

# 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 ..... 28/12/2020 11:44 (SGT)  
Date of Accident ..... 24/12/2020 13:30 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... PIE TOWARDS JURONG BEFORE BUKIT TIMAH EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJE4144Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KIM HIAP SENG TRADING COMPANY  
Company Reg No ..... 0XXXX000W  
Email Address ..... STEVENYEO1080@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90289967  
Alternative Phone No ..... (Office) +65-90289967

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5100121467-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YEO TEE SENG  
NRIC No ..... SXXXX612G  
Date Of Birth ..... 23/11/1962  
Occupation ..... Outdoor

|  |                                       |
|--|---------------------------------------|
| Date Of Driving Pass .....   | 20/12/1982                            |
| Driving experience .....   | 38 YEARS                              |
| Gender .....   | Male                                  |
| Mobile Number .....  | (Phone) +65-90289967                  |
| Alt. Phone Number .....  | -                                     |
| Email Address .....  | STEVENYEO1080@GMAIL.COM               |
| Address .....  | APT BLK 447 JURONG WEST ST 42 #08-294 |
| Address complement .....   | -                                     |
| Postcode .....   | 640447                                |
| Is the driver the policyholder? .....                              | No                                    |
| If No, Relationship of the Driver with the Insured .....           | Other                                 |
| 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 - Head to Rear |
| Weather Conditions ..... | DRIZZLING                |
| Road Surface .....       | Wet                      |

#### 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) .....   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |         |
|--------------|---------|
| Name .....   | MR KUEK |
| Gender ..... | Male    |

#### 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 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 OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SKM6914A |
| 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 .....                              | YEO TEE SENG |
| Address .....   | -            |
| Address Complement .....                                  | -            |
| Post Code .....   | -            |
| Approximate Age Years Old .....                           | -            |
| Injuries Sustained .....                                  | -            |
| Injured person in which vehicle? .....                    | SJE4144Y     |
| Were seat belts worn? .....                               | Yes          |
| Was this injured conveyed to hospital by ambulance? ..... | No           |

### INJURED 2

|   |          |
|---|----------|
| Name of injured person .....                              | MR KEUK  |
| Address .....   | -        |
| Address Complement .....                                  | -        |
| Post Code .....   | -        |
| Approximate Age Years Old .....                           | -        |
| Injuries Sustained .....                                  | -        |
| Injured person in which vehicle? .....                    | SJE4144Y |
| Were seat belts worn? .....                               | Yes      |
| Was this injured conveyed to hospital by ambulance? ..... | No       |

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.

**Consent under the Personal Data Protection Act (PDPA)**

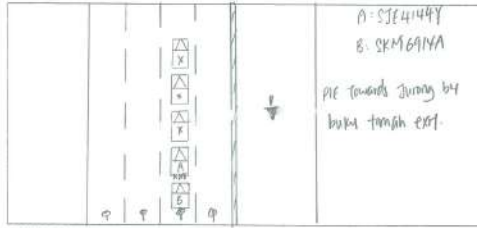
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal/information provided to 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 insured(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 enveloped/posted 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 be 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 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 (c) 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.

|   |  |  |
|---|--|--|
| <br>Policyholder's Signature<br>Date & Time: | <br>Driver's Signature<br>(If driver is not the policyholder<br>date & time): | <br>Reporting Claims Personnel's Signature<br>Name:<br>(Printed Name): |
|---|--|--|



**金 華 成 興 易 公 司**  
**KIM HAP SENG TRADING CO.**  
 BLK 447 #06-254  
 JURONG WEST ST 42  
 SINGAPORE 640447  
 TEL 8474 0436

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to police report No: T/202-1224/7030

Vehicle repair will done by an Automotive and G/A 2mm to an Automotive

DECLARATION

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

  
Policyholder's Signature  
Date & Time

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

  
Receiving Court Registrar's Signature  
Name  
NCPIN No.

 金德成貿易公司  
KIM HAP SENG TRADING CO  
BLK 447 908-254  
JURONG WEST ST 42  
SINGAPORE 640447  
TEL: 6474 0435







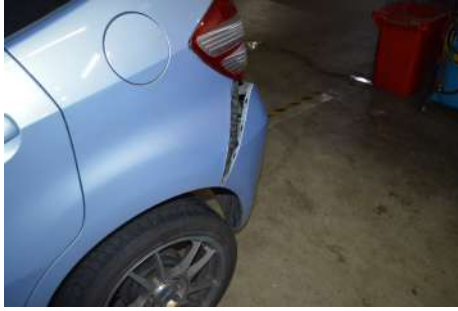


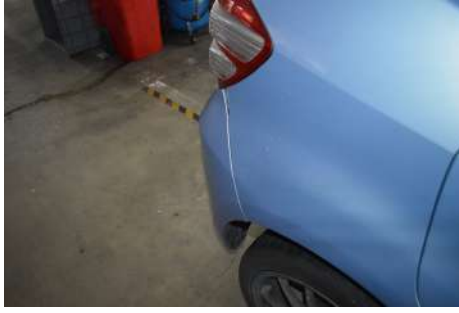




















**SINGAPORE  
POLICE FORCE**



T/20201224/7030

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

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Report No. T/20201224/7030

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |              |           |             |
|------------------------------|--|--------------|-----------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No | Effective | Expiry Date |
| SJE4144Y                     | NTUC Income Insurance Co-Operative Limited |              |           |             |

| Details of Person Involved        |                         |                                   |                                   |  |
|-----------------------------------|-------------------------|-----------------------------------|-----------------------------------|--|
| Any Pedestrian Involved: No       |                         |                                   |                                   |  |
| No. of Pedestrians Injured: NIL   |                         |                                   | Use of Pedestrian Crossing: NA    |  |
| Passenger                         |                         |                                   |                                   |  |
| Name                              | MR KUEK                 | ID No.                            | NIL                               |  |
| Related Vehicle                   | SJE4144Y (Car)          | Contact No.                       | 84468550                          |  |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |  |
| Date                              | NIL                     | Date                              | NIL                               |  |
| No. of Days granted Medical Leave | NIL                     | Degree of                         | NIL                               |  |
| Vehicle Owner                     |                         |                                   |                                   |  |
| Name                              | YEO TEE SENG            | ID No.                            | S1529612G                         |  |
| Related Vehicle                   | SJE4144Y (Car)          | Contact No.                       | 90289967                          |  |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |  |
| Date                              | 24/12/2020              | Date                              | NIL                               |  |
| No. of Days granted Medical Leave | 04                      | Degree of                         | Slight                            |  |

## Brief Details.

I (SJE4144Y) was driving straight along PIE towards Jurong before Bukit Timah Exit at 2nd lane of 4 lanes.

Vehicle in front of me slowed down and stopped, I followed suit.

Suddenly, I felt a huge impact from behind.

Vehicle "B" (SKM6914A) collided into the rear portion of my vehicle and caused damages.

After the incident, I felt discomfort and went to Mount Alvernia Hospital to seek medical treatment and was given 4 days MC by a doctor.

I wish to state that my passenger Mr Kuek (Ryde) feels discomfort as well after the incident and he will seek the medical by himself.



**SINGAPORE  
POLICE FORCE**

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



T/20201224/7030

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Report No. T/20201224/7030

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20201224/7030

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Report No. T/20201224/7030

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

|   |
|---|
| Signature Of Officer Recording The Report:<br>Not applicable                        |
| Signature Of Interpreter:<br>Not applicable   |
| Officer In Charge Of Case:<br>TP / TPHQ /<br>WONG SIEU LUI<br>Contact No.: 65476151 |

Authentication Stamp  
NP168

|  |
|--|
| Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Date/Time:<br>24/12/2020 16:30   |
| Classification Of Case:  |

