

# 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 Submission .....	17/12/2020 17:04 (SGT)
Date of Accident .....	16/12/2020 23:40 (SGT)
Exact Location of Accident .....	Toa Payoh E, Singapore
Additional Location Information .....	junction with lor 6 toa payoh
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKX5755R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YEOH ZHEN WEI JENSEN
NRIC No .....	SXXXX957A
Email Address .....	jensenyeh@hotmail.com
Mobile Phone No .....	(Phone) +65-90665251
Alternative Phone No .....	+--

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A5
Variant .....	-
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 - Claiming third party
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	FWD
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	PNPV2020-00008120
Cover Note Number .....	-

### DRIVER

Name of Driver .....	YEOH ZHEN WEI JENSEN
NRIC No .....	SXXXX957A
Date Of Birth .....	16/07/1987
Occupation .....	Indoor

Date Of Driving Pass .....	29/08/2006
Driving experience .....	14 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90665251
Alt. Phone Number .....	+--
Email Address .....	jensenyeh@hotmail.com
Address .....	BLK 458 SEGAR ROAD
Address complement .....	#03-153
Postcode .....	670458
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201217/7011.

#### 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 .....	SKS6893U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... YEOH ZHEN WEI JENSEN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... HAND  
Injured person in which vehicle? ..... SKX5755R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

## SKETCH PLAN

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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.
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

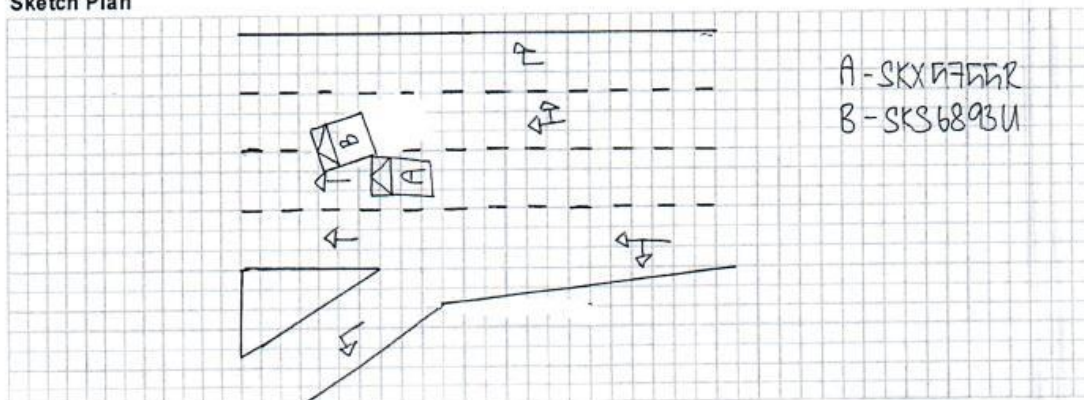
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Refer to police report

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

Witnessed by Reporting Centre  
Personnel


















**SINGAPORE  
POLICE FORCE**


T/20201217/7011

1 of 3

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

Report No. T/20201217/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/12/2020 12:38	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: YEOH ZHEN WEI, JENSEN		Address: 458 SEGAR ROAD #03-153 SINGAPORE 670458	
ID Type / ID No.: NRIC NO / S8720957A		Contact No.: Home/Office: Mobile: 90665251	
Nationality: SINGAPORE CITIZEN		Email: jensenyeh@hotmail.com	
Sex: Male	Age: 33	Date of Birth: 16/07/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Business development manager		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: 16/12/2020 23:40	Type of Location: Straight Road
Location:  LORONG 6 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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	Conditio	No of
SKS6893U	Car					0
SKX5755R	Car	AUDI	A5 SB 2.0 TFSI S TRONIC (DESIGN)	Black		0



**SINGAPORE  
POLICE FORCE**



T/20201217/7011

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

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Report No. T/20201217/7011

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SKX5755R	FWD Singapore Pte. Ltd	PNPV2020-00008120	29/07/2020	28/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEOH ZHEN WEI, JENSEN		ID No. S8720957A
Related Vehicle	SKX5755R (Car)		Contact No. 90665251
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of Slight

**Brief Details.**

I was travelling along the third lane of Toa Payoh Lorong 6 and was reaching the junction of Toa Payoh Lorong 6 and Toa Payoh East. The traffic light was green and i proceeded to drive pass the junction. Upon reaching the junction , vehicle SKS6893U which was on the second lane suddenly turned left and cut into my lane without signaling and I jammed my brakes but i could not stop in time to avoid the accident and vehicle SKS6893U had collided onto the front right portion while changing his lane. I felt very painful at both of my elbows due to the airbags and will go and consult a doctor.



**SINGAPORE  
POLICE FORCE**

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



T/20201217/7011

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Report No. T/20201217/7011

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
17/12/2020 12:38

Classification Of Case: