

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 15/03/2021 09:53 (SGT)
Date of Accident 12/03/2021 15:50 (SGT)
Exact Location of Accident Tuas South Ave 4, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH5212L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEO ENG TIAN AMOS @MUZZAMMIL MUSA YEO
NRIC No SXXXX366D
Email Address ADMIN@MYCAR.SG
Mobile Phone No (Phone) +65-90044550
Alternative Phone No +65-90044550

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
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 China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00126712000
Cover Note Number -

DRIVER

Name of Driver YEO ENG TIAN AMOS @MUZZAMMIL MUSA YEO
NRIC No SXXXX366D
Date Of Birth 28/09/1986
Occupation Indoor

| | |
|--|------------------------------------|
| Date Of Driving Pass | 28/01/2013 |
| Driving experience | 8 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90044550 |
| Alt. Phone Number | +65-90044550 |
| Email Address | ADMIN@MYCAR.SG |
| Address | BLK 113 POTONG PASIR AVE 1 #08-848 |
| Address complement | - |
| Postcode | 350113 |
| 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 - Cross Junction |
| Weather Conditions | Raining |
| 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 | - |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Potong Pasir Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18002829999 |
| Alt. Police Station Phone No | (Fax) +65-62815964 |
| Police Station Address | Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT & POLICE REPORT T/20210313/2054 & T/20210313/7025

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 | GBK5831D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|--------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 ENG TIAN AMOS @MUZZAMMIL MUSA YEO |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SJH5212L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

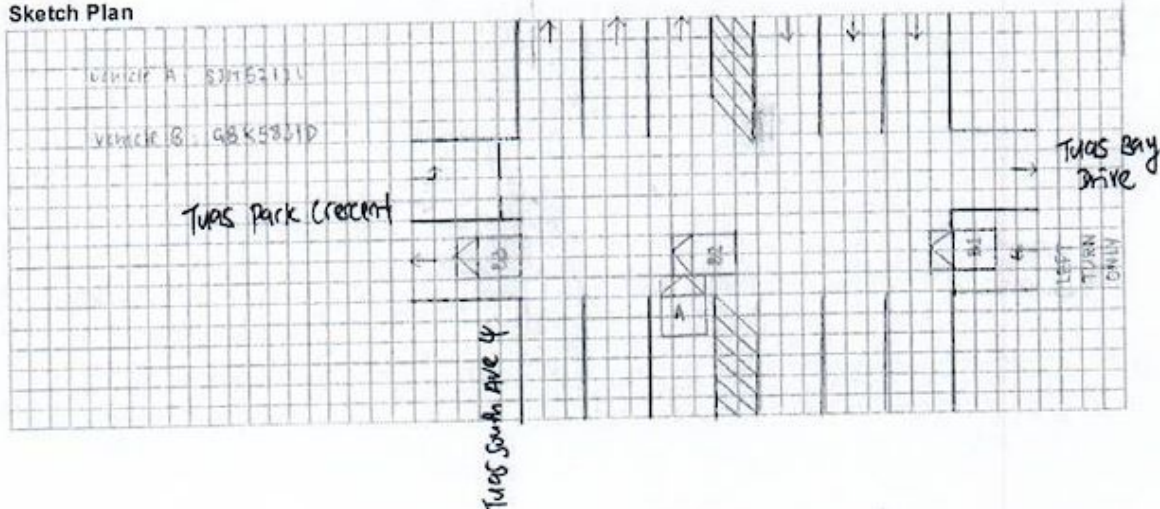
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre 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 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.


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 attached Statement.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

I was travelling straight along Tuas South Ave 4 on extreme right lane. Out of sudden, Vehicle B (GBK5831D) dash out from Tuas Bay Drive and he failed to stop before the stopping line. Vehicle B (GBK5831D) collided onto front portion of my vehicle.

My passenger : 1 male passenger



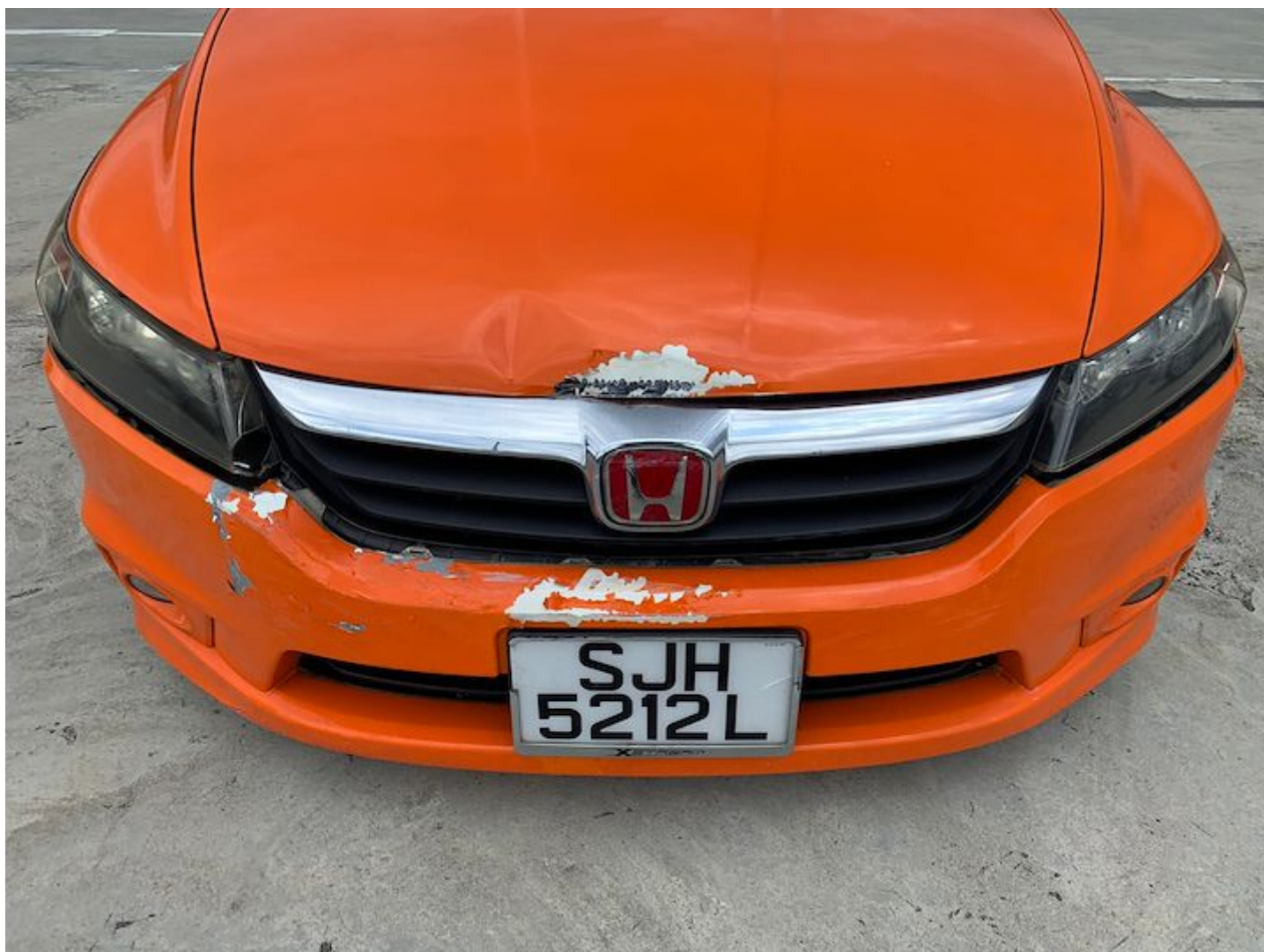

















**SINGAPORE
POLICE FORCE**


T/20210313/2054

1 of 3

Report No. T/20210313/2054

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 13/03/2021 13:32 | Vide Report No.: | Station Diary No.: 10 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: YEO ENG TIAN, AMOS | | | Address: APT BLK 113 POTONG PASIR AVENUE 1 #08-848 SINGAPORE 350113 | |
| ID Type / ID No.: NRIC NO / S8632366D | | | Contact No.: Home/Office: | Mobile: 90044550 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 34 | Date of Birth: 28/09/1986 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: SUPERVISOR. | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|---------------|---------------------------------|---|------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 12/03/2021 15:50 | Type of Location: Y-Junction |
| Location: TUAS SOUTH AVENUE 4 | | | | |
| Lamp Post Number: 36 | | | | |
| Weather: Drizzling | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|---------------|-------|-------------------|-----------------|
| GBK5831D | Van | | | | Slightly Damaged | 0 |
| SJH5212L | Car | HONDA | STREAM 1.8X A | White | Seriously Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|---------------------|------------|-------------|
| SJH5212L | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW001267 12000 | 14/09/2020 | 13/09/2021 |



**SINGAPORE
POLICE FORCE**



T/20210313/2054

2 of 3

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No. T/20210313/2054

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | Gaganpreet Singh | ID No. | G3424653Q |
| Related Vehicle | GBK5831D (Van) | Contact No. | 83856831 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | YEO ENG TIAN, AMOS | ID No. | S8632366D |
| Related Vehicle | SJH5212L (Car) | Contact No. | 90044550 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL |

Brief Details.

On 12/03/2021 at 1530hrs I was driving my car bearing registration number SJH5212L along Tuas South ave 4 towards Tuas South ave 3 with one passenger seating on at the rear. I was driving on the first lane when I approached near Tech Park cres roa and Tuas Bay Dr. This was when a van bearing registration number GBK5831D driving along Tuas Bay Dr and drove against traffic rules cutting through Tuas South ave 4 towards Tuas South ave 5 onto my lane. My car front side collided with the van passenger side and my car sustained damages due to the incident.

I went to Mount Alvernia Hospital and received 5 days Medical certificate due to the incident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999



T/20210313/2054

3 of 3

Report No. T/20210313/2054

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: *[Signature]*
E /
Sgt 2 SULAIMAN AD-DARANI BIN MOHAMAD
ISMAIL

Signature Of Informant: *[Signature]*

Signature Of Interpreter:
Not applicable

Date/Time:
13/03/2021 13:32

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**
SARSGAMONG CREDIT UNIT

SN 57

[Signature]
SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20210313/7025

1 of 4

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

Report No. T/20210313/7025

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 13/03/2021 14:47 | Vide Report No.: T/20210313/2054 | Station Diary No.: |
|--|-------------------------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: YEO ENG TIAN, AMOS | | | Address: 113 POTONG PASIR AVENUE 1 #08-848 SINGAPORE 350113 | | |
| ID Type / ID No.: NRIC NO / S8632366D | | | Contact No.: Home/Office: Mobile: 90044550 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: AMOSYEO86@GMAIL.COM | | |
| Sex: Male | Age: 34 | Date of Birth: 28/09/1986 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: SUPERVISOR | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|---|--|
| General Information of the Accident: | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 12/03/2021 15:50 | Type of Location: Y-Junction |
| Location: TUAS SOUTH AVENUE 4 | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: 50 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|-------|---------------|-------|----------|-------|
| GBK5831D | Van | | | | | 0 |
| SJH5212L | Car | HONDA | STREAM 1.8X A | White | | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**

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



T/20210313/7025

2 of 4

Report No. T/20210313/7025

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJH5212L | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW001267 12000 | 14/09/2020 | 13/09/2021 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------------|-----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | YEO ENG TIAN, AMOS | | ID No. | S8632366D |
| Related Vehicle | SJH5212L (Car) | | Contact No. | 90044550 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 12/03/2021 | | Date | 12/03/2021 |
| No. of Days granted Medical Leave | | 05 | Degree of | Slight |
| Driver | | | | |
| Name | GAGANPREET SINGH | | ID No. | G3424653Q |
| Related Vehicle | NIL | | Contact No. | 83856831 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | NIL |

Brief Details.

ON 12/03/2021 AT 1550HRS I WAS DRIVING MY CAR BEARING REGISTRATION NUMBER SJH5212L ALONG TUAS SOUTH AVE 4 TOWARDS TUAS SOUTH AVE 3 WITH ONE PASSENGER SEATING ON AT THE REAR. I WAS DRIVING ON THE FIRST LANE WHEN I APPROACHED NEAR TECH PARK CRES ROA AND TUAS BAY DR. THIS WAS WHEN A VAN BEARING REGISTRATION NUMBER GBK5831D DRIVING ALONG TUAS BAY AND DROVE AGAINST TRAFFIC RULES CUTTING THROUGH TUAS SOUTH AVE 4 TOWARDS TUAS SOUTH AVE 5 ONTO MY LANE. MY CAR FRONT SIDE COLLIDED WITH THE VAN PASSENGER SIDE AND MY CAR SUSTAINED DAMAGES DUE TO THE INCIDENT.

I WENT TO MOUNT ALVERNIA HOSPITAL AND RECEIVED 5 DAYS MEDICAL CERTIFICATE DUE TO THE INCIDENT.

THIS IS AN AMENDED REPORT DUE TO THE PREVIOUS REPORT DID NOT INDICATE THE DEGREE OF INJURY.



**SINGAPORE
POLICE FORCE**

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



T/20210313/7025

3 of 4

Report No. T/20210313/7025

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE

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



T/20210313/7025

4 of 4

Report No. T/20210313/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

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

Date/Time:
13/03/2021 14:47

Classification Of Case: