# **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 witholding 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.

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   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 04/10/2021 19:38 (SGT) Date of Accident 01/10/2021 19:20 (SGT) Exact Location of Accident 2 Kallang Ave, Singapore 339407 Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Mazda

Vehicle Registration Number SI F7829G

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CRAFT LEASING PTE LTD Company Reg No 2XXXXX381N Email Address daveyeoh03@gmail.com Mobile Phone No (Phone) +65-64844115 Alternative Phone No (Office) +65-64844115

### VEHICLE PARTICULARS

Manufacturer

Model 3 Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1496

### **INSURANCE COMPANY**

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D21MFL0005172 Cover Note Number

# DRIVER

Name of Driver YEOH GUAN HOE NRIC No. SXXXX131F

Date Of Birth 19/02/1978 Occupation Outdoor Date Of Driving Pass 19/06/2008 Driving experience 13 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90609229 Alt. Phone Number Email Address daveyeoh03@gmail.com Address 850 WOODLANDS ST 82 Address complement #04-225 Postcode 730850 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **HIRER** Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20211002/7027 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLB6820H Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	STEVEN
Contact Number	(Phone) +65-81614338
Address	<del>-</del>
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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. 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)

l 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.

Co. Reg. No. ) m

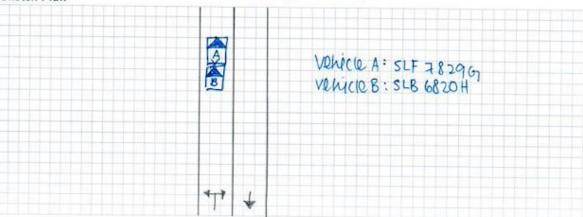
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A KALLANG AUE



	Circumstances of the Accident
	n 1 + an Pager
	Refer to porce Report
	T/2021/002/7627
-	

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel





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

2 of 3 Report No. T/20211002/7027

# CONTINUATION OF REPORT

Driver					
Name	YEOH GUAN HOE			ID No.	S7872131F
Related Vehicle	SLF7829G (Car)			Contact No	. 90609229
Hospital/Clinic	CHANGI GENERAL HOSPITAL		AL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	02/10/2021	10/2021		02/1	0/2021
No. of Days gran	ted Medical Leave	04	Degree of	Seri	ous

# Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SLF 7829 G) HAS ALREADY CAME TO A COMPLTE STOP ON THE STATED VENUE DUE TO RED TRAFFIC LIGHT. SUDDENLY I FELT A HUGE IMPACT ON THE REAR OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SLB 6820 H) WHO HAVE COLLIDED ONTO MY VEHICLE.

AFTER THE ACCIDENT I THEN WENT TO ACUMED MEDICAL GROUP TO CONSULT A DOCTOR AS I FELT PAIN IN MY NECK AND BACK AND HEAD.

THE DOCTOR THEN REFERRED ME TO CHANGI GENERAL HOSPITAL SINGAPORE FOR

I WAS GIVEN 4 DAYS MC.

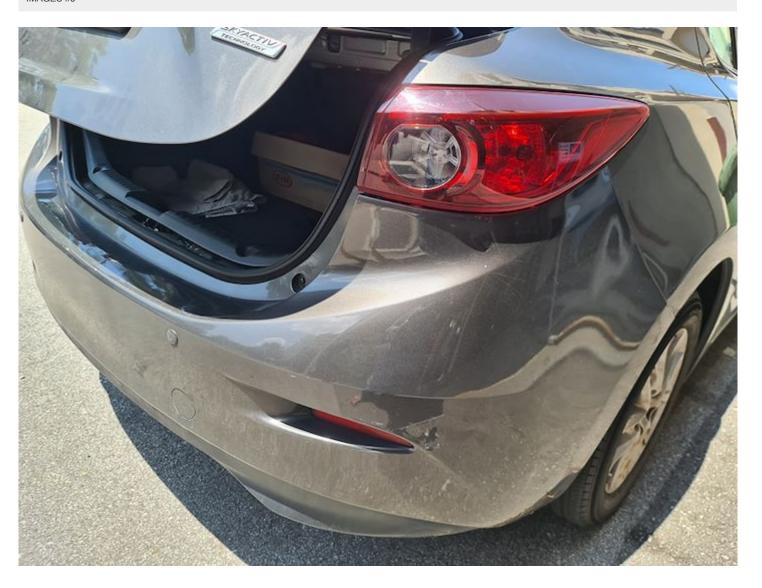
FURTHER ANALYSIS.



























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20211002/7027

Report No. T/20211002/7027

3 SINGAPORE 408865

# REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 02/10/2021 16:18		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: YEOH GUAN HOE			Address: 850 WOODLANDS STREET 82 #04-225 SINGAPORE 730		
ID Type / ID No.: NRIC NO / S7872131F			Contact No.: Home/Office:	Mobile: 90609229	
Nationality: MALAYSIAN			Email: DAVEYEOH03@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 19/02/1978	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,3  Date of Expiry:		

Seneral Infor	mation of the Acci				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2021 19:20	Type of Location Straight Road	
Location: KALLANG A Weather: Raining	/ENUE	Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light	
One Way		Not Controlled			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLB6820H	Car					0
SLF7829G	Car					0

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





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

2 of 3 Report No. T/20211002/7027

# CONTINUATION OF REPORT

Driver					
Name	YEOH GUAN HOE			ID No.	S7872131F
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FURTHER ANALYSIS.
I WAS GIVEN 4 DAYS MC.





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

3 of 3 Report No. T/20211002/7027

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

nant: person making this report has by Singpass. No signature is
se:

