

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 16/07/2021 12:08 (SGT)
Date of Accident 15/07/2021 17:45 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARDS CLEMENTI AVENUE 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG2760Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEO SOO HUAT
NRIC No SXXXX880C
Email Address yeolawrence@yahoo.com
Mobile Phone No (Phone) +65-97236118
Alternative Phone No +65-97236118

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
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 1193

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100483452-04
Cover Note Number -

DRIVER

Name of Driver YEO SOO HUAT
NRIC No SXXXX880C

Date Of Birth	04/10/1953
Occupation	Indoor
Date Of Driving Pass	16/08/1978
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97236118
Alt. Phone Number	+65-97236118
Email Address	yeolawrence@yahoo.com
Address	548 YIO CHU KANG ROAD #03-02
Address complement	THOMSON GROVE
Postcode	787070
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	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 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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20210716/2018

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	GBG9256J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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 SOO HUAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SLG2760Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

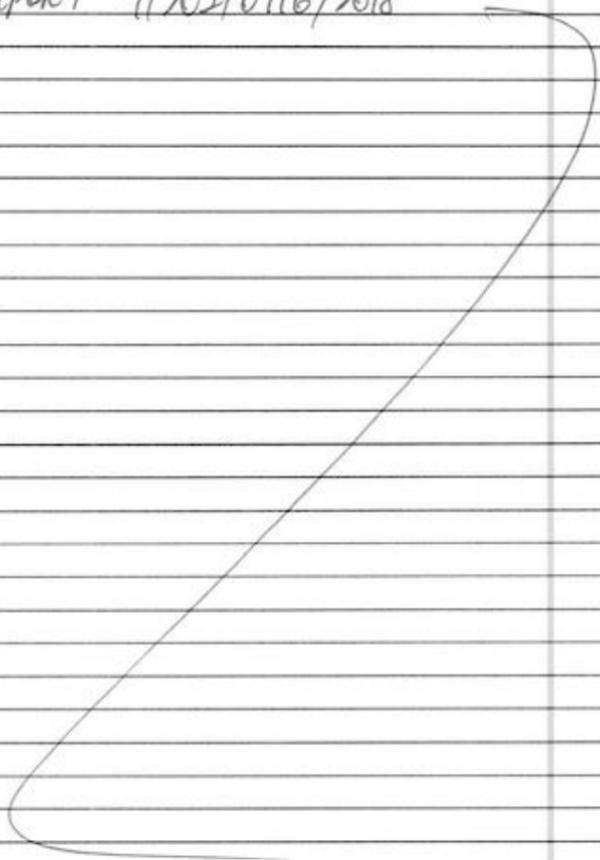
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

<p>Policyholder's Signature / Date & Time</p> <p><i>[Signature]</i></p>	<p>Driver's Signature (If driver is not the policyholder) / Date & Time</p> <p><i>[Signature]</i></p>	<p>Witnessed by Reporting Centre Personnel</p> <p><i>[Signature]</i> 16/01/2021</p>
<p>Sketch Plan</p> <p>AYE TOWARDS CLEMENTI AVENUE 6</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p>A</p> </div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p>B</p> </div> </div> <div style="margin-top: 20px;"> <p>① SLG 27604</p> <p>② GB4 9256J</p> </div>		

ON 15/07/2021 I WAS DRIVING ALONG AYE
AS I WAS DRIVING IN MY LANE TOWARDS CLEMENTI AVE 6
WHEN THE FRONT VEHICLES SLOWED DOWN I FOLLOW SUIT.
SUDDENLY VEHICLE B COLLIDED INTO MY VEHICLE.

POLICE REPORT 7/20210716/2018



We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel




















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20210716/2018

1 of 3

Report No. T/20210716/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
16/07/2021 08:45

Vide Report No.:

Station Diary No.:
31

Informant's Particulars

Name of Informant: YEO SOO HOCK		Address: BLK 584 YIO CHU KANG ROAD #03-02 SINGAPORE 787070	
ID Type / ID No.: NRIC NO / S0225880C		Contact No.: Home/Office:	Mobile: 97236118
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 04/10/1953	Type of Informant: Driver
Race: Chinese			Institution / School Name:
Occupation: Safety Officer		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2021 17:40	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG9256J	Van				Seriously Damaged	1
SLG2760Y	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG2760Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100483452-04	27/09/2020	26/09/2021


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T/20210716/2018

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Report No. T/20210716/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Naim Bin Othman	ID No.	S6912584J
Related Vehicle	GBG9256J (Van)	Contact No.	88159902
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
Driver			
Name	YEO SOO HOCK	ID No.	S0225880C
Related Vehicle	SLG2760Y (Car)	Contact No.	97236118
Hospital/Clinic	Unihealth 24hrs Clinic (Toa Payoh)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/07/2021	Date Discharge	15/07/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mention date, time and place, I was driving along AYE towards Clementi Ave 6 exit. As the road was congested, as such I slowed down my car. In front of my vehicle there is an distance.

Out of sudden, I saw a oncoming van going on a very high speed. Before I can do anything, the van hit onto the rear of my vehicle.

Although no police or ambulance attended to my scene, I felt pain at the neck after the accident and I went to seek medical treatment on my own and was given 5 days MC

**SINGAPORE
POLICE FORCE**

T/20210716/2018

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20210716/2018

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 /

SI TAN THIAM HUAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/07/2021 08:45

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

SN 085

Authentication Stamp
NP168

Signature:

Singapore Police Force