

## 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 ..... 12/04/2022 16:21 (SGT)  
Date of Accident ..... 10/04/2022 17:40 (SGT)  
Exact Location of Accident ..... 503 W Coast Dr, Singapore 120503  
Additional Location Information ..... AYER RAJAH FOOD CENTER SINGAPORE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJV6589U

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KENT AUTO SERVICES  
Company Reg No ..... 52974332M  
Email Address ..... KENTKH530@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-  
Alternative Phone No ..... +65-

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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 ..... 1797

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... VFX/P2203634  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... KEH GHIM YEOW, VICTOR  
NRIC No ..... S 393B

Date Of Birth .....	18/08/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	19/09/1980
Driving experience .....	41 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-
Alt. Phone Number .....	-
Email Address .....	
Address .....	
Address complement .....	
Postcode .....	
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 - Head to Rear
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 .....	Marine Parade Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004428999
Alt. Police Station Phone No .....	(Fax) +65-62447678
Police Station Address .....	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### 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 .....	SLA6581C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SAFARUDIN
NRIC No .....	S9490808F
Contact Number .....	(Phone) +65-81893762
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 .....	KEH GHIM YEOW, VICTOR
Gender .....	Male
Phone No .....	(Phone) +65-
Address .....	
Address Complement .....	
Post Code .....	
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJV6589U
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

REFER TO POLICE REPORT.

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

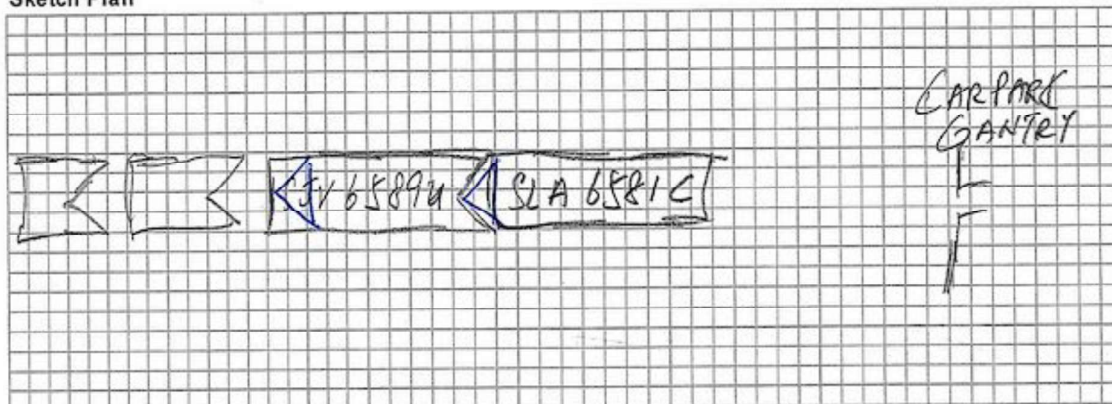
**SKETCH PLAN****IMPORTANT NOTICE**

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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' 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.

*Vitor Cel*  
  
 Policyholder's Signature / Date & Time

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

*[Signature]*  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



































**SINGAPORE  
POLICE FORCE**



T/20220412/2060

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 3

Report No. T/20220412/2060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/04/2022 14:49	Vide Report No.:	Station Diary No.: 68
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**Informant's Particulars**

Name of Informant: KEH GHIM YEOW, VICTOR	Address:	
ID Type / ID No.: NRIC NO / S 393B	Contact No.:	Mobile:
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 59	Date of Birth: 18/08/1962
Race: Chinese	Type of Informant: Driver	Language:
Occupation: Private-hire car driver	Driving Licence Information: Class: 3	Institution / School Name:
	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2022 17:40	Type of Location: Car Park
Location:  AYER RAJAH CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV6589U	Car				Slightly Damaged	0
SLA6581C	Car				No Damage	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220412/2060

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20220412/2060

## CONTINUATION OF REPORT

Driver			
Name	KEH GHIM YEOW, VICTOR		ID No. S' i393B
Related Vehicle	SJV6589U (Car)		Contact No.
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	12/04/2022	Date Discharge	12/04/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Safarudin		ID No. S9490808F
Related Vehicle	SLA6581C (Car)		Contact No. 81893762
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

**Brief Details.**

On 10/04/2022 at about 1730hrs, I was driving my car SJV6589U inside Ayer Rajah Food Center car park, I wanted to park my car for a meal. The traffic inside the car park was heavy at that time. I entered the car park and ahead of me there were cars trying to park, as such the traffic had to stop. I stopped my vehicle and waited, suddenly, I felt an impact from the rear of my car. I realized that my car was being hit.

We both got off from our car and make a check, my car's rear bumper area was dented and scratched. The other vehicle SLA6581C's front bumper area appeared to have no damage. As we both did not feel any pain or had any visible injuries at that time, we just went on as per usual after exchanging particulars. I felt pain neck, shoulder and back area, as such I sought medical treatment on 12/04/2022. I was given a 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20220412/2060

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20220412/2060

**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 /  
SGT 2 LIEW JIA MING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/04/2022 14:49

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168

