

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 05/04/2021 19:20 (SGT)
Date of Accident 03/04/2021 09:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG CHATSWORTH ROAD OUTSIDE BEVERLY HILL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGL8010Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CONNECT4CAR PTE. LTD.
Company Reg No 2XXXXX459M
Email Address galvin.lian@connect4car.com
Mobile Phone No (Phone) +65-67451266
Alternative Phone No +65-67451266

VEHICLE PARTICULARS

Manufacturer Toyota
Model TOYOTA / VIOS 1.5E A
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
Transmission Auto
CC 1498

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5114293734-01
Cover Note Number -

DRIVER

Name of Driver YEO CHONG HOW
NRIC No SXXXX026E

Date Of Birth	06/05/1979
Occupation	Indoor
Date Of Driving Pass	09/02/2000
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97450705
Alt. Phone Number	-
Email Address	yeovincent@yahoo.com.sg
Address	BLK 101 HOUGANG AVENUE 1 #04-1155
Address complement	-
Postcode	530101
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

AS PER POLICE REPORT No.T/20210405/7002;

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	SMJ8048D
Vehicle Manufacturer	Kia
Vehicle Model	KIA / CERATO 1.6(A) EX
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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 CHONG HOW
Address	BLK 101 HOUGANG AVENUE 1 #04-1155
Address Complement	-
Post Code	530101
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGL8010Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law firms/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' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Signature]

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

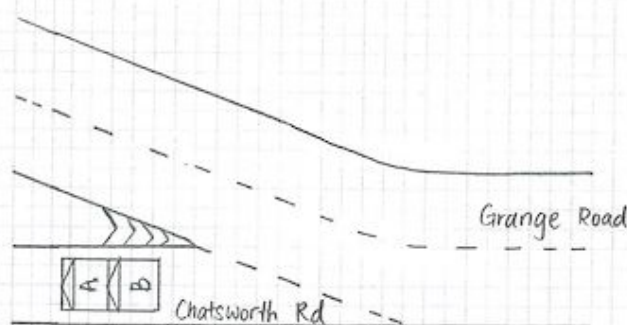
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

05 APR 2021

Sketch Plan

A: SGL8010Y
 B: SMJ8048D



Describe Circumstances of the Accident

Refer to police report T/20210405/7002

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

05 APR 2021


















**SINGAPORE
POLICE FORCE**


T/20210405/7002

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

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Report No. T/20210405/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2021 09:52	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YEO CHONG HOW	Address: 101 HOUGANG AVENUE 1 #04-1155 SINGAPORE 530101		
ID Type / ID No.: NRIC NO / S7913026E	Contact No.:	Mobile: 97450705	
Nationality: SINGAPORE CITIZEN	Email:	YEOVINCENT@YAHOO.COM.SG	
Sex: Male	Age: 41	Date of Birth: 06/05/1979	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2021 09:55	Type of Location:
Location: CHATSWORTH ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGL8010Y	Car	TOYOTA	VIOS			0
SMJ8048D	Car	KIA				0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210405/7002

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

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Report No. T/20210405/7002

CONTINUATION OF REPORT

Driver			
Name	YEO CHONG HOW		ID No. S7913026E
Related Vehicle	SGL8010Y (Car)		Contact No. 97450705
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I was driving my vehicle (SGL8010Y) along Chatsworth Road. I was stationary when out of sudden, I felt an impact from the rear of my vehicle (SGL8010Y). When I alighted to check, I realized vehicle (SMJ8048D) had collided onto the rear portion of my vehicle. I sustained injury due to the accident and was given 3 days of MC.

**SINGAPORE
POLICE FORCE**

T/20210405/7002

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

3 of 3

Report No. T/20210405/7002

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

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:
05/04/2021 09:52

Classification Of Case:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017715

ADDENDUM

Original Report No : SV0L2145000P Vehicle Registration No: SGL8010Y
Name(as shown in NRIC) : CONNECT4CAR PTE. LTD NRIC/FIN/Passport No : 2XXXXXX459M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 53 UBI AVE 1 #01-34 PAYA UBI INDUSTRIAL PARK Singapore(408934)
Contact (Tel) : 67451266 Mobile No. : _____
Email Address : galvin.lian@connect4car.com
Date of Accident : 3/4/2021 Time of Accident : 09:55
Place of Accident : ALONG CHATSWORTH ROAD OUTSIDE BEVERLY HILL
Insurance Company: NTUC

AMEND ACCIDENT DATE TO 03/04/2021



IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

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