

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	06/05/2022 09:56 (SGT)
Date of Accident	04/05/2022 18:00 (SGT)
Exact Location of Accident	Brickland Rd, Singapore
Additional Location Information	BRICKLAND ROAD TOWARDS SUNGEI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5934M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CICHLID AQUARIUM SUPPLIES
Company Reg No	23231800W
Email Address	jiedong21@hotmail.com
Mobile Phone No	(Phone) +65-91116651
Alternative Phone No	(Office) +65-91116651

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5072606953-06
Cover Note Number	-

DRIVER

Name of Driver	YEO JIEDONG EUGENE
NRIC No	S8104231D

Date Of Birth	12/02/1981
Occupation	Outdoor
Date Of Driving Pass	28/11/2001
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91116651
Alt. Phone Number	-
Email Address	jiedong21@hotmail.com
Address	25 HILLVIEW AVE #03-06
Address complement	-
Postcode	S 669558
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	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

PLEASE 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	SHB1326Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG6795X
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	SERENE FEN
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SERENE FEN
Gender	Female
Phone No	(Phone) +65-92954564
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG6795X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG6795X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG6795X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB1326Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 5

Name of injured person	YEO JIEDONG EUGENE
Gender	Male
Phone No	(Phone) +65-91116651
Address	25 HILL VIEW AVE #03-06
Address Complement	-
Post Code	S 669558
Approximate Age Years Old	41
Injuries Sustained	-
Injured person in which vehicle?	GBB5934M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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/Stamp Date
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

- Handwritten labels: (A) GBB5034M, (B) SHB1326Z, (C) SLG6795X
- Handwritten notes: (A) GBB5034M, (B) SHB1326Z, (C) SLG6795X

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

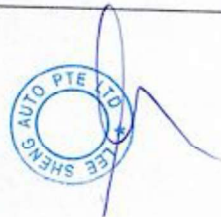
We declare the foregoing particulars to be true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





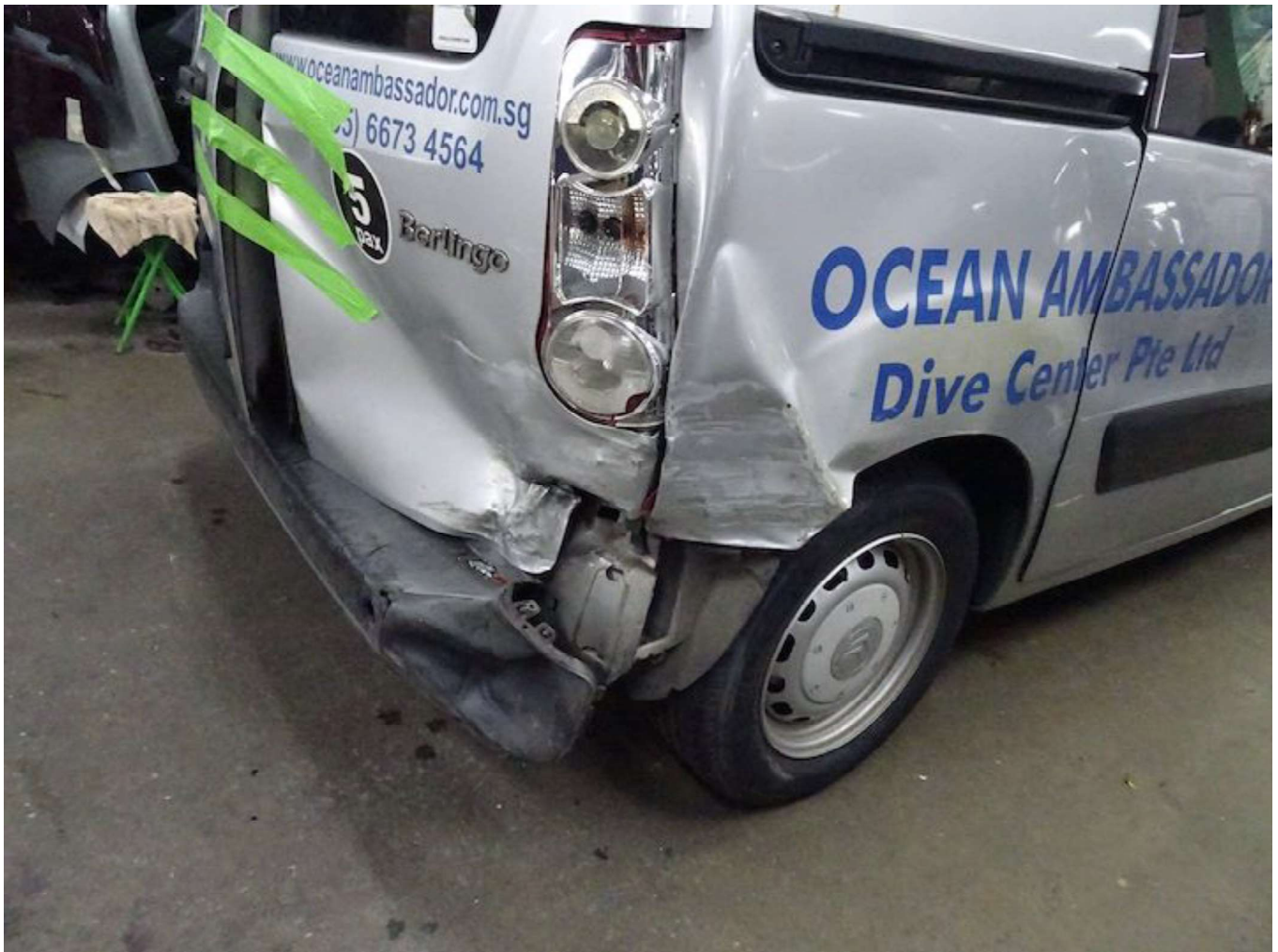




















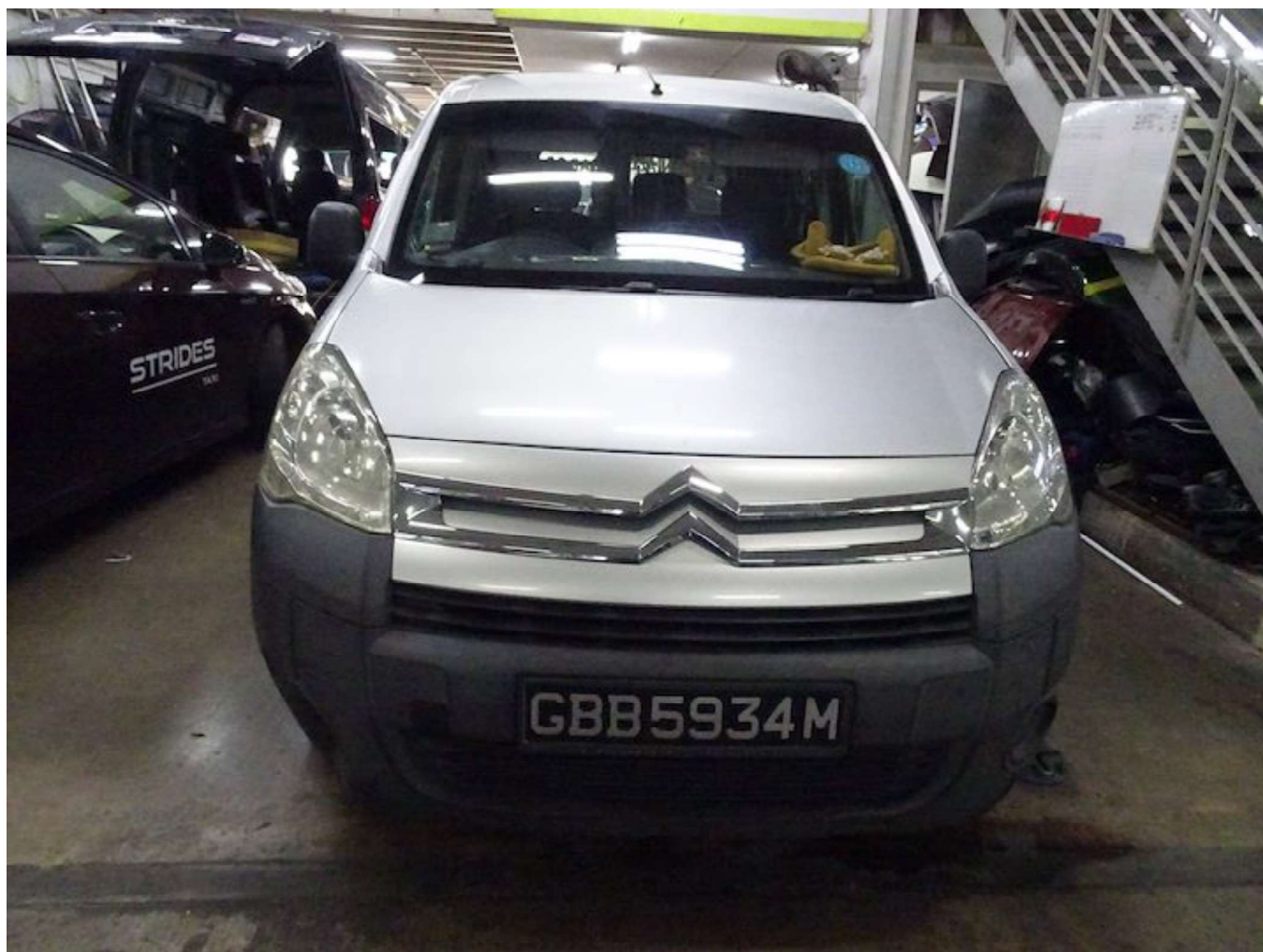










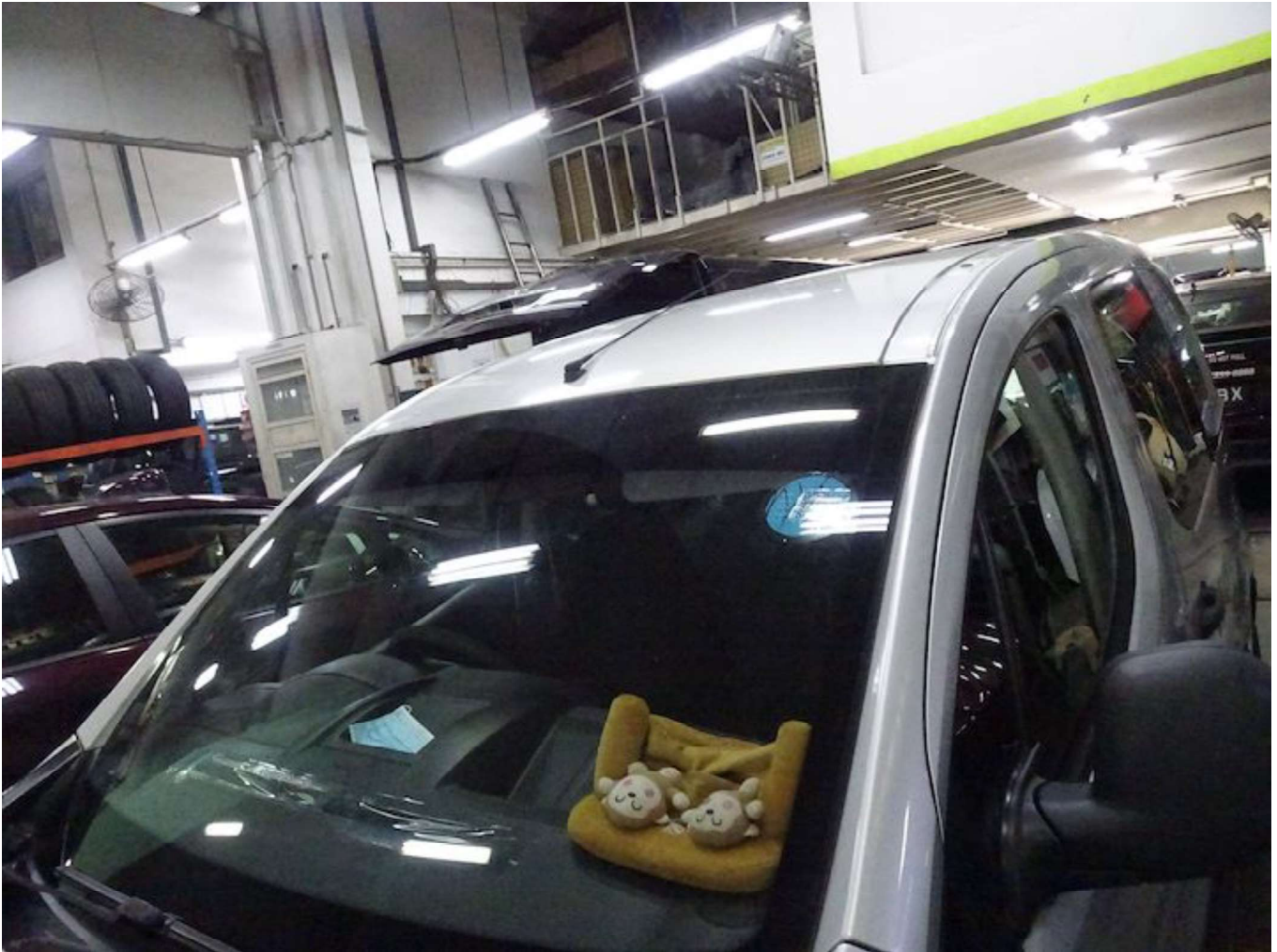
























**SINGAPORE
POLICE FORCE**



T/20220504/7063

1 of 4

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

Report No. T/20220504/7063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2022 22:26		Vide Report No.: J/20220504/0109		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEO JIEDONG, EUGENE			Address: 25 HILLVIEW AVENUE #03-06 SINGAPORE 669558		
ID Type / ID No.: NRIC NO / S8104231D			Contact No.: Home/Office: Mobile: 91116651		
Nationality: SINGAPORE CITIZEN			Email: JIEDONG21@HQTMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 12/02/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2022 18:00	Type of Location: Straight Road
Location: BRICKLAND ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: while my car is stationary waiting for traffic light to turn green				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB5934M	Van	CITROEN	BERLINGO	Silver	Seriously Damaged	0
SHB1326Z	Car		MG	Green	Totally Damaged	0
SLG6795X	Car	TOYOTA	WISH	Grey	Totally Damaged	2



**SINGAPORE
POLICE FORCE**



T/20220504/7063

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

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Report No. T/20220504/7063

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBB5934M	NTUC Income Insurance Co-Operative Limited	5072606953-06	24/07/2021	23/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO JIEDONG, EUGENE	ID No.	S8104231D
Related Vehicle	GBB5934M (Van)	Contact No.	91116651
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLG6795X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/05/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	SERENE FEN	ID No.	NIL
Related Vehicle	NIL	Contact No.	92954564
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/05/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20220504/7063

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

Report No. T/20220504/7063

CONTINUATION OF REPORT

Passenger			
Name	SERENE DAUGHTER	ID No.	NIL
Related Vehicle	NIL	Contact No.	92954564
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/05/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

ACCIDENT OCCURRED ON 04 MAY, 2022 AT 18:00HRS. INJURIES WERE INVOLVED, POLICE AND AMBULANCES ARE AT SCENE AFTER THE ACCIDENT. ACCIDENT REPORT NO.: J/20220504/0109. ACCIDENT HAPPEN WHILE I'M IN THE CAR (GBB5934M); MY CAR IS IN A STATIONARY POSITION WHILE WAITING FOR TRAFFIC LIGHT TO GREEN. ACCIDENT HAPPEN RIGHT BELOW KJE, BRICKLAND ROAD TOWARD SUNGEI TENGAH. I'M ON A STRAIGHT AHEAD LANE, AT BRICKLAND ROAD HEADING TOWARDS SUNGEI TENGAH. ACCIDENT HAPPEN FAST AND THE IMPACT WAS SO GREAT THAT I DON'T EVEN KNOW WHAT REALLY HAPPEN. ALL I CAN REMEMBER WAS SEEING FROM MY RIGHT SIDE MIRROR WAS A GREEN CAR MOVING AT EXTREMELY FAST SPEED. MY CAR WAS HIT FROM THE BACK. THERE WERE 2 OTHER VEHICLES INVOLVED. A TOYOTA WISH (SLG6795X) AND A GREEN TAXI (SHB1326Z) BELONG TO STRIDES. TAXI DO NOT HAVE ANY PASSENGER ON BOARD BUT DRIVER WAS INJURED AND WAS CONVEYED TO HOSPITAL THEREAFTER. THERE ARE 2 PASSENGERS AND A DRIVER ON BOARD SLG6795X. DRIVER WAS A FATHER, FRONT PASSENGER WAS A MOTHER, BACK PASSENGER WAS A DAUGHTER. ALL 3 PERSONS WERE CONVEYED TO HOSPITAL THEREAFTER. I DO NOT KNOW WHICH CAR HIT ME AND MY CAR DO NOT HAVE ANY VIDEO RECORDER. I BELIEVE BOTH VEHICLES MAY HAVE HIT ME AS THERE'S GREEN PAINT FROM THE TAXI LEFT ON MY DAMAGE CAR. BOTH TAXIS AND SLG6795X HAVE VIDEO CAMERA ON BOARD AND SD CARD HAVE BEEN RETRIEVED AND TAKEN AWAY BY THE TRAFFIC POLICE AT SCENE. I WILL BE GOING TO HOSPITAL FOR A CHECKUP AS MY NECK AND HEAD IS PAINFUL FROM THE STRONG IMPACT. INVESTIGATION OFFICERS HAVE BEEN ASSIGNED; IO AFIZ, CONTACT: 65476171.



**SINGAPORE
POLICE FORCE**

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



T/20220504/7063

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Report No. T/20220504/7063

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 /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

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

Date/Time:
04/05/2022 22:26

Classification Of Case:

This report is lodged at Choa Chu Kang NPC Kiosk 1
NP168