SY0A21290001 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 09/02/2021 10:40 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (09/02/2021 10:40 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 09/02/2021 10:40 (SGT) Date of Accident 07/02/2021 22:45 (SGT) Exact Location of Accident Yio Chu Kang Rd, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number SJG135P

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEONG JOON ANN NRIC No. SXXXX925I Email Address SAW.JERRYCHUA@GMAIL.COM Mobile Phone No (Phone) +65-84366333 Alternative Phone No (Home) +65-84366333

### VEHICLE PARTICULARS

Manufacturer

Model E200 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 Type of Coverage Comprehensive Fleet Policy Policy Number GA490023/1 Cover Note Number

### DRIVER

Name of Driver **CHUA YEW HOON** NRIC No SXXXX258G Date Of Birth 16/11/1950 Occupation Indoor

Date Of Driving Pass 02/03/1981 Driving experience 39 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-84366333 Alt. Phone Number Email Address SAW.JERRYCHUA@GMAIL.COM Address APT BLK 102 LENGKONG TIGA #02-397 Address complement Postcode 410102 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? Nο 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 - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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 SHB4651P Vehicle Manufacturer Vehicle Model

Taxi

# Accident report SY0A21290001

Vehicle Variant
Vehicle Colour
Vehicle Category

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 Address	PASSENGER
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB4651P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

### SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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)

Lunderstand, 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 [ferm] 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;
- (II) 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 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

Traffic Junction & Yio any bang and Angmo Kio

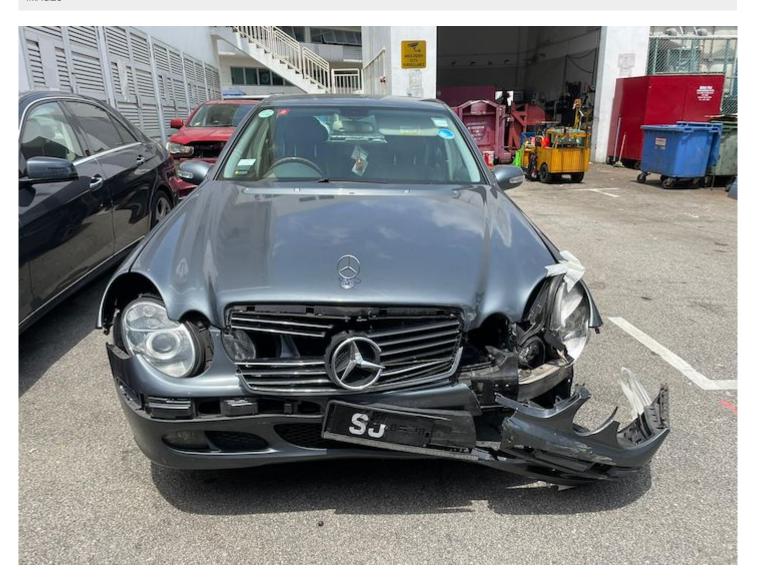
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Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210208/7008

# REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 08/02/2021 11:20		Vide Report No.: F/20210207/0282	Station Diary No.:	
Informa	nt's Partic	ulars	18		
Name of Informant:			Address:		
CHUA YEW HOON			102 LENGKONG TIGA #02-397 SINGAPORE 410102		
ID Type / ID No.:			Contact No.:		
NRIC NO / S0184258G			Home/Office: Mobile: 84366333		
Nationality:		Email:			
SINGAPORE CITIZEN		saw.jerrychua@gmail.com			
Sex:	Age:	Date of Birth:	Type of Informant:		
Male	70	16/11/1950	Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: General manager		Driving Licence Information: Class: Date of Expiry:			

General Infor	mation of the Accident	95	73	98	
Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 07/02/2021 22:45	Type of Location: X-Junction	
Location:			•		
YIO CHU KAI	NG ROAD				
Weather: Clear	Ÿ	Road Surface: Dry		Road Speed Limit: 50 Km/h	
		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes	

Details of V	ehicle Invo	lved		545.7		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHB4651P	Car					1
SJG135P	Car	2	100	22	4.	0

Details of Person Involved		
Any Pedestrian Involved: No	20 No. 1 (1997) 1997 1997 1997 1997 1997 1997 1997	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210208/7008

#### CONTINUATION OF REPORT

Passenger					
Name	Unknown Passenger			ID No.	NIL
Related Vehicle	SHB4651P (Car)			Contact I	No. NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date			N	IL 2
No. of Days granted Medical Leave NIL Degre			Degree o	f S	erious
Driver		111			10
Name	CHUA YEW HOON			ID No.	S0184258G
Related Vehicle	SJG135P (Car)		Contact I	No. 84366333	
Hospital/Clinic	PARKWAY EAST HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL &
Date	08/02/2021 Date			00	8/02/2021
No. of Days gran	ted Medical Leave	NIL	Degree o	f S	light

# Brief Details.

On stated date & time, I was travelling straight on the extreme left lane in my vehicle bearing (SJG135P) on yio chu kang road towards hougang. Suddenly a taxi bearing (SHB4651P) beat the red light by turning right into buangkok green. This cause a collision to my front portion of the vehicle and the left portion of the taxi. He then crash into the government property at the stated junction. The taxi passenger was conveyed to the hospital by ambulance. I then went to my doctor at parkway east hospital.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210208/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2021 11:20
Officer In Charge Of Case: TP / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp	

NP168