

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	20/04/2021 16:45 (SGT)
Date of Accident	02/02/2021 05:30 (SGT)
Exact Location of Accident	Eunos Ave 5, Singapore
Additional Location Information	EUNOS AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5366X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHUA CHEE CHEONG
NRIC No	SXXXX668H
Email Address	cheecheong11@gmail.com
Mobile Phone No	(Phone) +65-81267944
Alternative Phone No	(Home) +65-81267944

VEHICLE PARTICULARS

Manufacturer	BMW
Model	335i
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2979

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA450251/1
Cover Note Number	-

DRIVER

Name of Driver	PHUA QING HONG, BYRAN
NRIC No	SXXXX536Z

Date Of Birth	12/04/1996
Occupation	Indoor
Date Of Driving Pass	04/01/2017
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82990055
Alt. Phone Number	-
Email Address	byran96@live.com
Address	657 YISHUN AVE 4 #03-357
Address complement	-
Postcode	760657
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
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?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOSHUA CHOO YONG KIN
Gender	Male

PASSENGER 2

Name	NAN SIEN NYUNT
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACHED POLICE REPORT NO. G/20210328/7005

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	PC3020S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	PHUA QING HONG, BYRAN
Address	657 YISHUN AVE 4 #03-357
Address Complement	-
Post Code	760657
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG5366X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	NAN SIEN NYUNT
Address	BLK 218 PASIR PANJANG #05-01
Address Complement	-
Post Code	118579
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG5366X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	JOSHUA CHOO YONG KIN
Address	663 YISHUN AVE 4 #12-213
Address Complement	-
Post Code	760663
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG5366X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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' 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.

 5/4/21

Policyholder's Signature / Date &
Time 17:00 HRS

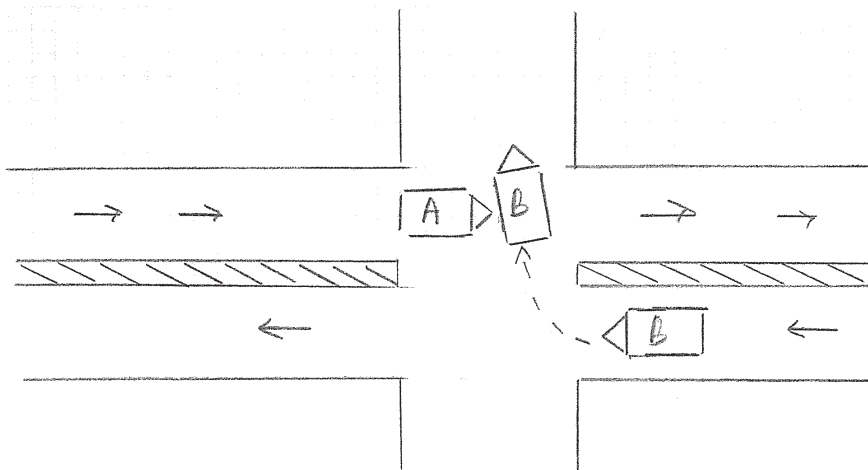


Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel

Sketch Plan



A - SMG 5366 X


B - PC 3020 S

Attached police report n. 6/2021 0328/7005

We declare the foregoing particulars are true in every respect.

Rever 5/4/2

Policyholder's Signature / Date &
Time 17:00 hrs


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

Witnessed by Reporting Centre
Personnel



POLICE REPORT (NP299)

Report No. G/20210328/7005

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 28/03/2021 05:56	Vide Report No.		Station Diary No.	
Name Of Informant PHUA QING HONG, BYRAN	Address 657 YISHUN AVENUE 4 #03-357 SINGAPORE 760657			
ID Type / ID No. NRIC NO / S9613536Z	Contact No. Home/Office:		Mobile: 82990055	
Nationality SINGAPORE CITIZEN	Email Address byran96@live.com			
Occupation Self employed	Sex Male	Age 24	Date of Birth 12/04/1996	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 02/02/2021 05:30 - 02/02/2021 05:40	Location Of Incident EUNOS AVENUE 5			

Brief details.

On 2 feb 2021 approximately around 530am in the morning, i was involve in an accident with a bus bearing vehicle no. PC3020S at geylang area

In my vehicle there is 2 passenger, 1 : Joshua Choo yong kin, 2 : Nan sien yunt (foreinger)

We sustained injuries and i was unconcious after the accident and i could not recall what happened after the accident subsequently all 3 of us were brought to the nearest hospital to receive medical attention.

I recall me driving straight and i was on my way home after supper and a bus suddenly came in my front and i could not brake in time.

I was being diagnose with lisfranc dislocation and fracture on my right foot, minor laceration of liver,

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. Date/Time: 28/03/2021 05:56 Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210328/7005

contusion and haematoam of lung and a fracture of pelvis.

I was hospitalised from 2feb - 21feb.

There is already an Investigating officer from traffic police name : Ken with the phone number : 96272083

This report is mainly for filing and insurance claims purposes no further action is required.

Subjects Involved			
Victim			
Person Name	PHUA QING HONG, BYRAN		
ID Type	NRIC NO	ID No	S9613536Z
Gender	Male	Age	24
Race	Chinese	Language	English
Occupation	Self employed	Address	657 YISHUN AVENUE 4 #03-357 SINGAPORE 760657
Mobile No	82990055	Is Informant A Victim?	Yes
Person Name	PHUA QING HONG, BYRAN (Informant)		

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: 28/03/2021 05:56
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp