

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 14/07/2021 11:54 (SGT)
Date of Accident 13/07/2021 12:15 (SGT)
Exact Location of Accident Yio Chu Kang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDY8382R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH POH HOCK
NRIC No SXXXX858I
Email Address subaofu@hotmail.com
Mobile Phone No (Phone) +65-91893288
Alternative Phone No +65-91893288

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1800

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00672627
Cover Note Number -

DRIVER

Name of Driver SOH POH HOCK
NRIC No SXXXX858I

Date Of Birth	28/01/1972
Occupation	Indoor
Date Of Driving Pass	14/09/1992
Driving experience	28 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91893288
Alt. Phone Number	+65-91893288
Email Address	subaofu@hotmail.com
Address	411A FERNVALE ROAD #22-76
Address complement	-
Postcode	791411
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	W/OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY861S
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YEO CHIN HUEY
NRIC No	SXXXX432Z
Contact Number	(Phone) +65-87277546
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGN368H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY GIM SIONG DAVID
NRIC No	SXXXX629C
Contact Number	(Phone) +65-90292805
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	SOH POH HOCK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDY8382R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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")

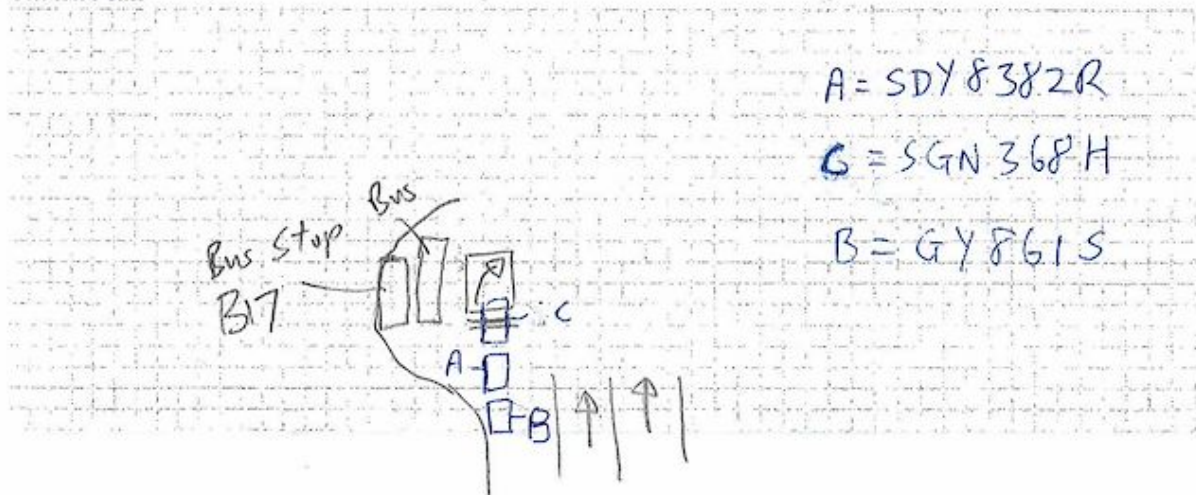
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

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

[Signature] 14/7/21 11am
 Policyholder's Signature / Date &
 Time 11am

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

[Signature]
 Witnessed by Reporting Centre
 Personnel

Sketch Plan

[illegible]

Refer to police report

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 14/7/21 11am

Policyholder's Signature / Date & Time 11am



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



Witnessed by Reporting Centre Personnel

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time
<i>[Signature]</i>	

Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20210713/7060

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

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Report No. T/20210713/7060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 23:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SOH POH HOCK			Address: 411A FERNVALE ROAD #22-76 SINGAPORE 791411		
ID Type / ID No.: NRIC NO / S72028581			Contact No.: Home/Office: Mobile: 91893288		
Nationality: SINGAPORE CITIZEN			Email: subaofu@hotmail.com		
Sex: Male	Age: 49	Date of Birth: 28/01/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Business development manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2021 12:15	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GY861S	Van			Blue	Seriously Damaged	1
SDY8382R	Car	TOYOTA	WISH+1.8+C VT	Maroon		0
SGN368H	Car	TOYOTA	Toyota Estima	Black	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210713/7060

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

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Report No. T/20210713/7060

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDY8382R	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00672627/01	06/09/2019	05/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YEO CHIN HUEY		ID No.	S1770432Z
Related Vehicle	GY861S (Van)		Contact No.	87277546
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	SOH POH HOCK		ID No.	S7202858I
Related Vehicle	SDY8382R (Car)		Contact No.	91893288
Hospital/Clinic	ETERN MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	13/07/2021		Date	13/07/2021
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	TAY GIM SIONG DAVID		ID No.	S1327629C
Related Vehicle	SGN368H (Car)		Contact No.	90292805
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20210713/7060

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

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Report No. T/20210713/7060

CONTINUATION OF REPORT

Brief Details.

I was travelling on the most left lane at Yio Chu Kang Road heading toward Buangkok Green. While approaching the Bus stop B17 Yio Chu Kang Road, a bus drive out from the bus stop. The car in front of me, car plate SGN368H jam brake, i also applied brake and managed to stop at a distant, however the car behind GY861S hit me, the impact is so hard that causes my car to move forward to hit the front car. With this impact, i felt a sharp pain on my neck and head, i had short dizziness. After taking their particular, i went to office to inform my HR as i am not feeling well from the accident and was told to see a doctor. I went to see doctor nearby my house and was given some medicine and MC 3 days.



**SINGAPORE
POLICE FORCE**



T/20210713/7060

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

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Report No. T/20210713/7060

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 / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
13/07/2021 23:14

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.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0U217E0006 Vehicle Registration No: SDY 8382 R.
Name (as shown in NRIC) : Seh Poh Hock NRIC/FIN/Passport No : ST2028581
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No.: 91893288

Email Address : _____

Date of Accident : 13/7/2021 Time of Accident : 1215 hrs

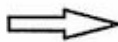
Place of Accident : Yio Chu Kang Rd

Insurance Company: DA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Accident Location - Yio Chu Kang Rd.



Policyholder / Driver's Signature
Date:

PROGRESSIVE CAR CARE PTE LTD
Blk 3022A Ubi Road 1 # 01-45/46
Singapore 408716
Tel: 6741 5336 Fax: 6741 7208
Email: claims@procarcare.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: