

## 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	09/02/2021 15:09 (SGT)
Date of Accident	08/02/2021 22:25 (SGT)
Exact Location of Accident	Kim Keat Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6240T
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	P-PARKING INTERNATIONAL PTE LTD
Company Reg No	-
Email Address	WILLYEHO@PPARKING.COM.SG
Mobile Phone No	(Phone) +65-67494119
Alternative Phone No	+65-67494119

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Almera
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300332690 MCX
Cover Note Number	-

#### DRIVER

Name of Driver	YEOH KIAT FAH
NRIC No	SXXXX611Z
Date Of Birth	23/02/1978
Occupation	Outdoor

Date Of Driving Pass	01/10/2005
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90055626
Alt. Phone Number	-
Email Address	WILLYEHO@PPARKING.COM.SG
Address	BLK 183 TOA PAYOH CENTRAL #03-254
Address complement	-
Postcode	310183
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	-
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT E/20210209/7001

#### 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	SMQ4728P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Private car



**SKETCH PLAN**

**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. 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.
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 as 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' 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.



*[Signature]*

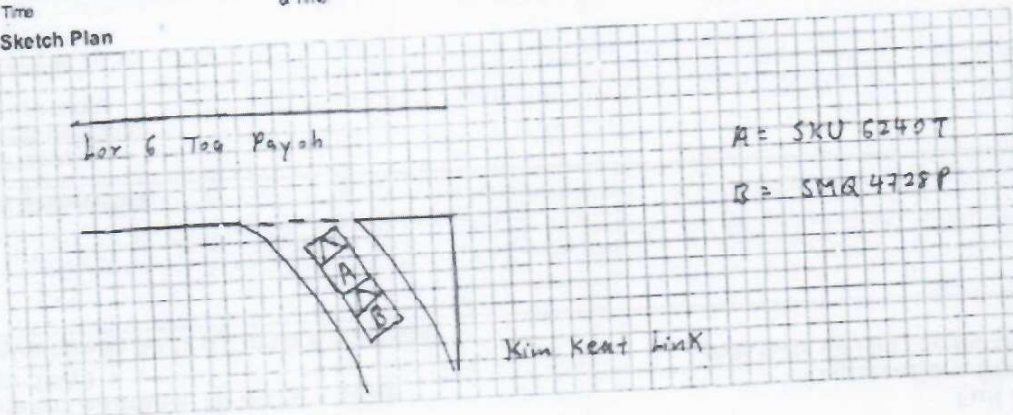
*[Signature]*

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 E/20210209/7001

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



E/20210209/7001

1 of 3

**POLICE REPORT (NP299)**

Report No. E/20210209/7001

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-3910000

Date/Time Report Made 09/02/2021 00:28	Vide Report No.	Station Diary No.
Name Of Informant YEOH KIAT FAH	Address APT BLK 183 TOA PAYOH CENTRAL #03-254 SINGAPORE 310183	
ID Type / ID No. NRIC NO / S7875611Z	Contact No. Home/Office:	Mobile: 90055626
Nationality MALAYSIAN	Email Address willyeoh@pparking.com.sg	
Occupation Assistant Operations Manager	Sex Male	Age 42
Institution/School Name	Date of Birth 23/02/1978	Race Chinese
Date/Time Of Incident 08/02/2021 22:25 - 08/02/2021 22:35	Location Of Incident APT BLK 183 TOA PAYOH CENTRAL #03-254 SINGAPORE 310183	

**Brief details.**

On 8 Feb 2021 around 10.27pm, I was driving my company vehicle SKU6240T (Nissan Almera) from PIE entering Kim Keat Link. From Kim Keat Link, I was keeping left and drove into the slip road (in front of the Safra Toa Payoh) towards Lor 6 Toa Payoh. While I stopping to check on the oncoming vehicles from Lor 6 Toa Payoh, my car SKU6240T was hit by the car behind me bearing the vehicle licence plate SMQ4728P. The back lights cover and car boot area of my car SKU6240T were badly damaged and need to send to workshop for damage assessment and repair.

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: 09/02/2021 00:28
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



E/20210209/7001

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210209/7001

The driver of SMQ4728P has handed to me his namecard for follow up on the repair works. The details of the driver is as follows:

Name: Scott Lee

Handphone: 9749 0178

No people injury or damage to public property involved in the incident. The purpose of lodging this report is for insurance claims purposes.

Subjects Involved			
<b>Suspect</b>			
Person Name	Scott Lee		
Gender	Male	Race	Chinese
Language	English	Mobile No	97490178
Relation To Informant	No relationship		
<b>Victim</b>			
Person Name	YEOH KIAT FAH		
ID Type	NRIC NO	ID No	S7875611Z
Gender	Male	Age	42
Race	Chinese	Language	English
Occupation	Assistant Operations Manager	Address Type	

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

09/02/2021 00:28

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/20210209/7001

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210209/7001

Address	APT BLK 183 TOA PAYOH CENTRAL #03-254 SINGAPORE 310183	Mobile No	90055626
Is Informant A Victim?	Yes		
Person Name	YEOH KIAT FAH (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

09/02/2021 00:28

Classification Of Case: