

☒ Scene Pic  
☐ Auth Letter

☐ Owner  
☒ Driver

## ACCIDENT STATEMENT

Date of Accident: 7 July 2011 Time (24 HRS): 9:18 HRS Location of Accident: Brighton Ave. BRIGHTON AVE

### OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number: SLH 2652 X  
Name of Policyholder: S. C. Yeo Services ~~83226075B~~  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): 5 3326075B  
Address: 7B Brighton Ave, S(55-9240)  
Address: W.  
Contact Number: Hp: 98220140  
Email Address (compulsory): richardyeo@probateenterprise.com

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: TOYOTA WISH (other WS)  
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:  
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks: TP Claim  
Vehicle category: ☒ Private Hire ☐ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: (NTUC)  
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: CWA- 5085020145-04

### DRIVER

### PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver: YEO SE CHUN YEO SE CHUN  
NRIC/ FIN/ Passport: S6800713E S6800713E  
Date of Birth: 14 Jan 1968 14/01/1968  
Driving Pass Date: 10 Feb 1989 10/02/1989 CLASS:  
Gender: ☒ Male ☐ Female  
Contact Number: Hp: 98220140  
Address: 7B Brighton Ave, S(559240)  
Address:  
Email Address (compulsory): RICHARDYEO@PROBATEENTERPRISE.COM  
Was driver an employee of the Insured's Company? ☐ Yes ☐ No BOSS  
If No, relationship of Driver with the Insured:  
No. of Passenger in vehicle (including Driver): 01 (including Driver)  
Please state Passenger Names: Name: N/A Gender:  
Name: Gender:  
Name: Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

### GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions: ☒ Clear ☐ Raining ☐ Others:  
Road Surface: ☐ Wet ☒ Dry ☐ Others:

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car) ☒ No ☐ Yes  
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes Ambulance (Yes/ No)  
Was any other vehicle(s) or property damaged? ☒ No ☐ Yes  
Was there any video captured? (in-car camera in YOUR CAR) ☐ No ☒ Yes (CWA)

### DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station:  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?

## 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.
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. 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

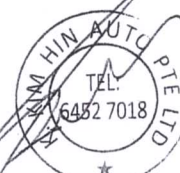
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time  
7 July 2021

Driver's Signature (If driver is not the policyholder) / Date & Time  
7 July 2021

Sketch Plan



Witnessed by Reporting Centre Personnel

A: SLH 2652X  
B: SCW 99J





OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)**

**Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION**

Vehicle Registration Number SCW99J SCW99J  
Make/ Model/ Others Mercedes Benz C200  
Vehicle category ☐ Private Hire ☒ Private ☐ Commercial ☐ Motorcycle  
Name of Driver CHUA SHIOW LUAN  
NRIC/ FIN/ Passport 51336059F  
Contact Number 91398728

**Other Vehicle or Property 2 (VEHICLE C)**

Vehicle Registration Number \_\_\_\_\_  
Make/ Model/ Others \_\_\_\_\_  
Vehicle category ☐ Private Hire ☐ Private ☐ Commercial ☐ Motorcycle  
Name of Driver \_\_\_\_\_  
NRIC/ FIN/ Passport \_\_\_\_\_  
Contact Number \_\_\_\_\_

**DETAILS OF WITNESS**

Name NIL  
Phone / Email Address \_\_\_\_\_

**DETAILS OF INJURED PERSON 1**

Name \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Injuries Sustained \_\_\_\_\_  
If Vehicle Occupants, state in which vehicle? \_\_\_\_\_  
Were Seat Belts Worn? ☐ Yes ☒ No  
Was Injured conveyed to hospital by ambulance? ☐ Yes ☒ No

**DETAILS OF INJURED PERSON 2**

Name \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Injuries Sustained \_\_\_\_\_  
If Vehicle Occupants, state in which vehicle? \_\_\_\_\_  
Were Seat Belts Worn? ☐ Yes ☒ No  
Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☒ No

**Declaration**

I/We declare that the above particulars & information provided above are true in every aspect.

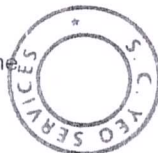
[Signature]  
Signature of Policy Holder  
(Company Chop if applicable)

Date & Time



[Signature]  
Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time




**Describe Circumstances of the Accident**


Was driving along Brighton Ave on my way home.  
Marc was on the other side of the road.  
Cut into my lane and didn't stop even when I have  
horned for.  
Contact on Right side of both vehicles.  
TP Claim (Other workshop).

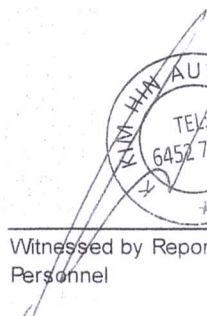
**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 7 July 2021



  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 7 July 2021 @ 4:10pm

  
Witnessed by Reporting Centre  
Personnel



**BCC AUTOMOTIVE PTE LTD**

BLK 1 SIN MING IND. ESTATE SECTOR C

#101/103/105 SINGAPORE 575636

Tel: +65 6552 5588 Fax: +65 6552 7750

Email: enquiry@bcc.sg Website: www.bcc.sg

**QUOTATION**

Company / GST Reg No : 200507063Z

Quotation No : **SMQ13958**Quotation Date : **2021-07-08**Vehicle Reg No : SLH2652X  
Name : AIG ASIA PACIFIC INSURANCE PTE LTDMake & Model : TOYOTA - WISH 1.8 CVT  
Chassis No : JTDGG20W80J005757  
Mileage : 1 KM  
Officer-In-Charge : CHRIS  
Page : 1 of 1

No	Description	Unit Price	Qty	Disc (%)	Amount
1	BONNET	977.80	1.00	25.00	733.35
2	BONNET HINGE	98.00	1.00	25.00	73.50
3	BONNET TOP SUPPORT PANEL	950.00	1.00	25.00	712.50
4	RADIATOR SUPPORT PANEL (PLASTIC)	280.00	1.00	25.00	210.00
5	TOYOTA EMBLEM	89.00	1.00	25.00	66.75
6	BONNET GRILLE CHROME	415.00	1.00	25.00	311.25
7	FRONT RH HEAD LAMP	1265.70	1.00	25.00	949.28
8	FRONT BUMPER	650.00	1.00	25.00	487.50
9	FRONT BUMPER RH RETAINER	72.00	1.00	25.00	54.00
10	FRONT BUMPER END PANEL	350.00	1.00	25.00	262.50
11	FRONT BUMPER CENTER GRILLE (PLASTIC)	128.00	1.00	25.00	96.00
12	FRONT RH FOG LAMP	405.00	1.00	25.00	303.75
13	FRONT RH FOG LAMP SIDE GRILLE	98.00	1.00	25.00	73.50
14	CLIPS	8.00	10.00	25.00	60.00
15	FRONT NUMBER PLATE W/FRAME				60.00
16	VEHICLE GRAPHIC	250.00	1.00		250.00
17	TO PANEL BEAT THE AFFECTED AREA	800.00	1.00		800.00
18	TO SPRAY PAINT ON THE AFFECTED AREA	1000.00	1.00		1,000.00

Sub-Total : 6,503.88

Add GST 7% : 455.27

**Estimated Total Amt (SGD) : 6,959.15****NOTE:**

1. This quotation is only the estimated cost of repair. Any additional works and parts be required during the course of repair, a supplementary quote will be submitted.
2. If you decide to terminate the repair after our diagnosis, a diagnostic fee will apply according to the job performed

**CUSTOMER'S AUTHORISATION**

I agree to this quotation and hereby authorize to proceed with the above listed repairs.

CUSTOMER'S SIGNATURE \_\_\_\_\_

(&amp; Co's Stamp, WHERE NECESSARY)