com			
Sex: Male	Age: 42	Date of Birth: 06/09/1975	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: INSURANCE MANAGER		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/05/2018 18:37	Type of Location: Car Park
Location:  BUKIT BATOK EAST AVENUE 3  In the car park behind Blk 281 Bukit Batok East Ave 3.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE9196P	Car	TOYOTA	altis	Grey		0
SKE8037K	Car	MERCEDES BENZ	C 180 KOMPRESS OR	White		1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180503/7004

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

Report No. T/20180503/7004

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE8037K	EQ INSURANCE COMPANY LTD.	DMPPHQ17-003275	16/06/2017	03/10/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Sze Tho Changsheng		ID No.	S8340034Z
Related Vehicle	SJE9196P (Car)		Contact No.	82991344
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
Driver				
Name	JEREMIAH YEO HUAT CHYE		ID No.	S7527589G
Related Vehicle	SKE8037K (Car)		Contact No.	98897687
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	03/05/2018		Date Discharge	03/05/2018
No. of Days granted Medical Leave		05	Degree of Injury	Slight

### Brief Details.

On 2nd May 2018 at appoximately 6.38pm I was about to exit my parking space when I noticed vehicle SJE9196P reversing. Intially thinking that he had missed his turning and was reversing a bit, I stopped my vehicle to let him complete his manouver. However, the vehicle suddenly accelerated and reversed into my stationary vehicle SKE8037K. Because it happened suddenly and as I was unsure what the driver of vehicle SJE9196P was intending to do by reversing, there was no time for me to reverse back into my parking space or to react in any way and the left rear of vehicle SJE9196P collided into the front left of my vehicle SKE8037K.

Immediately after the accident, I felt nauseous and giddy and with slight pain the the chest as the seat belt tightened suddenly. I was still feeling unwell today and was given 5 days medical leave at MT Alvernia hospital.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180503/7004

3 of 4

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CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180503/7004

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Report No. T/20180503/7004

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Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp

MD100

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
03/05/2018 12:15

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo







Accident Photo





Accident Photo

