

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	01/09/2019 12:59
Date Of Accident	31/08/2019 12:10
Exact Location Of Accident	AYE TOWARDS CHANGI BEFORE ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD8626C
Insured/Policyholder	
Name Of Registered Owner	YEO KHENG HUANG
NRIC No	S8813055C
Email Address	YEOKHENGHUANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98786344
Alternative Phone No	OFFICE-98786344

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10906949
Cover Note Number	

Driver

Name of Driver	YEO KHENG HUANG
NRIC No	S8813055C
Date Of Birth	23/04/1988
Occupation	INDOOR
Date Of Driving Pass	07/05/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98786344
Fax Number	
Contact Number	OFFICE-98786344
Email Address	YEOKHENGHUANG@GMAIL.COM

Address	NIL
Postcode	
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRA2302 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	NO
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 [OTHER]	EUNOS NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190831/2074 (LODGED AT EUNOS NPP) ON 31/08/2019 AT ABOUT 1210HRS, I WAS DRIVING MY VEHICLE SJD8626C ALONG AYE TOWARDS CHANGI BEFORE EALEXANDRA EXIT WHEN I MET UP WITH A CHAIN COLLISION INVOLVING 4 OTHER VEHICLE INCLUDING A MALAYSIAN CAR. I WAS DRIVING ON THE FIRST LANE WHEN I NOTICED THE CAR INFRONT OF ME, SLM5696Z HAD CAME TO A COMPLETE STOP THUS I SLOWED DOWN AND CAME TO A COMPLETE STOP AS WELL. ABOUT 2-3 SECONDS LATER, I FELT AN IMPACT FROM THE REAR WHICH PUSHED ME FORWARD TO HIT AGAINST THE CAR INFRONT OF ME. AFTER THE COLLISION, I STOPPED MY CAR AND CAME DOWN NOTICING THAT THERE WERE A TOTAL OF 5 CARS INVOLVED. I WISH TO STATE AFTER THE ACCIDENT, NOBODY WAS INJURED AT THE SCENE AND WE EXCHANGED PARTICULARS. I HAVE IN-CAR CAMERA FACING THE FRONT AND THE REAR INSIDE MY VEHICLE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD TO FILEZILA ONCE INSURED SEND
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCK8848A
Vehicle Make/Model/Colour	MERCEDES BENZ / E250 SEDAN (R18) / SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON FOO
NRIC/Passport Number	S0038358I

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

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR8152D
Vehicle Make/Model/Colour HYUNDAI / I30 (FD) 1.6L AUTO ABS AIRBAG 2WD 5DR
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN DRIVER
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number JRA2302
Vehicle Make/Model/Colour UNKNOWN MODEL
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN DRIVER
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLM5696Z
Vehicle Make/Model/Colour NISSAN / QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR / BROWN
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NORMAN TAN KAY SIN
NRIC/Passport Number S7249730I
Contact Number 98373773
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

Sketch Plan

1. Please read carefully the details of the accident in view of the grave consequences.
2. This Form must be completed by the Policyholder under the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may entitle insurance companies to invalidate policy benefits.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any claim including may be referred to the Police for investigation.
6. The report will be forwarded by the members of the GIC Claims Management Centre established by the General Insurance Association of Singapore (GIAS) to the relevant and the copies of the report will for a fee be made available application by concerned parties.
7. By the signature of the 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 if needed.
8. Consents under the Personal Data Protection Act (PDPA)
 - (a) Furthermore, acknowledge, agree and consent that:
 - (i) My name, my address and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose and/or publish my personal data for the purpose of setting up a fund and any other purposes information provided by me to be processed by my insurer (including the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured "vehicles" involved in the accident (including) who have insured vehicles involved in the accident and be conclusively referred to as the "Insurers";
 - (ii) Insurance companies, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police, for the purposes of);
 - (iii) processing, handling or otherwise dealing with my claims including the settlement of the claim and any necessary investigations relating to the claim;
 - (iv) investigating the accident under my claim;
 - (v) carrying out further dealing with my insurance or settling it as required by me;
 - (vi) administering the claim including the making of arrangements, payments, transfers, reports or notices to me, which could involve disclosure of certain personal data about me to third party authority of the same as well as to the external cover of development and development of the claim;
 - (vii) carrying out appropriate (a) in administering, processing, handling and/or dealing with my claims including the purposes;
 - (b) all insurers who have insured vehicles involved in the accident and the insurers' Insurance Firm, may also be permitted to collect, use, disclose and/or publish my Personal Information for such uses of the same purposes; and
 - (c) my Personal Information may also be disclosed to and/or by insurers under GIC to their third party service providers or agents and/or other third party service providers, who may be located outside of Singapore, for one or more of the above purposes.

VERIFIED BY AJAX MARS
REPORTING OFFICER
JUN KEAT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

A: SJ08626C

B: SC89843A

C: SJ28152D

D: JRA2302

E: SLN56962

AYE

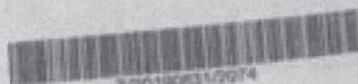
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POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



TQ0190831/2074

1 of 4

Report No. TQ0190831/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
31/08/2019 13:32

Video Report No.:

Station Diary No.:
19

Informant's Particulars

Name of Informant:
YEO KHENG HUANG

Address:
APT BLK 450C BUKIT BATOK WEST AVENUE 6 #07-627
SINGAPORE 653450

ID Type / ID No.:
NRIC NO / S8813055C

Contact No.:

Mobile: 98786344

Home/Office:

Nationality:
SINGAPORE CITIZEN

Email:

Sex:

Age:

Date of Birth:

Male

31

23/04/1988

Type of Informant:
Driver

Race:

Chinese

Language:

English

Institution / School Name:

Occupation:

DESIGN ENGINEER

Driving Licence Information:

Class: 3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-injury
Foreign Vehicle

Drink
Drive:
No

Date/Time of
Accident:
31/08/2019 12:10

Type of Location:
Straight Road

Location:
Along Road 1
AYER RAJAH EXPRESSWAY

towards Changi before Alexandra Exit

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

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
JRA2302	Car					0
SCK8848A	Car	MERCEDES BENZ		Silver		1
SJD8626C	Car	HONDA	CIVIC 1.8L A	Grey	Slightly Damaged	0
SJR8152D	Car					1
SLM5696Z	Car	NISSAN	QASHQAI	Brown		0

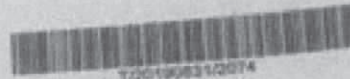
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POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4438999



T/20190831/2074

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Report No: T/20190831/2074

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No.	Effective	Expiry Date
Vehicle No.	Insurance Company	10008949	07/04/2019	06/04/2020
SJD8826C	AVIVA LTD			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver		ID No.	S00383581
Name	TAN BOON FOO	Contact No.	NIL
Related Vehicle	SCK8848A (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

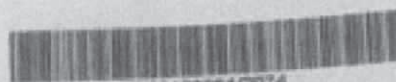
Driver		ID No.	S8813055C
Name	YEO KHENG HUANG	Contact No.	98786344
Related Vehicle	SJD8826C (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.	S72497301
Name	NORMAN TAN KAY SIN	Contact No.	98373773
Related Vehicle	SLM5696Z (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

POLICE REPORT



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POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20190631/2074

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Report No. T/20190631/2074

CONTINUATION OF REPORT

Driver			
Name	HO KAH HOONG	ID No.	S7408974G
Related Vehicle	NIL	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 31/08/2019 at about 1210hrs, I was driving my vehicle SJD8626C along AYE towards Changi before Alexandra Exit when I met up with a chain collision involving 4 other vehicles including a Malaysian car. I was driving on the first lane when I noticed the car in front of me, SLM5696Z had come to a complete stop thus I slowed down and came to a complete stop as well. About 2-3 seconds later, I felt an impact from the rear which pushed me forward to hit against the car in front of me. After the collision, I stopped my car and came down noticing that there were a total of 5 cars involved. I wished to state that after the accident, nobody was injured at the scene and we exchanged particulars. I have in-car camera facing the front and the rear inside my vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Eunos NPP
620 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20190831/2074

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Report No. T/20190831/2074

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:

G /
SI SAW KIAN HOCK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No: 65476404

Authentication Stamp
HP152

Signature Of Informant:

Date/Time:
31/08/2019 13:32

Classification Of Case: