

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	23/02/2019 11:03
Date Of Accident	21/02/2019 20:35
Exact Location Of Accident	CLEMENCEAU AVE NORTH TOWARDS NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF171D
Insured/Policyholder	
Name Of Registered Owner	YONG TECK YU
NRIC No	S0560202E
Email Address	YTY@YUKERN.COM
Mobile Phone No	(LOCAL) +65-98240300
Alternative Phone No	OTHERS-98240300

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SLK350
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA265046/1
Cover Note Number	

Driver

Name of Driver	MRS REBECCA YONG SOK KERN NEE MOK
NRIC No	S0505820A
Date Of Birth	17/12/1946
Occupation	INDOOR
Date Of Driving Pass	24/11/1964
Driving Experience	54 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96852727
Fax Number	
Contact Number	
Email Address	RY2727@GMAIL.COM

Address	BLK 435B BUKIT BATOK WEST AVE 5 #08-988
Postcode	652435
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	COLLISION - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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?	NO
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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T/20190222/2156.

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	SHA458M
Vehicle Make/Model/Colour	COMFORT TAXI (YELLOW)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO CHEW HIANG
NRIC/Passport Number	S0095526D
Contact Number	96909168
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MRS REBECCA YONG SOK KERN NEE MOK
Approximate Age	
Injuries Sustain	3 DAYS
Injured person in which vehicle?	SMF171D
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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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:

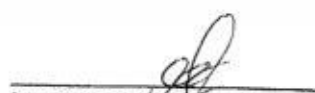
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:
Feb 22 2019

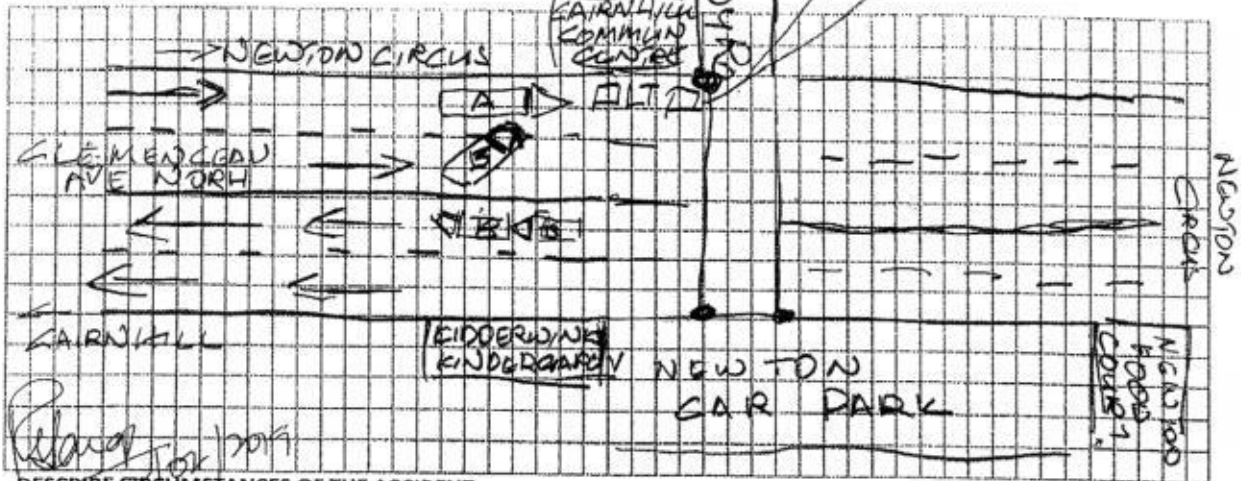


Reporting Centre Personnel's Signature
Name:
NRK/FIN No.:

Sketch Plan Pg. 2

CARA - 5FM 171 D
CARB - SHA 458 M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handed Police Report.
Attached Police Report
(Feb 22 2019)
Reason for late reporting being that I had visited my dealer in the morning who referred me to NG TENG PONG HOSPITAL. I was there for several hours. Then went to Duke's Road Police Post. to make my police report. The station was very busy. Left the station at about 7.45pm.
Hence I was late to make insurance report at Ethos on Feb 22 2019.

[Signature]
21/02/2019

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
	- Claim TP
✓	- Claim OD/TP at other workshop

DECLARATION

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

[Signature]
Policyholder's signature
Date & Time
Feb 22 2019

[Signature]
Driver's Signature
(if driver not the policyholder)
Date & Time
Feb 22 2019

[Signature]
Reporting Centre Personnel's Signature
Name:
Nric/Fin No.



SINGAPORE
POLICE FORCE



T/20190222/2156

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20190222/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2019 19:44	Vide Report No.:	Station Diary No.: 93
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Informant's Particulars

Name of Informant: MRS REBECCA YONG SOK KERN NEE MOK			Address: APT BLK 435B BUKIT BATOK WEST AVENUE 5 #08-988 SINGAPORE 652435		
ID Type / ID No.: NRIC NO / S0505820A			Contact No.: Home/Office: Mobile: 96852727		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 72	Date of Birth: 17/12/1946	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: HOUSEWIFE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2019 20:35	Type of Location: Straight Road
Location: Along Road 1 CLEMENCAU AVENUE NORTH CLEMENCAU AVENUE NORTH TOWARDS NEWTON CIRCUS				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
Traffic Flow: Two Way	Traffic Control:	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA458M	Car				Slightly Damaged	0
SMF171D	Car				Slightly Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20190222/2156

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20190222/2156

CONTINUATION OF REPORT

Driver			
Name	MRS REBECCA YONG SOK KERN NEE MOK		ID No. S0505820A
Related Vehicle	SMF171D (Car)		Contact No. 96852727
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	22/02/2019	Date Discharge	22/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	HO CHEW HIANG		ID No. S0095526D
Related Vehicle	NIL		Contact No. 96909168
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 the above mentioned date, time and place. I was driving along Clemenceau Ave North (two-way lane) and I was driving on the inner most left lane towards Newton Circus. As I was approaching to a stop due to the traffic light that has already turned red, and there were about 3 vehicles already stationary waiting for the traffic light and thus, I was driving slowly.

While my vehicle was still moving towards the approaching traffic light, I felt a huge impact on the driver's side door of my car and I was very shocked. I then looked out and realised that there was a Comfort taxi (SHA458M) beside my vehicle in an almost perpendicular angle with his front bumper facing the driver side of my vehicle's door and I wish to state that we were not driving side by side at that point of time, and I was not trying to change lanes.

Subsequently, the taxi parked in front of mine along the roadside and he explained to me that he was trying to make a 3-point turn. Me and the driver had since exchange our particulars and I had to visit the doctor this morning, because I had a sleepless night, shivering inside. I am emotionally and mentally affected as this was a real shock to me. This morning, the right side of my neck down to my shoulder felt stiff, and I was also experiencing light headedness. The doctor had issued me with a 3 days MC, and I am lodging this report for insurance claims.



SINGAPORE
POLICE FORCE



T/20190222/2156

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20190222/2156

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 JORDAN JAYDEN CHA CHONG HNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/02/2019 19:44

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

SIGNATURE

Classification Of Case: