

# 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 ..... 04/09/2021 14:46 (SGT)  
Date of Accident ..... 04/09/2021 09:40 (SGT)  
Exact Location of Accident ..... Pasir Ris Street 71, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMS7770K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHUA HUNG KHEE GERARD  
NRIC No ..... S1807196G  
Email Address ..... jerryomy@hotmail.com  
Mobile Phone No ..... (Phone) +65-81894535  
Alternative Phone No ..... +65-81894535

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Tucson  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... P2081098  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YEO WAN LIN FELICIA  
NRIC No ..... S6823317H

Date Of Birth .....	25/07/1968
Occupation .....	Indoor
Date Of Driving Pass .....	17/10/1995
Driving experience .....	25 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96823812
Alt. Phone Number .....	-
Email Address .....	fywanlin@hotmail.com
Address .....	BLK 629 PASIR RIS DR 3 #10-358
Address complement .....	-
Postcode .....	510629
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Side Swipe
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? .....	Yes

#### 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

PLS REFER TO POLICE REPORT NO.T/20210904/7014.

#### 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 .....	FBR7966Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

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 ..... RIDER  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBR7966Z  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

## SKETCH PLAN

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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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

Refer to police report

Declaration

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/20210904/7014

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

1 of 3

Report No. T/20210904/7014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/09/2021 11:39		Vide Report No.: G/20210904/0114		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YEO WAN LIN FELICIA			Address: 629 PASIR RIS DRIVE 3 #10-358 SINGAPORE 510629		
ID Type / ID No.: NRIC NO / S6823317H			Contact No.: Home/Office:		Mobile: 96823812
Nationality: SINGAPORE CITIZEN			Email: FYWANLIN@HOTMAIL.COM		
Sex: Female	Age: 53	Date of Birth: 25/07/1968	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Counsellor (rehabilitation)		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/09/2021 09:40	Type of Location: X-Junction
Location:  PASIR RIS STREET 71				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 15 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMS770K	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE  
POLICE FORCE



T/20210904/7014

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

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Report No. T/20210904/7014

CONTINUATION OF REPORT

Driver			
Name	YEO WAN LIN FELICIA		ID No. S6823317H
Related Vehicle	SMS7770K (Car)		Contact No. 96823812
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	ROSLI BIN AHMAD		ID No. S7325751D
Related Vehicle	NIL		Contact No. 96776730
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was travelling on a road towards Blk 773 Pasir Ris Street 71 at about 9.40am on 4 Sept 2021. At the junction, turning right towards Blk 773, I saw there were no vehicles, so I turn right, then I heard a thud sound, and realised I have knocked into a motorcyclist. I did not see him at all, and I don't know which direction he came from. I suspect he was in my blind spot (A Beam). I parked my car and went down to see him, I suspect he fell on his left on kerb and the motorcycle was on his left leg. He was conscious and he was rubbing his left thigh and left calf. A passerby helped to lift up the motorbike. We exchanged mobile numbers and took photos of our NRICs. Another passerby helped to make a phone call to the ambulance. No damage to my vehicle. Motorbike number is : FBR7966Z. I checked with the paramedics, they think it is not serious.



SINGAPORE  
POLICE FORCE



T/20210904/7014

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

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Report No. T/20210904/7014

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 / TPHQ /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476201

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
04/09/2021 11:39

Classification Of Case:

AXA INSURANCE PTE LTD  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Centre #01-21  
 Tel:1800 8804888 Fax:-  
 Website:www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.care@axa.com.sg



Private Cars COMP  
 POLICY SCHEDULE  
 RENEWAL  
 Original

<b>POLICY INFORMATION</b>		Policy No. : VPA/P2081098	
Source	:	(01) 08554 RTMT MOTOR PTE LTD (HY)	
Insured	:	CHUA HUNG KHEE GERARD	
Address	:	BLK 629 #10-358 PASIR RIS DRIVE 3 SINGAPORE 510629	
Business/Profession	:	SOLE PROPRIETOR Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	:	From 02/03/2021 To 01/03/2022 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
<b>PREMIUM</b>			
Premium After 50.00% NCD	:	SGD 1,223.22	
Safe Driver Disc 8.00%	:	SGD 97.86	
GST 7.00%	:	SGD 78.77	
Annual Premium	:	SGD 1,204.13	
Total Payable	:	SGD 1,204.13	
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type Of Cover	:	Comprehensive	
Regn No.	:	SMS7770K	
Type Of Use	:	Private Car	
Make/Model	:	HYUNDAI TUCSON 1.6	
Year of Manufacture	:	2018	Seating Capacity (excl. Driver) : 04
Body Type	:	SPORTS UTILITY VEHICLE	Engine C.C. : 1591
Engine No.	:	G4FJHU365733	
Chassis No.	:	KMHJ3812VJU662568	
Insured's Estimated Market Value	:	Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	:	As specified in Certificate of Insurance	
Hire Purchase	:	HL BANK	
<u>Extra Coverage (Premium Breakdown)</u>		<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector			
Basic Own Damage Excess		: SGD	
<u>Named Drivers</u>			
1 CHUA HUNG KHEE GERARD			