

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 willful 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	05/01/2022 13:17 (SGT)
Date of Accident	01/01/2022 00:05 (SGT)
Exact Location of Accident	Middle Rd & North Bridge Rd, Singapore 189768
Additional Location Information	JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2515P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HERITAGE AUTO CAPITAL PTE LTD
Company Reg No	201326468K
Email Address	ABC8627E@GMAIL.COM
Mobile Phone No	(Phone) +65-82633375
Alternative Phone No	+65-82633375

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	1600

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPX/P2425789
Cover Note Number	VPX/P2425789

DRIVER

Name of Driver	YEO WEN LI
NRIC No	S8406430J

Date Of Birth	03/03/1984
Occupation	Outdoor
Date Of Driving Pass	15/08/2006
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82633375
Alt. Phone Number	+65-82633375
Email Address	ABC8627E@GMAIL.COM
Address	BLK 131 CASHEW ROAD #08-199
Address complement	-
Postcode	670131
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Wet

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?	Yes
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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SMB1467R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-

SKETCH PLAN

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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.



27

Wendy

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

- Refer to Attached -

Describe Circumstances of the Accident

Handwritten notes in the description area:

- refer
- TO police
- T/20220103/2032
- REF A

Declaration

We declare the foregoing particulars are true in every respect.



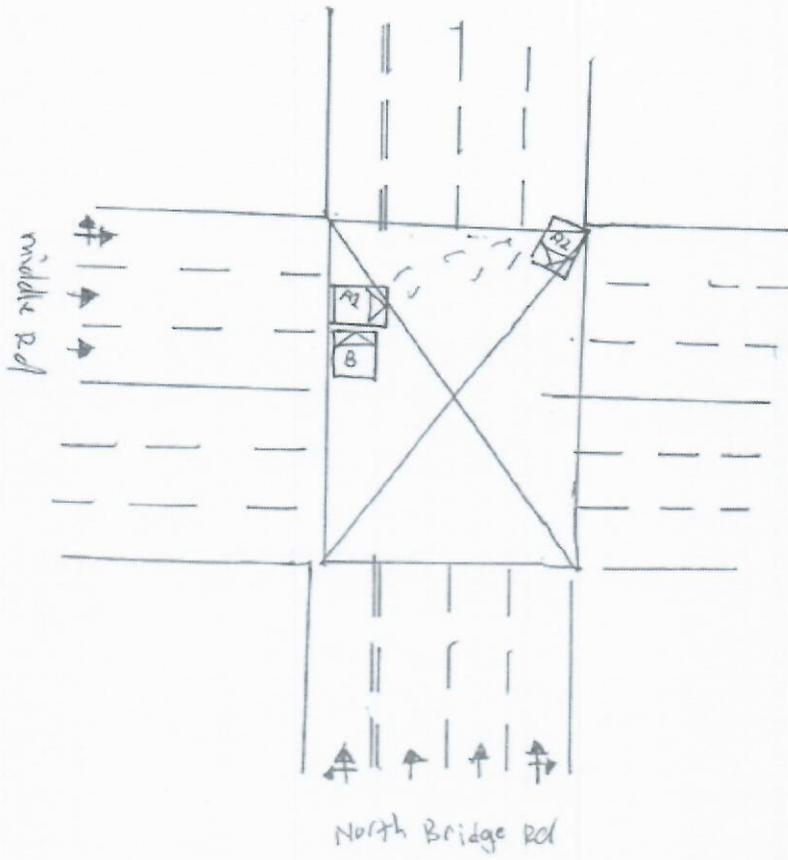
Policyholder's Signature / Date & Time

Walt

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

Witnessed by Reporting Centre Personnel

Voln #: SL6251SP
Voln #: SM81467R



WAL





**SINGAPORE
POLICE FORCE**



T/20220103/2032

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20220103/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2022 12:29	Vide Report No.:	Station Diary No.: 81
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Informant's Particulars

Name of Informant: YEO WEN LI		Address: APT BLK 131 CASHEW ROAD #08-199 SINGAPORE 670131	
ID Type / ID No.: NRIC NO / S8406430J		Contact No.: Home/Office: Mobile: 82633375	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 03/03/1984	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/01/2022 00:05	Type of Location: X-Junction
Location: MIDDLE ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG2515P	Car				Seriously Damaged	0
SMB1467R	Bus/Coach/Minibus					0

Details of Person Involved

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



SINGAPORE
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T/20220103/2032

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20220103/2032

CONTINUATION OF REPORT

Driver			
Name	YEO WEN LI	ID No.	S8406430J
Related Vehicle	SLG2515P (Car)	Contact No.	82633375
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/01/2022	Date Discharge	01/01/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 1st Jan 2022 at 0002hrs, I was driving vehicle (SLG2515P) along Middle Road going towards Bugis area. As I was approaching the cross junction between Middle road and Beach road, I remembered that the traffic light was green and I am in the right of way, thus I proceeded straight across the cross junction. However, once I reach the middle of the cross junction, a bus (SMB1467R) suddenly collided to the front right of my vehicle. I was in a state of shock, I waited inside my vehicle and did not move. Shortly after, paramedics came by and transported me straight to Tan Tock Seng Hospital. I am given 5 days of Medical Leave from 1st Jan 2022 to 5th Jan 2022. I suffered some injures to the right side of my head, neck and chest area.



SINGAPORE
POLICE FORCE



T/20220103/2032

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

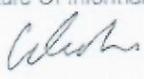
3 of 3
Report No. T/20220103/2032

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 J / Sgt 3 AUSTIN TAN RI QUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2022 12:29
Officer In Charge Of Case: TP / GIT / Other MUHAMMAD AFIQ BIN RAHMAT Contact No : 65476171	Classification Of Case:
Authentication Stamp NP168 