

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	27/08/2018 14:28
Date Of Accident	25/08/2018 12:20
Exact Location Of Accident	SLIP ROAD OF JURONG WEST STREET 64
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU1099G
Insured/Policyholder	
Name Of Registered Owner	SECTION CREDIT & MOTOR LEASING PTE LTD
Co Reg No	198703128Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91668265
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA-1.5 G AXIO HYBRID (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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	17-MI001630-R00
Cover Note Number	
Driver	
Name of Driver	YEO KIM SHEIN
NRIC No	S2004616C
Date Of Birth	31/12/1954
Occupation	OUTDOOR
Date Of Driving Pass	03/05/1975
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91668265
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 124 KIM TIAN PLACE #05-195 SINGAPORE
Postcode	160124
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED POLICE REPORT NO. T/20180826/2022

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	YN2488T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	YONG FOO SOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	YEO KIM SHEIN
Approximate Age	
Injuries Sustain	SHOULDER & NECK PAIN
Injured person in which vehicle?	SLU1099G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 124 KIM TIAN PLACE #05-195 SINGAPORE
Postcode	160124

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.

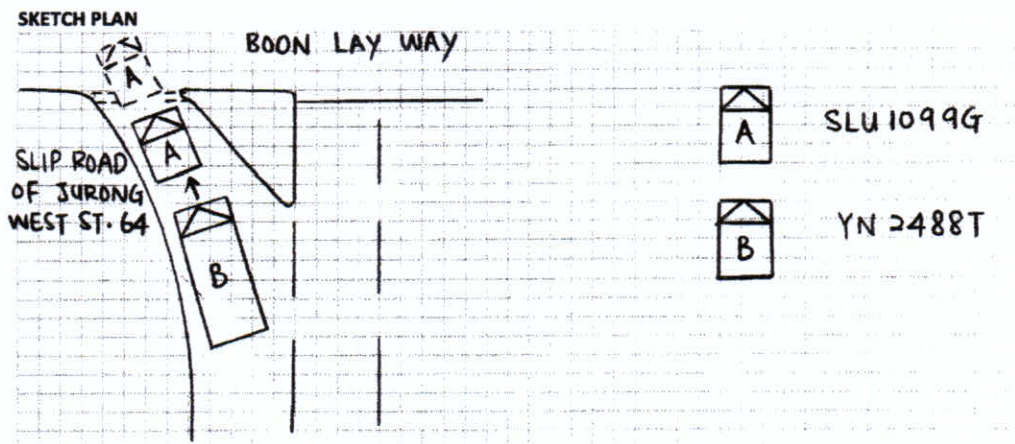


Policyholder's Signature
Date & Time:

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

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

10:00AM



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report NO. T/20180826/2022

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

(CHARACTER SHEET) Page 7 of 8

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

Date & Time:

10.00 AM

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

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180826/2022

1 of 3

Report No. T/20180826/2022

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
26/08/2018 09:29

Vide Report No.:

Station Diary No.:
15

Informant's Particulars

Name of Informant: YEO KIM SHEIN			Address: APT BLK 124 KIM TIAN PLACE #05-195 SINGAPORE 160124		
ID Type / ID No.: NRIC NO / S2004616C			Contact No.: Home/Office: Mobile: 91668265		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 01/01/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/08/2018 12:20	Type of Location: Give way lane
Location: Along Road 1 Traveling Toward Road 2 JURONG WEST STREET 64 BOON LAY WAY Give way lane				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SLU1099G	Car				Seriously Damaged	0
YN2488T	Lorry				No Damage	1

Details of Person Involved

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

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20180828/2022

2 of 3

Report No. T/20180828/2022

CONTINUATION OF REPORT

Driver Name	YEO KIM SHEIN	ID No.	S2004616C
Related Vehicle	SLU1099G (Car)	Contact No.	91668265
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight








Brief Details.

On 25/08/2018 at around 1220hrs, I was travelling with my vehicle (SLU1099G, Toyota Axio, black in color) along Jurong West street 64 towards Boon Lay way. I then drove my car towards the split road and make a gradual brake and come a stop at the give way line. A lorry (YN2468T, Isuzu, Yong Foo Soon, G8132033R) behind me hit onto the rear of my vehicle which causes my vehicle to move forward outside the give way line. At that point of time, both of us was not injured.

Me and the lorry driver exited from the vehicle and both of us exchange particulars. I then engaged a tow away car to tow my car.

On 26/08/2018 morning, when I woke up, I felt some ache on my shoulder and neck and thus, I went to see a doctor at Mount Alvernia Hospital and the doctor gave me a total of 3 days MC.

I wish to state that my vehicle does not have any in-car camera.

 <p>2 of 3 2022</p>	 <p>SINGAPORE POLICE FORCE</p> <p>Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999</p>	 <p>T/20180826/2022</p> <p>3 of 3 Report No. T/20180826/2022</p>
<p>CONTINUATION OF REPORT</p>		
<p>Sketch Plan Informant is not able to provide sketch plan</p>		
<p>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 <u>report number</u> as reference.</p>		
<p>Signature Of Officer Recording The Report: F / Sgt 2 GOH JUN JIE</p> 	<p>Signature Of Informant:</p> 	
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 26/08/2018 09:29</p>	
<p>Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151</p> 	<p>Classification Of Case: SN 08F</p>	
<p>Authentication Stamp NP168</p> 		

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-130951

Date of Request: 27/08/2018

Your Ref No:

Online Purchase

Prime Auto Claims Service Pte Ltd
6 Benoi Place
Singapore 629927

Dear Sir/Madam,

Enquiry Date 27/08/2018

Enquiry By Liu Pei Yee

TP Vehicle No. YN2488T

Accident Date 26/08/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YN2488T	AXA Insurance Pte Ltd	22/08/2018-21/08/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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