







## 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	25/09/2021 13:28 (SGT)
Date of Accident	24/09/2021 18:55 (SGT)
Exact Location of Accident	Marina Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9459K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO KAR YAN DARREN
NRIC No	S9343406D
Email Address	darren-yeo@hotmail.com
Mobile Phone No	(Phone) +65-97545624
Alternative Phone No	+65-97545624

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122716291
Cover Note Number	-

#### DRIVER

Name of Driver	YEO KAR YAN DARREN
NRIC No	S9343406D

Date Of Birth	13/11/1993
Occupation	Outdoor
Date Of Driving Pass	26/07/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97545624
Alt. Phone Number	+65-97545624
Email Address	darren-yeo@hotmail.com
Address	BLK 217 PASIR RIS STREET 21 #01-152
Address complement	-
Postcode	510217
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 - Change/cross lane
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210925/2007.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC3862M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Name of Driver .....	MOHD SA'AT BIN HASSIM
NRIC No .....	S1702392F
Contact Number .....	(Phone) +65-85993306
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	5

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	YEO KAR YAN DARREN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLN9459K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# 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:

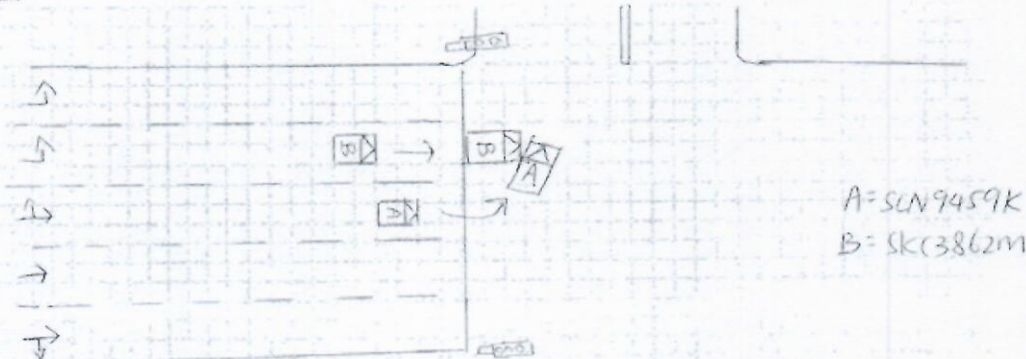
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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 enquires 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

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



HUA MENER

Refer to Police Report No = T/20210925/2007.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel




**SINGAPORE  
POLICE FORCE**


T/20210925/2007

1 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20210925/2007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/09/2021 03:44	Vide Report No.:	Station Diary No.: 25
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**Informant's Particulars**

Name of Informant: YEO KAR YAN, DARREN	Address: APT BLK 217 PASIR RIS STREET 21 #01-152 SINGAPORE 510217		
ID Type / ID No.: NRIC NO / S9343406D	Contact No.: Home/Office: Mobile: 97545624		
Nationality: SINGAPORE CITIZEN	Email: darren-yeo@hotmail.com		
Sex: Male	Age: 27	Date of Birth: 13/11/1993	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: GRAB DRIVER	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: 24/09/2021 18:55	Type of Location: X-Junction
Location:  MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC3862M	Car	AUDI	A8	Maroon	Slightly Damaged	4
SLN9459K	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210925/2007

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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20210925/2007

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN9459K	NTUC Income Insurance Co-Operative Limited	5122780095	25/06/2021	22/05/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHD SA'AT BIN HASSIM		ID No.	S1702392F
Related Vehicle	SKC3862M (Car)		Contact No.	85993306
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 KAR YAN, DARREN		ID No.	S9343406D
Related Vehicle	SLN9459K (Car)		Contact No.	97545624
Hospital/Clinic	CENTRAL 24HR CLINIC (PASIR RIS)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/09/2021		Date Discharge	25/09/2021
No. of Days granted Medical Leave		03	Degree of Injury	Slight

**Brief Details.**

On 24/09/2021 at about 1855hrs, I was driving my Grab car, a blue Honda Vezel bearing the registration plate number SLN9459K, along Marina Boulevard towards Sheares Ave Flyover. It was a 5-lane road and I was on the third lane from the right, which was a going straight or turning left lane. The fourth and fifth lanes from the right are left-turn only lanes. When I was driving, the traffic light was green and I proceeded to make a left turn into Sheares Ave flyover. As my car was turning left, the maroon Audi A8 bearing the registration plate SKC3862M, which was on the fourth lane from the right (left-turn only lane), drove straight and collided into the left side of my car.

Both the driver of the Audi and myself stopped our respective vehicles at the side of the road. The driver of the Audi told me that he thought the lane he was in allows him to drive straight. As such, he drove straight and subsequently collided into my car. He admitted that the accident was his fault as he did not pay attention to the road markings. We exchanged our personal particulars and contact details.

At the time of accident, there was no passenger in my car. The Audi driver, however, had about four





**SINGAPORE  
POLICE FORCE**



T/20210925/2007

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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
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Tel No: 1800-5852999

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Report No. T/20210925/2007

**CONTINUATION OF REPORT**

passengers in his car.

Due to the collision, there were scratches and dent marks on the left side of my car. The rims of the left front wheel of my car is also damaged. The steering alignment of my car is also affected due to the collision.

I felt pain at the left lower back area and right side of my neck. As such, I sought medical attention at a clinic and was given three days of medical leave from 25/09/2021 to 27/09/2021.

I have an in-car camera installed in my car which captured the accident. There was no Traffic Police or ambulance at the accident location.



# SINGAPORE POLICE FORCE



T/20210925/2007

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Report No. T/20210925/2007

## 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  
G /  
Sr Staff Sgt SHARIFAH AMIRA  
BINTE SYED SHEH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/09/2021 03:44

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168