

# 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 .....	16/11/2021 10:22 (SGT)
Date of Accident .....	15/11/2021 10:27 (SGT)
Exact Location of Accident .....	Near Blk 632, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLG6933P
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Craft Leasing Pte Ltd
Company Reg No .....	2XXXXX381N
Email Address .....	kh@craftleasing.com
Mobile Phone No .....	(Phone) +65-93833162
Alternative Phone No .....	+65-98592800

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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 hire
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	D21MFL0005172
Cover Note Number .....	-

### DRIVER

Name of Driver .....	CORNELIUS YEO
NRIC No .....	SXXXX697Z

Date Of Birth .....	28/06/1994
Occupation .....	Outdoor
Date Of Driving Pass .....	18/08/2016
Driving experience .....	5 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92268567
Alt. Phone Number .....	-
Email Address .....	YEOCORNELIUS@GMAIL.COM
Address .....	BLK 423 PASIR RIS DRIVE 6
Address complement .....	#08-127
Postcode .....	510423
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	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

REFER TO THE POLICE REPORT: T/20211116/7009

#### 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 .....	GBA4510P
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Commercial vehicle

Name of Driver .....	MIAH NAZMUL
Work Permit No .....	GXXXX130K
Contact Number .....	(Phone) +65-98004423
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 .....	CORNELIUS YEO
Gender .....	Male
Phone No .....	(Phone) +65-92268567
Address .....	BLK 423 PASIR RIS DRIVE 6
Address Complement .....	#08-127
Post Code .....	510423
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLG6933P
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.
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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.



Policyholder's Signature / Date & Time

15/11/21

*[Signature]*

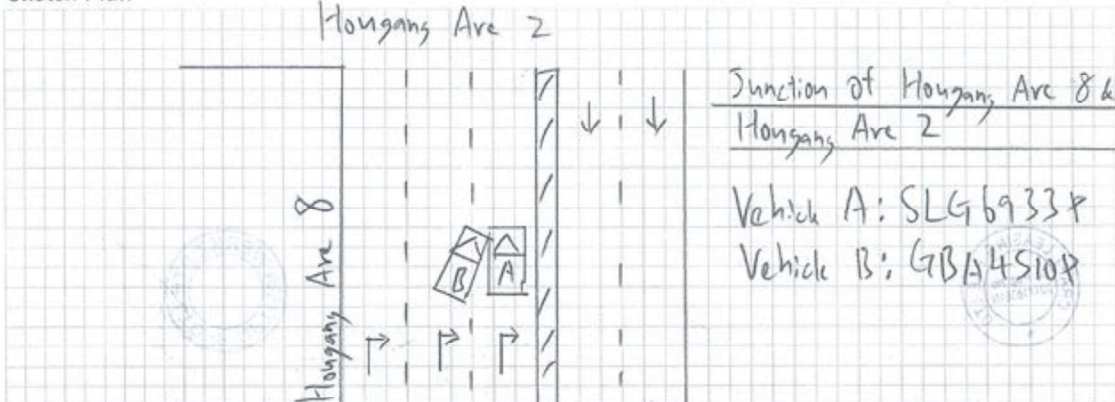
Driver's Signature (If driver is not the policyholder) / Date & Time

15/11/21



Witnessed by Reporting Centre Personnel

15/11/21



Describe Circumstances of the Accident

Refer To The GEAR Statement.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

15/11/21

*[Signature]*

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

15/11/21



Witnessed by Reporting Centre Personnel

15/11/21



**SINGAPORE  
POLICE FORCE**



T/20211116/7009

1 of 3

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

Report No. T/20211116/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/11/2021 10:07		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CORNELIUS YEO			Address: 423 PASIR RIS DRIVE 6 #08-127 SINGAPORE 510423		
ID Type / ID No.: NRIC NO / S9422697Z			Contact No.: Home/Office: Mobile: 92268567		
Nationality: SINGAPORE CITIZEN			Email: YEOCORNELIUS@GMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 28/06/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: INSURANCE AGENT			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: 15/11/2021 10:30	Type of Location: Straight Road
Location:  HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBA4510P	Lorry	HINO	LORRY			0
SLG6933P	Car	MAZDA	3			0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20211116/7009

2 of 3

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

Report No. T/20211116/7009

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MIAH NAZMUL		ID No. G2353130K
Related Vehicle	GBA4510P (Lorry)		Contact No. 98004423
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
<b>Driver</b>			
Name	CORNELIUS YEO		ID No. S9422697Z
Related Vehicle	SLG6933P (Car)		Contact No. 92268567
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

## Brief Details.

ON 15/11/2021@10:27HRS, I WAS DRIVING ALONG HOUGANG AVE 8 TOWARDS HOUGANG AVE 2. SUDDENLY, VEHICLE B: GBA4510P CAME FROM LANE 2 AND CUT INTO MY LANE. THIS CAUSED VEHICLE B: GBA4510P RIGHT PORTION TO COLLIDE ONTO THE LEFT PORTION OF MY VEHICLE A: SLG6933P AND CAUSED DAMAGE. WE ALIGHTED AND EXCHANGED PARTICULARS. AFTER THE ACCIDENT, I FELT UNWELL AFTER THE ACCIDENT AND CONSULTED A DOCTOR AND WAS GIVEN 3 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20211116/7009

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

3 of 3  
Report No. T/20211116/7009

**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 / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

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

Date/Time:  
16/11/2021 10:07

Classification Of Case: