

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	24/02/2021 17:16 (SGT)
Date of Accident	18/02/2021 09:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE SLIP ROAD TO PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ1402M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Company Reg No	1XXXXX399N
Email Address	wjeets@gmail.com
Mobile Phone No	(Phone) +65-98528329
Alternative Phone No	+65-98528329

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	EQ
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ20-004315
Cover Note Number	-

DRIVER

Name of Driver	YEO CHWEE HOCK
NRIC No	SXXXX474Z
Date Of Birth	08/04/1957
Occupation	Outdoor

Date Of Driving Pass	28/01/1978
Driving experience	43 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98528329
Alt. Phone Number	-
Email Address	wjeets@gmail.com
Address	29 HOW SUN WALK
Address complement	-
Postcode	538451
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver 1	SKB3010K
Insurance Company of Other Vehicle Owned by Driver 1	Axa
Vehicle Registration Number of Other Vehicle Owned by Driver 2	SLZ3321A
Insurance Company of Other Vehicle Owned by Driver 2	Direct Asia

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

PASSENGER 1

Name	YEO LIANG WHYE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED POLICE REPORT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC8588K
Vehicle Manufacturer	Mercedes
Vehicle Model	Gla180

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY CHUN KEE
NRIC No	SXXXX946J
Contact Number	(Phone) +65-97703279
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Axa
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

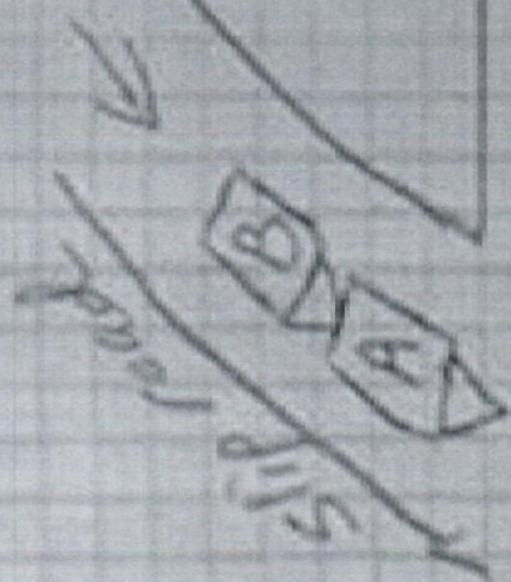
INJURED 1

Name of injured person	YEO CHWEE HOCK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ1402M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YEO LIANG WHYE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ1402M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

← PIE



(A) SLZ 1402M
(B) SLZ 8588K

Payatebor Road

21200001

Describe Circumstances of the Accident

— As per attached police report —

Declaration

We declare the foregoing particulars are true in every respect.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

[Signature]
KELVIN CHANG
Manager
Vehicle Solutions
Total Vehicle Solutions Department

X

Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210218/2117

1 of 4

Report No. T/20210218/2117

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2021 20:31		Vide Report No.:		Station Diary No.: 65
Informant's Particulars				
Name of Informant: YEO CHWEE HOCK		Address: 29 HOW SUN WALK SINGAPORE 538451		
ID Type / ID No.: NRIC NO / S1265474Z		Contact No.: Home/Office:		Mobile: 98528329
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 08/04/1957	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SOLE PROPRIETOR		Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/02/2021 09:30	Type of Location: Slip Road
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving vehicle against a stationery vehicle at traffic junction.			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC8588K	Car					0
SLZ1402M	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



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Tel No: 1800-4880999



T/20210218

Report No. T/2021

SINGAPORE
POLICE
Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2
Tel No: 1800

CONTINUATION OF REPORT

Driver		ID No.	S7910946J
Name	TAY CHUN KEEN	Contact No.	97703279
Related Vehicle	SLC8588K (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.	S1265474Z
Name	YEO CHWEE HOCK	Contact No.	98528329
Related Vehicle	SLZ1402M (Car)	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Hospital/Clinic	BOK FAMILYCLINIC PTE LTD	Date Treatment	18/02/2021
Date Treatment	18/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger		ID No.	S0062370I
Name	YEO LIANG WHYE	Contact No.	97585895
Related Vehicle	SLZ1402M (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Date Treatment	18/02/2021
Date Treatment	18/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 18/02/2021 at about 0930hrs, while I was driving my vehicle SLZ1402M from PIE towards Paya Lebar Road at the slip road, I stopped at the junction for ongoing traffic to pass through. Suddenly there was a loud bang from behind, both myself and sister (passenger) jerk forward and backwards hitting our head, neck and backs. I then went out from the vehicle to make a check and the driver behind SLC8588K apologized and asked me to move one side. We exchanged particulars for insurance claim.

The said driver was not injured. After the accident, I felt pain on my neck, back and felt giddy. My sister (Yeo Liang Whye NRIC: S0062370I) who is the passenger in my vehicle also felt pain on her neck, back and head. We then went to a clinic to seek medical attention. I was given 3-days of medical leave from 18/02/2021 to 20/02/2021. My sister was also given 3-days of medical leave from 18/02/2021 to 20/02/2021.



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Report No. T/20210218/2117

CONTINUATION OF REPORT

There was a dent at the rear bumper of my vehicle and my boot was unable to close properly.

I have front and rear in car camera installed in my vehicle.



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T/20210218/2117

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556129
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Report No. T/20210218/2117

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:
F /
Sgt 3 YUANA BINTE KASSIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/02/2021 20:31

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

SN 156

Authentication Stamp
NP168

