

## 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             | 18/02/2019 18:25      |
| Date Of Accident           | 17/02/2019 08:55      |
| Exact Location Of Accident | AFTER BARTLEY FLYOVER |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJJ5522G              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | YEO LAY HAR VIVAN     |
| NRIC No                     | S7732444E             |
| Email Address               | VIVAN_YEO@HOTMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-96213632  |
| Alternative Phone No        | OFFICE-96213632       |

### Vehicle Particulars

|              |                |
|--------------|----------------|
| Manufacturer | VOLVO          |
| Model        | V40-1.5 T2 (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? YES

If No, Please state action to be taken

|                  |             |
|------------------|-------------|
| Vehicle Category | PRIVATE CAR |
|------------------|-------------|

### Insurance Company

|                           |                       |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE         |
| Fleet Policy              | NO                    |
| Policy Number             | GA418008              |
| Cover Note Number         |                       |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | YEO LAY HAR VIVAN     |
| NRIC No              | S7732444E             |
| Date Of Birth        | 30/10/1977            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 22/01/1999            |
| Driving Experience   | 20 YEARS AND 0 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-96213632  |
| Fax Number           |                       |
| Contact Number       | OFFICE-96213632       |
| E-Mail Address       | VIVAN_YEO@HOTMAIL.COM |

|   |                         |
|---|-------------------------|
| Address   | 25 TAMPINES ST88 #04-20 |
| Postcode  | 528569                  |
| 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 BY FALLEN TREE / OTHER OBJECTS |
| 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                         | 1   |
| 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                       | 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

REFER TO POLICE REPORT ATTACHED

#### 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 INJURED PERSON 1

|   |             |
|---|-------------|
| Name  | YEO LAY HAR |
| Approximate Age                                     |             |
| Injuries Sustain                                    |             |
| Injured person in which vehicle?                    | SJJ5522G    |
| Were seat belts worn?                               | YES         |
| Was this injured conveyed to hospital by ambulance? | NO          |
| Address   |             |
| Postcode  |             |

## Sketch Plan

### SKETCH PLAN

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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. 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 lodging 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 (a) 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: 18/2/19

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

SKETCH PLAN

Hand-drawn sketch plan on a grid background, showing a vertical line and a small rectangular structure with internal details.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text: "Refer to police report attached."

Large handwritten number "7" is written across the middle of the section.

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/PIN No.:

Li 18/2/19.



**SINGAPORE  
POLICE FORCE**



T/20190217/2053

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

1 of 3  
Report No. T/20190217/2053

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| Date/Time Report Made:<br>17/02/2019 14:32 | Vide Report No.:<br>G/20190217/0084 | Station Diary No.: |
|--|-------------------------------------|--------------------|

**Informant's Particulars**

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>YEO LAY HAR VIVIAN |            |                              | Address:<br>APT BLK 25 TAMPINES STREET 86 #04-20 THE SANTORINI<br>SINGAPORE 528569 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S7732444E |            |                              | Contact No.:<br>Home/Office: Mobile: 96213632                                      |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |  |                            |
| Sex:<br>Male                             | Age:<br>41 | Date of Birth:<br>30/10/1977 | Type of Informant:<br>Driver   |  |                            |
| Race:<br>Chinese                         |            |                              | Language:  |  | Institution / School Name: |
| Occupation:<br>MANAGER                   |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:                           |  |                            |

**General Information of the Accident**

|  |                              |                                    |  |                                    |
|--|------------------------------|------------------------------------|--|------------------------------------|
| Type of Accident:  | Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>17/02/2019 08:55 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>TAMPINES AVENUE 10          |                              |                                    |  |                                    |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way                                 |                              | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light                   |                                    |
| Type of Collision:<br>Moving Vehicle Against - Lamp Post |                              |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make  | Model                                | Color  | Condition            | No of Passenger |
|-------------|------|-------|--------------------------------------|--------|----------------------|-----------------|
| SJJ5522G    | Car  | VOLVO | V40 D2 A/T<br>ABS<br>D/AIRBAG<br>2WD | Orange | Seriously<br>Damaged | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company               | Insurance No | Effective  | Expiry Date |
|-------------|---------------------------------|--------------|------------|-------------|
| SJJ5522G    | AXA INSURANCE SINGAPORE PTE LTD | GA418008     | 29/11/2018 | 14/11/2019  |



SINGAPORE  
POLICE FORCE



T/20190217/2053

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

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Report No. T/20190217/2053

CONTINUATION OF REPORT

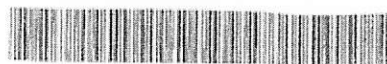
Brief Details.

On the above mentioned date time and location

I was travelling along the said location. I was on the extreme right of the 3 lanes. I heard some noises that's effusing from the driver's front tire. Follow up by a loud burst (Derives from the burst of the tire). My vehicle then started to skid. I was doing whatever I can to control the vehicle. Ultimately, colliding onto the lamppost. The passerby present helped to call the police and the ambulance. As I didn't suffer serious injuries, I wasn't conveyed to the hospital.



SINGAPORE  
POLICE FORCE



T/20190217/2053

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

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Report No. T/20190217/2053

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:<br>TP /<br>NG JIN SHENG                              | Signature Of Informant:        |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>17/02/2019 14:32 |
| Officer In Charge Of Case:<br>TP / GIT /<br>Sgt 3 MARIAH BINTE ZAKARIA<br>Contact No.: 65476433 | Classification Of Case:        |
| Authentication Stamp<br>NP168   |                                |