

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	02/10/2019 13:03
Date Of Accident	30/09/2019 20:05
Exact Location Of Accident	CLEMENTI ROAD (ROADSIDE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5336Y
Insured/Policyholder	
Name Of Registered Owner	YEOH KOK CHYE
NRIC No	S1397050E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96355211
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-000322
Cover Note Number	21/01/2019 TO 20/01/2020

Driver

Name of Driver	YEOH KOK CHYE
NRIC No	S1397050E
Date Of Birth	14/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/03/1979
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96355211
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	NOEMAIL

Address	BLK 531 BUKIT BATOK STREET 51 #02-128
Postcode	650531
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 AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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	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

Refer to sketch plan.

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 Witness 1

Name	MR ONG
Phone Number	97341892
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFD168H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

SKETCH PLAN

EQ

Vehicle: SKW
5332Y

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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:

[Handwritten Signature]
2/10/2019

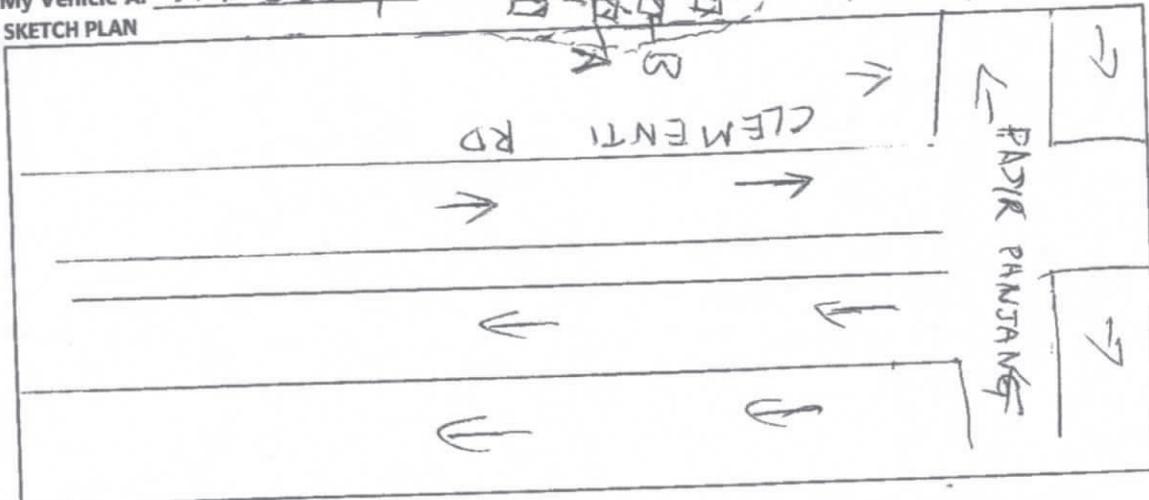
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

[Handwritten Signature]
2/10/2019


Ci - Drivers Particular Pg. 2

Date of accident: 30-9-19 Time: 20.05 Location: Clementi RD
 My Vehicle A: SKW 5336Y Vehicle B: SFD 168H Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report NO : T/2d91001/2063

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks : Please forward a copy of my efile accident report to :
 My workshop : _____
 Email address : _____
 & myself : _____
 Email address : _____

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: _____

2/10/2019
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: _____

[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: 920219

 AH LIM MOTOR COMPANY

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Witness Statement

Hi,

Your vehicle SKW 5336Y was hit from the front by a reversing car at 8:06 pm 30/09/2019. He did not stop to assess the damage ~~and~~ nor return to the scene of accident. His car is a dark blue Mercedes GLE/GLC. Carplate is SFD 168H. I suggest u make a police report for hit and-

Pg 1

1.4.17. ITS well as reach out
to Fong Seng Masi Lemaik
for their CCTV recording.

I can also be your
eye-witness in this case.

I can be contacted at 97341892,
my name is Ong Your front
is damaged due to the
vehicle reversing into your
car. Good luck with the
case.

Pg 2



**SINGAPORE
POLICE FORCE**



T/20191001/2063

1 of 4

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

Report No. T/20191001/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2019 12:47	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: YEOH KOK CHYE		Address: APT BLK 531 BUKIT BATOK STREET 51 #02-128 SINGAPORE 650531	
ID Type / ID No.: NRIC NO / S1397050E		Contact No.: Home/Office: Mobile: 96355211	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 14/09/1959	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Motor vehicle mechanic		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/09/2019 20:05	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD 22 Clementi road (Roadside parking outside fong seng nasi lemak)			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFD168H	Car	MERCEDES BENZ	GLE400 4MATIC (R21 LED)	Blue		0
SKW5336Y	Car	TOYOTA	VIOS E AUTO	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE

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/20191001/2063

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW5336Y	EQ INSURANCE COMPANY LTD.	DMPPHQ19-000322	21/01/2019	20/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Driver		Use of Pedestrian Crossing: NA		
Name	-	ID No.	-	
Related Vehicle	SFD168H (Car)	Contact No.	-	
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	YEOH KOK CHYE	ID No.	S1397050E	
Related Vehicle	SKW5336Y (Car)	Contact No.	96355211	
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 30/09/19 at 0730pm I parked my vehicle SKW5336Y Toyota silver along 22 Clementi Road (roadside parking outside Fong Seng Nasi Lemak). I then went down to have a meal at the store. No damage on my vehicle at that time.

After finish eating I went to buy newspaper at 0800pm. And came back to the nasi lemak store at 0810pm.

On 30/09/19 at 0810pm, I went back to my vehicle and saw a note on my vehicle windscreen. The notes informed me that he saw a vehicle (SFD168H) dark blue Mercedes hit my front bumper and left the area after hitting my vehicle front bumper. The person also informed that he could be an eyewitness for me as he saw the vehicle hit my car. That I then saw damage on my vehicle front bumper. Eyewitness details:
Ong Tel: 97341892

The damage to my vehicle is front bumper cracked.



**SINGAPORE
POLICE FORCE**



T/20191001/2063

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Report No. T/20191001/2063

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

CONTINUATION OF REPORT

I do not have an in-car camera in my vehicle.



SINGAPORE POLICE FORCE

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/20191001/2063

CONTINUATION OF REPORT

Sketch Plan

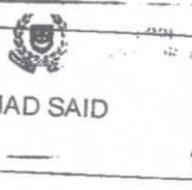
Informant is not able to provide sketch plan

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 TEE PENG SHENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145



Signature Of Informant:

Date/Time:
01/10/2019 12:47

Classification Of Case: SN 170

Authentication Stamp
NP168

TURE