

# 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 ..... 15/02/2021 17:19 (SGT)  
Date of Accident ..... 12/02/2021 12:45 (SGT)  
Exact Location of Accident ..... Upp Bukit Timah Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ5771G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LUCAS YEO LE TZE  
NRIC No ..... SXXXX473D  
Email Address ..... lucas.yeo.lt@gmail.com  
Mobile Phone No ..... (Phone) +65-98008991  
Alternative Phone No ..... +65-98008991

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C200  
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 ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5116756172  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LUCAS YEO LE TZE  
NRIC No ..... SXXXX473D  
Date Of Birth ..... 23/08/1986  
Occupation ..... Indoor

Date Of Driving Pass .....	03/12/2015
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98008991
Alt. Phone Number .....	+65-98008991
Email Address .....	lucas.yeo.lt@gmail.com
Address .....	BLK 273 BANGKIT RD
Address complement .....	#01-154
Postcode .....	670273
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 - 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	DELIA
Gender .....	Female

#### PASSENGER 2

Name .....	SHERLYN
Gender .....	Female

#### PASSENGER 3

Name .....	BUCAIS
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210213/2073

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBP2402C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	LUCAS YEO LE TZE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	SMQ5771G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	DELIA KONG YANG LOO
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	SMQ5771G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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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.

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

I understand, acknowledge, agree and consent that:

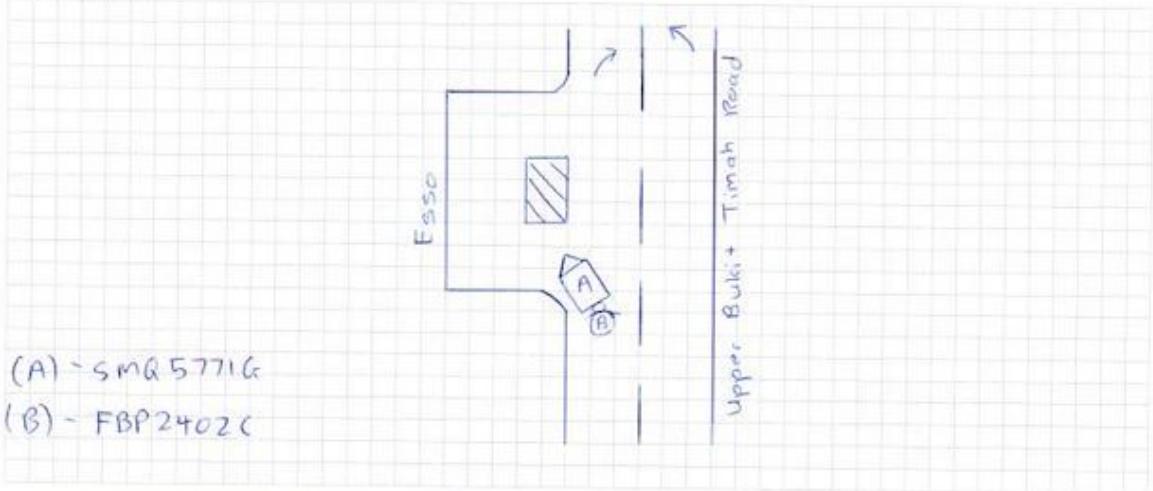
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Refer to police report attached —  
Report No.: T/2021 0213 /2073

DECLARATION

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

Policyholder's Signature  
Date & Time:

GIATAC SketchPlanForm\_V08

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

15/02/21

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





**SINGAPORE  
POLICE FORCE**



T/20210213/2073

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20210213/2073

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ5771G	NTUC Income Insurance Co-Operative Limited	5116756172	18/03/2020	17/03/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO LE TZE	ID No.	S8623473D
Related Vehicle	SMQ5771G (Car)	Contact No.	98008991
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	12/02/2021	Date Discharge	13/02/2021
No. of Days granted Medical Leave	17	Degree of Injury	Serious
Passenger			
Name	DELIA KONG YANG LOO	ID No.	S8230407Z
Related Vehicle	SMQ5771G (Car)	Contact No.	93889973
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/02/2021	Date Discharge	12/02/2021
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

On 12/02/2021 at 1250hrs, I was travelling along Upper Bukit Timah road towards Dunearn road, in front of ESSO petrol station, when a motorcycle collided with my rear. My vehicle registration plate is SMQ5771G and the motorcycle registration plate is FBP2402C.

I wish to state that I have three passengers with me at that point of time. The three passengers are my wife, my daughter and my domestic helper.

My wife is Delia Kong Yang Loo, S8230407Z and she is seven months pregnant.  
My daughter is Ting Yi Jing Sherlyn, T0736883B  
My domestic helper is Bucais Jishelmay Calves, G2187542U.






















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Tel No: 1800-8929999



T/20210213/2073

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Report No. T/20210213/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/02/2021 20:50		Vide Report No.:		Station Diary No.: 101
<b>Informant's Particulars</b>				
Name of Informant: YEO LE TZE		Address: APT BLK 273 BANGKIT ROAD #01-154 SINGAPORE 670273		
ID Type / ID No.: NRIC NO / S8623473D		Contact No.: Home/Office: Mobile: 98008991		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 34	Date of Birth: 23/08/1986	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/02/2021 12:50	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP2402C	Motorcycle				Seriously Damaged	0
SMQ5771G	Car	MERCEDES BENZ	C200 AMG LINE M-HYBRID AUTO	White	Seriously Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
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T/20210213/2073

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Report No. T/20210213/2073

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Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ5771G	NTUC Income Insurance Co-Operative Limited	5116756172	18/03/2020	17/03/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YEO LE TZE		ID No.	S8623473D
Related Vehicle	SMQ5771G (Car)		Contact No.	98008991
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	12/02/2021		Date Discharge	13/02/2021
No. of Days granted Medical Leave	17		Degree of Injury	Serious
Passenger				
Name	DELIA KONG YANG LOO		ID No.	S8230407Z
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T/20210213/2073

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Report No. T/20210213/2073

CONTINUATION OF REPORT



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Report No. T/20210213/2073

**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:  
J /  
SI MUHAMMAD ZULHILMI BIN MOHD NASIR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/02/2021 20:50

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Classification Of Case:

Authentication Stamp  
NP168