

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 liability.
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	12/11/2018 19:53
Date Of Accident	10/11/2018 19:30
Exact Location Of Accident	PIE (CHANGI) BEFORE ENG NEO AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6299C
Insured/Policyholder	
Name Of Registered Owner	TEO, ADELYN WEI LIN
NRIC No	S7221177D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91848154
Alternative Phone No	OFFICE-91848154

Vehicle Particulars

Manufacturer	BMW
Model	X1 SDRIVE18I AT D/AB 2WD 5DR GAS/D SR
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00512656
Cover Note Number	

Driver

Name of Driver	YEO HUI KWANG ERROL (YAO WEIGUANG ERROL)
NRIC No	S7214632H
Date Of Birth	30/04/1972
Occupation	INDOOR
Date Of Driving Pass	18/06/1990
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97516162
Fax Number	
Contact Number	OFFICE-97516162
Email Address	NOEMAIL

Address	BLK 151 CAVENAGH ROAD #10-159
Postcode	229628
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	BPQ3818 (PRIVATE CAR)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : JOANNA YEO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181110/2148.

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	BPQ3818
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number WWH9682
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKA1959S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident 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.

Policyholder's Signature
Date & Time:

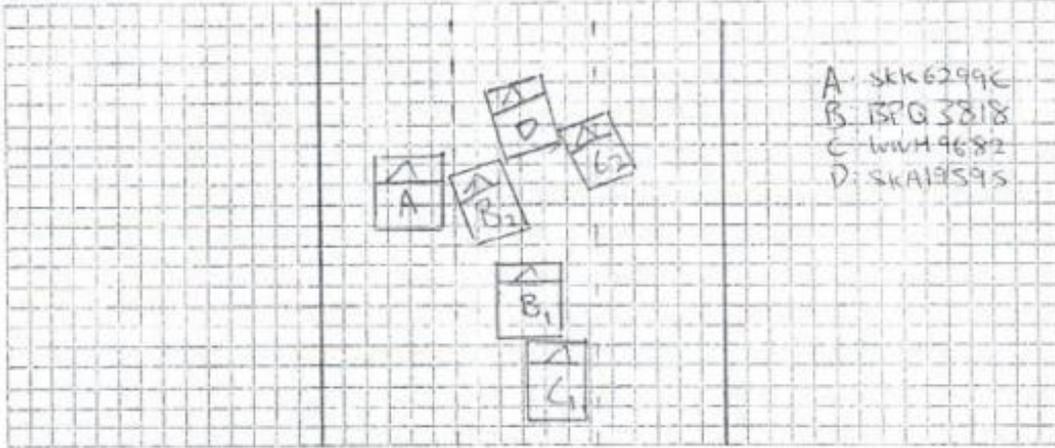

Driver's Signature
(if driver is not the policyholder)

Date & Time: 12/11/2018
5:40 pm.


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report:
T/

DECLARATION

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

Policyholder's Signature
Date & Time:

QA/IN/C 1 Sat/29/Jan/2018, v.3

Driver's Signature
(If driver is not the policyholder)

Date & Time: 12/11/2018

5:40pm

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181110/2148

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20181110/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2018 23:43		Vide Report No.: E/20181110/0166	Station Diary No.: 106
Informant's Particulars			
Name of Informant: YEO HUI KWANG ERROL		Address: APT BLK 151 CAVENAGH ROAD #10-159 SINGAPORE 229628	
ID Type / ID No.: NRIC NO / S7214632H		Contact No.:	Mobile: 97516162
Nationality: SINGAPORE CITIZEN		Home/Office:	Email:
Sex: Male	Age: 46	Date of Birth: 30/04/1972	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: IT ENGINEER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/11/2018 19:20	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS AIRPORT 21.8KM BEF ENG NEO				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
BPQ3818	Car				Seriously Damaged	2
SKA1959S	Car				Seriously Damaged	1
SKK6299C	Car				Seriously Damaged	1
WWH9682	Car				Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20181110/2148

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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181110/2148

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YAP CHIN BOON	ID No.	G2329862M
Related Vehicle	BPQ3818 (Car)	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
Driver			
Name	LIM AH GUAN	ID No.	S1697104I
Related Vehicle	SKA1959S (Car)	Contact No.	96325715
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	YEO HUI KWANG ERROL	ID No.	S7214632H
Related Vehicle	SKK6299C (Car)	Contact No.	97516162
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

Police Report



SINGAPORE
POLICE FORCE



T/20181110/2148

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20181110/2148

CONTINUATION OF REPORT

Driver			
Name	KHAN ATIQUR RAHMAN	ID No.	G3013043Q
Related Vehicle	WWH9682 (Car)	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 10 Nov 2018 at about 1920hrs, I was driving my vehicle (VRN: SKK6299C) and travelling along PIE towards Airport on the 3rd lane.

Suddenly, my vehicle was hit on the right side by vehicle (VRN: BPQ3818) which was travelling on the 2nd lane after the vehicle was hit by vehicle (VRN: WWH9682) travelling on the 1st lane.

The vehicle (VRN: WWH9682) also hit another vehicle (VRN: SKA1959S) driving in front of vehicle (VRN: BPQ3818) on the 2nd lane.

Subsequently, TP and ambulance arrived.

There were in-built car camera installed on the vehicles (VRN: BPQ3818 and SKA1959S)

I am lodging this report as instructed by TP and also for vehicle insurance claims purposes.

Police Report



SINGAPORE
POLICE FORCE



T/20181110/2148

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Report No. T/20181110/2148

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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 / Staff Sgt TAY BOON CHIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2018 23:43
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S865500200 / GST Reg. No.: N49901723

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118196612 Vehicle Registration No: SKK6299C
Name (as shown in NRIC) : Teo, Adelyn Wei Lin NRIC/FIN/Passport No : S7221177D
(* Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
Address : BK 151 Cavenagh Road #10-159 Singapore (229628)
Contact (Tel) : 91848154 Mobile No. : _____
Email Address : _____
Date of Accident : 10/11/18 Time of Accident : 1930
Place of Accident : PZE (chang) Before Eng Neo Ave Exit
Insurance Company: Direct Asia

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change to Own Damage claim.

Adelyn Wei Lin
Policyholder / Driver's Signature
Date: _____

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____