

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 14/09/2021 15:26 (SGT)
Date of Accident 13/09/2021 23:10 (SGT)
Exact Location of Accident 32 Corporation Rise, Singapore 618346
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN1137S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEO BEE YEN (YANG MEIYAN)
NRIC No SXXXX671H
Email Address veronyeobeeyen@yahoo.com.sg
Mobile Phone No (Phone) +65-90100559
Alternative Phone No +65-90100559

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P 90331120 DMA
Cover Note Number -

DRIVER

Name of Driver YEO BEE YEN (YANG MEIYAN)
NRIC No SXXXX671H

| | |
|--|-----------------------------|
| Date Of Birth | 15/09/1973 |
| Occupation | Outdoor |
| Date Of Driving Pass | 28/03/1995 |
| Driving experience | 26 YEARS AND 6 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-90100559 |
| Alt. Phone Number | +65-90100559 |
| Email Address | veronyeobeeyen@yahoo.com.sg |
| Address | 32 CORPORATION RISE |
| Address complement | - |
| Postcode | 618346 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 0 |
| 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 | Jurong East Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008999999 |
| Alt. Police Station Phone No | (Fax) +65-66655791 |
| Police Station Address | No. 92 Boon Lay Way Singapore 609962 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210914/2026

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 | WITH TRAFFIC POLICE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHD1115E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|------|
| Vehicle Category | Taxi |
| 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) | - |

WITNESS DETAILS

WITNESS 1

| | |
|-------------|----------------------|
| Name | VICTOR |
| Phone | (Phone) +65-91725512 |
| Email | - |

WITNESS 2

| | |
|-------------|----------------------|
| Name | SHU RONG |
| Phone | (Phone) +65-97959039 |
| Email | - |

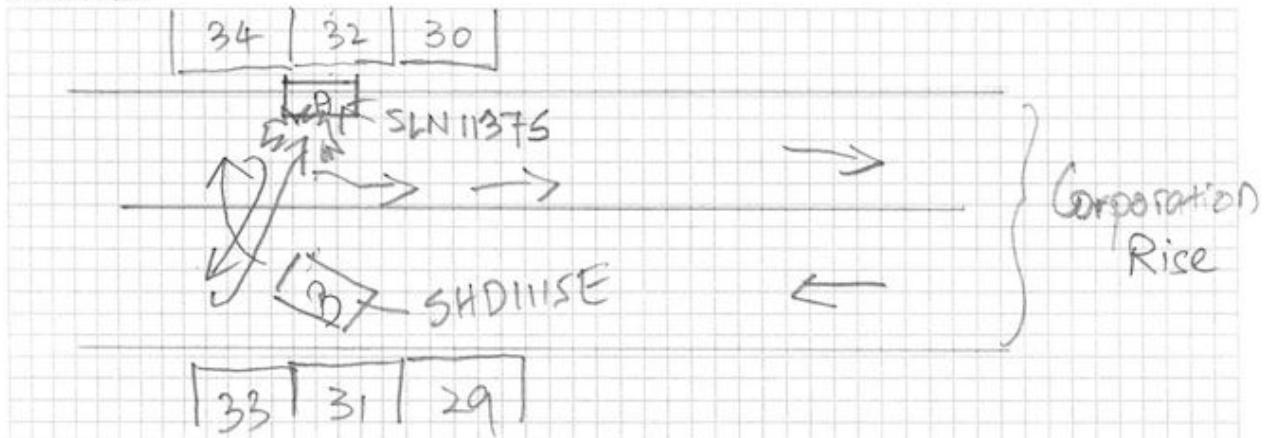
SKETCH PLAN

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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' 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.

| | | |
|--|---|--|
| <p>12:33pm 14/9/2021</p> <p>_____ Policyholder's Signature / Date & Time</p> | <p>_____ Driver's Signature (If driver is not the policyholder) / Date & Time</p> | <p>_____ Witnessed by Reporting Centre Personnel</p> |
|--|---|--|

Sketch Plan




Describe Circumstances of the Accident

Refer to Police Report 7/20210914/2021

Declaration

We declare the foregoing particulars are true in every respect.

 12:33pm
14/9/2021

Policyholder's Signature / Date & Time

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

 14/09/2021

Witnessed by Reporting Centre Personnel















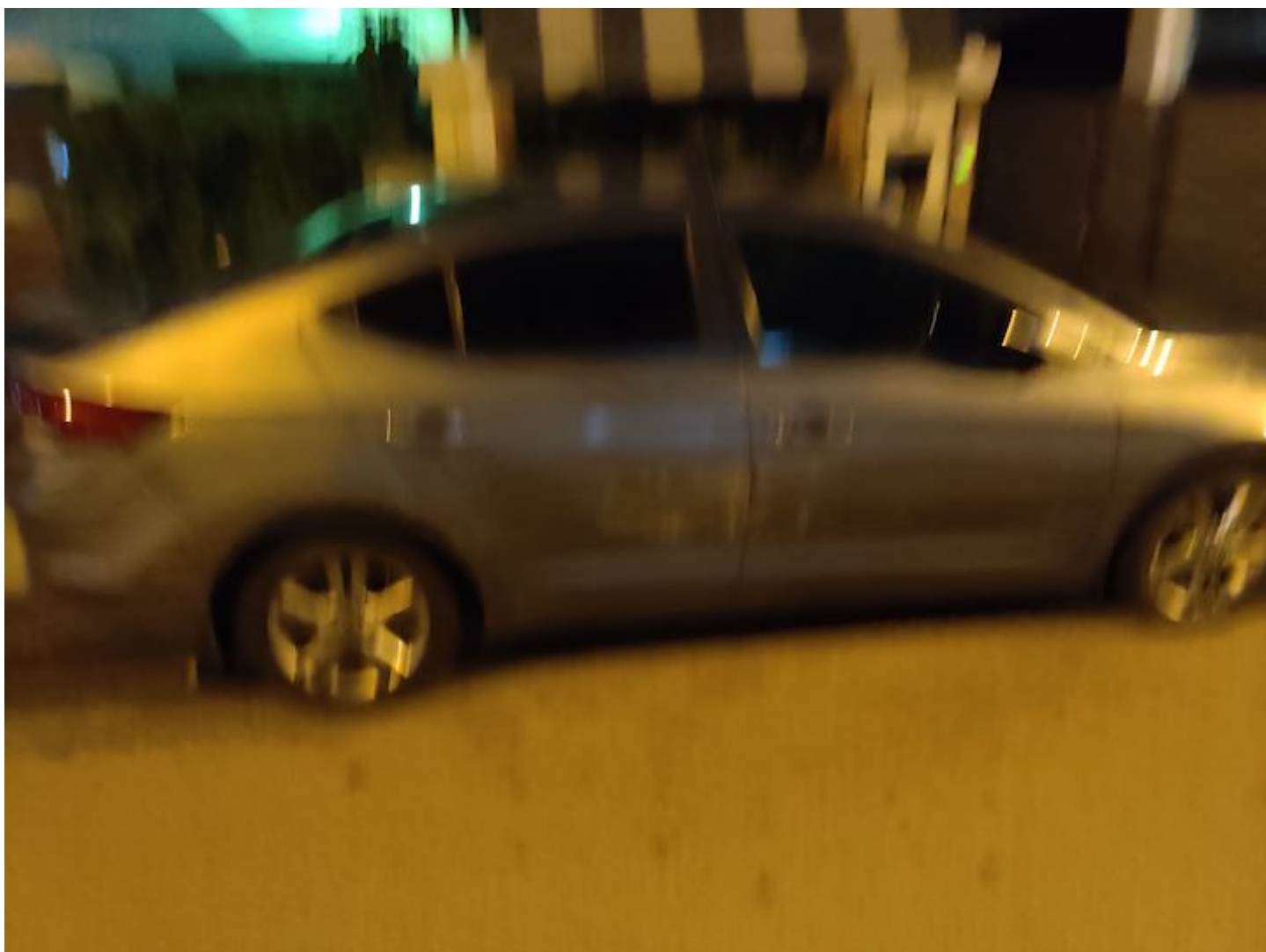




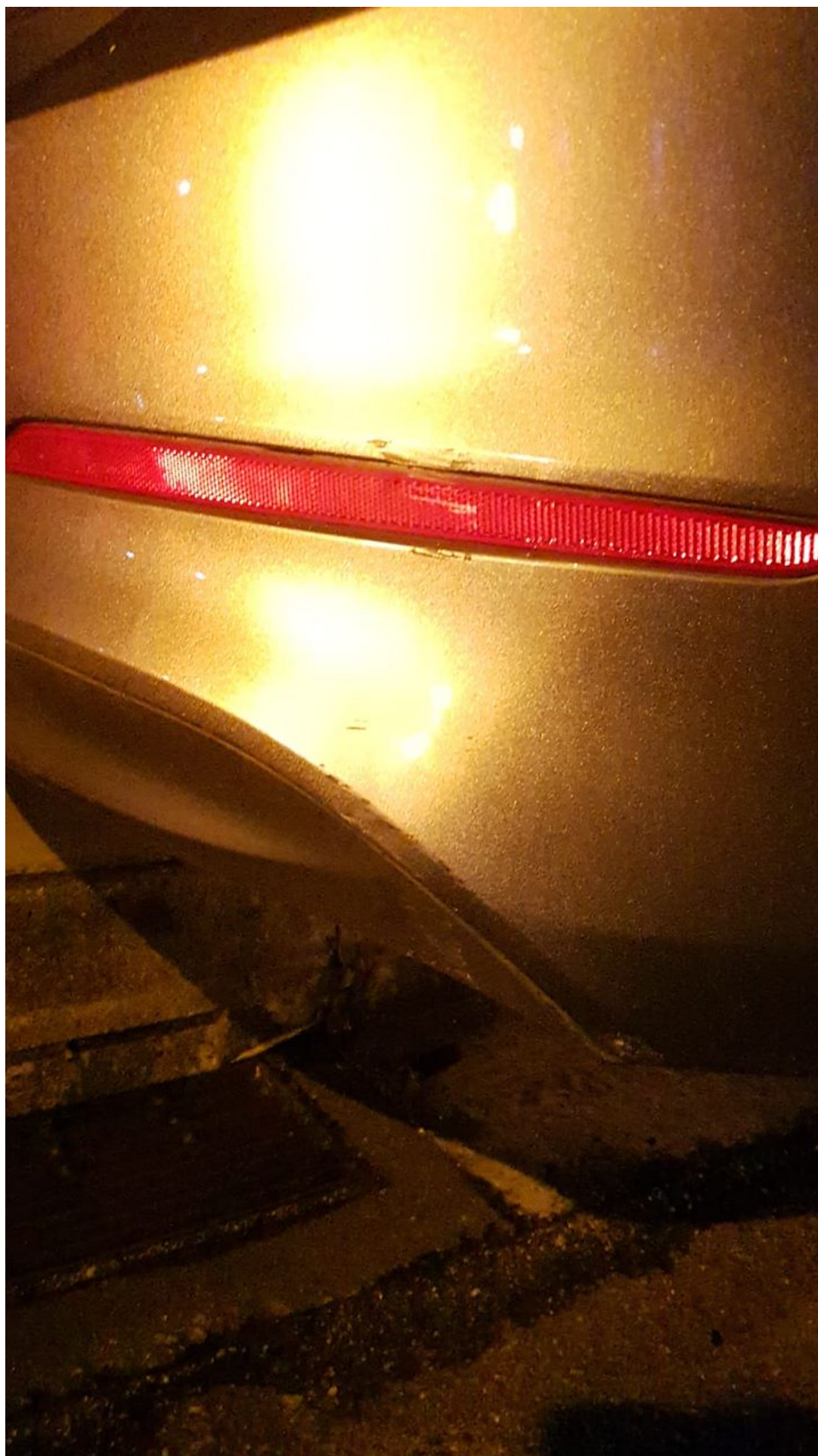
























**SINGAPORE
POLICE FORCE**



T/20210914/2026

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20210914/2026 /

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 14/09/2021 11:29 | | Vide Report No.: J/20210913/0157 | | Station Diary No.: 33 | |
| Informant's Particulars | | | | | |
| Name of Informant: YEO BEE YEN | | | Address: 32 CORPORATION RISE SINGAPORE 618346 | | |
| ID Type / ID No.: NRIC NO / S7337671H | | | Contact No.: Home/Office: Mobile: 90100559 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 47 | Date of Birth: 15/09/1973 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: ACCOUNT MANAGER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|----------------------------------|------------------------------------|--|---|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 13/09/2021 23:10 | Type of Location: Outside Residence |
| Location: CORPORATION RISE | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SHD1115E | Car | | | | | 0 |
| SLN1137S | Car | | | Grey | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20210914/2026

2 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20210914/2026

CONTINUATION OF REPORT**Brief Details.**

On 13/9/2021, at about 2315hrs, my neighbor (Victor, 9172 5512 & Shu Rong, 9795 9039) came over to my unit and informed earlier, a vehicle collided into my vehicle twice, which was parked outside my residence.

Afterwhich, I dialed for the Police. While the Police was attending to this incident, the driver came back with his parents (Doreen, 9730 5006). They requested for private settlement and I agreed. The driver is about 16 years old and he was driving without license.

As a result of this accident, there were scratches on the driver's door, rear right passenger door, rear right rim and the right side of the rear bumper.

I am lodging this report under the instruction of TP IO Bei Feng. That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20210914/2026

3 of 3

Report No. T/20210914/2026

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 D/ Sgt 2 AW CHOON KIAT | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 14/09/2021 11:29 |
| Officer In Charge Of Case: TP / GIT / SI GOH WEI LI Contact No.: 65476394 | Classification Of Case: |
| Authentication Stamp NP168 | SN 34 |
| SIGNATURE | |