

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 12/07/2021 10:17 (SGT)
Date of Accident 10/07/2021 13:46 (SGT)
Exact Location of Accident 24 Luxus Hill View, Singapore 804501
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ462E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEO KWEE CHEW
NRIC No SXXXX614F
Email Address kcyeo@claholdings.com
Mobile Phone No (Phone) +65-90187335
Alternative Phone No +65-90187335

VEHICLE PARTICULARS

Manufacturer BMW
Model X2
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 1499

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119790881
Cover Note Number -

DRIVER

Name of Driver YEO KWEE CHEW
NRIC No SXXXX614F

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode

Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

17/04/1969
Indoor
05/11/1986
34 YEARS AND 8 MONTHS
Male
(Phone) +65-90187335
+65-90187335
kcyeo@claholdings.com
24 LUXUS HILL VIEW
-
804501
Yes
-
No
-
-

NA
NA

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Hit and run / Vandalism / Damaged whilst parked
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
No
-
Yes
0
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Sengkang Neighbourhood Police Centre
(Phone) +65-18003438999
(Fax) +65-63438939
2 Sengkang Square #01-02
No
-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes
Yes
VIDEO FOOTAGE WILL BE SEND VIA EMAIL
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

SHB5206K
-
-
-
-

Vehicle Category
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)

Taxi

-
-
-
-
-
-
-
-
-

3/12

NA

NA

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 12/7 10.01 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

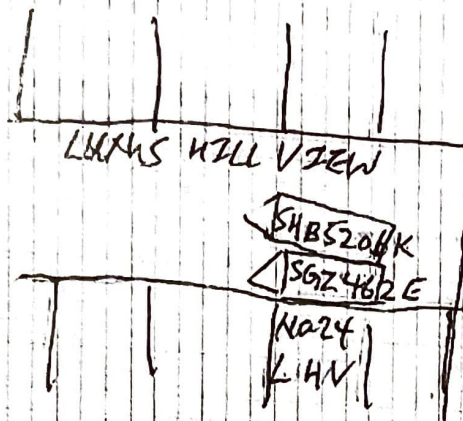
Joelle Tan

NRIC/FIN No.:

AMK AUTOPPOINT PTE LTD

12.07.2021

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO THE POLICE REPORT

DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature
Date & Time: 12/JUL
10.01 AM

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

Reporting Centre Personnel's Signature
Name: JDelle Tan
NRIC/FIN No.: AMK AUTOPPOINT PTE LTD
12.07.2021



SINGAPORE POLICE FORCE



T/20210711/2071

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210711/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2021 18:17		Vide Report No.:		Station Diary No.: 76
Informant's Particulars				
Name of Informant: YEO KWEE CHEW		Address: 24 LUXUS HILL VIEW SINGAPORE 804501		
ID Type / ID No.: NRIC NO / S6912614F		Contact No.: Home/Office: Mobile: 90187335		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 52	Date of Birth: 17/04/1969	Type of Informant: Vehicle Owner	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SALES MANAGER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/07/2021 14:40	Type of Location:
Location: LUXUS HILL VIEW				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Hit and Run			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGZ462E	Car					0

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


**SINGAPORE
POLICE FORCE**


T/20210711/2071

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210711/2071

CONTINUATION OF REPORT

Vehicle Owner			
Name	YEO KWEE CHEW		ID No. S6912614F
Related Vehicle	NIL		Contact No. 90187335
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

Brief Details.

On 11/07/2021 at about 1334hrs, I received a WhatsApp message from my neighbor Tel: 98564211 that there is some damage on my vehicle's rear side.

At about 1443hrs, I went out of my house to make a check and discovered that my vehicle's rear right side have damage. There was no notes or any contact number left behind. As such I make a check on my house CCTV and discovered that on 10/07/2021 at about 1346hrs, a SMRT maroon taxi with glue advertisement sticker on the side have collided onto my vehicle. Through the video, I could only roughly tell that the taxi's car plate is 5205.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20210711/2071

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Report No. T/20210711/2071

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 2 ONG JING YING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/07/2021 18:17

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168