SN0922610007-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 01/06/2022 12:23 (SGT)
SUBMITTED BY: Roslinda Binte A. Wahab
VERSION: 2 (16/06/2022 10:24 (SGT))

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 witholding 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	01/06/2022 12:23 (SGT)
Date of Accident	31/05/2022 08:30 (SGT)
Exact Location of Accident	Jurong West Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EG28A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO KER SEET
NRIC No	SXXXX264D
Email Address	frankieyeoks@gmail.com
Mobile Phone No	(Phone) +65-90668893
Alternative Phone No	+65-90668893

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D-21098562MVPC
Cover Note Number	-

DRIVER

Name of Driver	YEO KER SEET
NRIC No	SXXXX264D

Date Of Birth	30/08/1949
Occupation	Indoor
Date Of Driving Pass	04/10/1973
Driving experience	48 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90668893
Alt. Phone Number	+65-90668893
Email Address	frankieyeoks@gmail.com
Address	BLK 268B BOON LAY DRIVE
Address complement	#04-574
Postcode	642268
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JTS695
Vehicle Category	Motorcycle

PASSENGER 1

Name	WIFE
Gender	Female

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 THE ATTACHED STATEMENT

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	GBJ4810B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JTS695
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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.

31-5-22

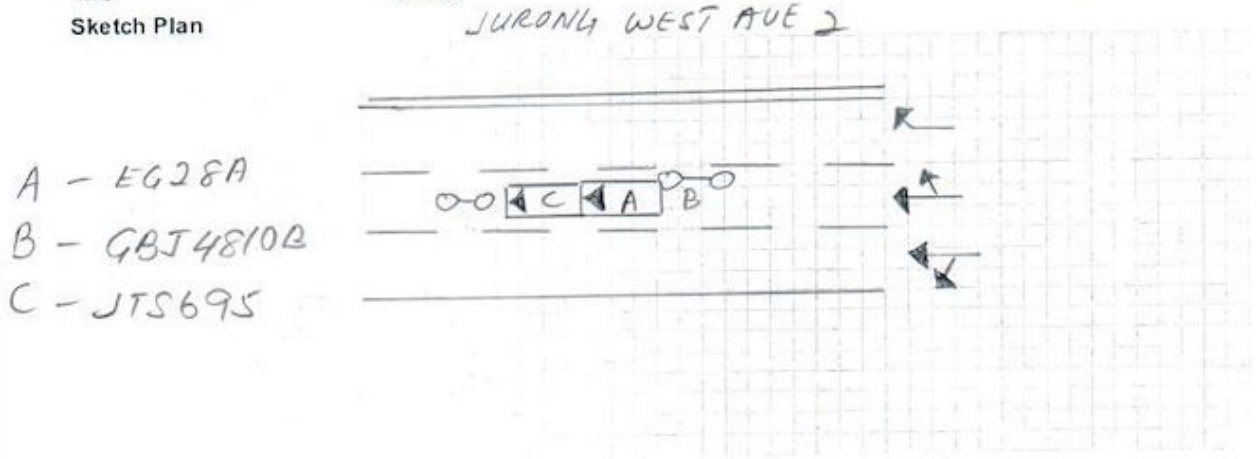
Policyholder's Signature / Date & Time

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

01/06/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

P/s refer to the police report: T/20220531/2048

Declaration

I/We declare the foregoing particulars are true in every respect.

31-5-22		01/06/22
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/20220531/2048

Report No. T/20220531/2048

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EG28A	FIRST CAPITAL INSURANCE LIMITED	D-21098562MVPC	28/12/2021	27/12/2022

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	YEO KER SEET		ID No.	S0076264D	
Related Vehicle	NIL		Contact No.	90668893	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL	
Rider					
Name	LOH CHEE NAN		ID No.	G2461928T	
Related Vehicle	NIL		Contact No.	94472192	
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 THE STATED DATE AND TIME ABOVE,

I WAS DRIVING CASUALLY ALONG JURONG WEST AVE 2 BEF ENTERING PIE(CHANGI) THEN RIGHT BEF I ENTER PIE(CHANGI) A LORRY INFRONT OF ME EMERGENCY BRAKE. I DID NOT MANAGE TO BRAKE ON TIME AND SO I HIT ONTO THE REAR OF THE STATED LORRY. RIGHT AFTER I HIT ONTO THE LORRY, THERE WAS A MALAYSIAN MOTORCYCLIST HIT ONTO MY REAR BUMPER. BUT NO ONE WAS INJURED. THE REASON WHY LORRY DRIVER EMERGENCY BRAKE ON THAT TIME, IT WAS BECAUSE THERE WAS A MOTORCYCLIST INFRONT OF HIM AND NEARLY HIT ONTO THE UNKNOWN MOTORCYCLIST.

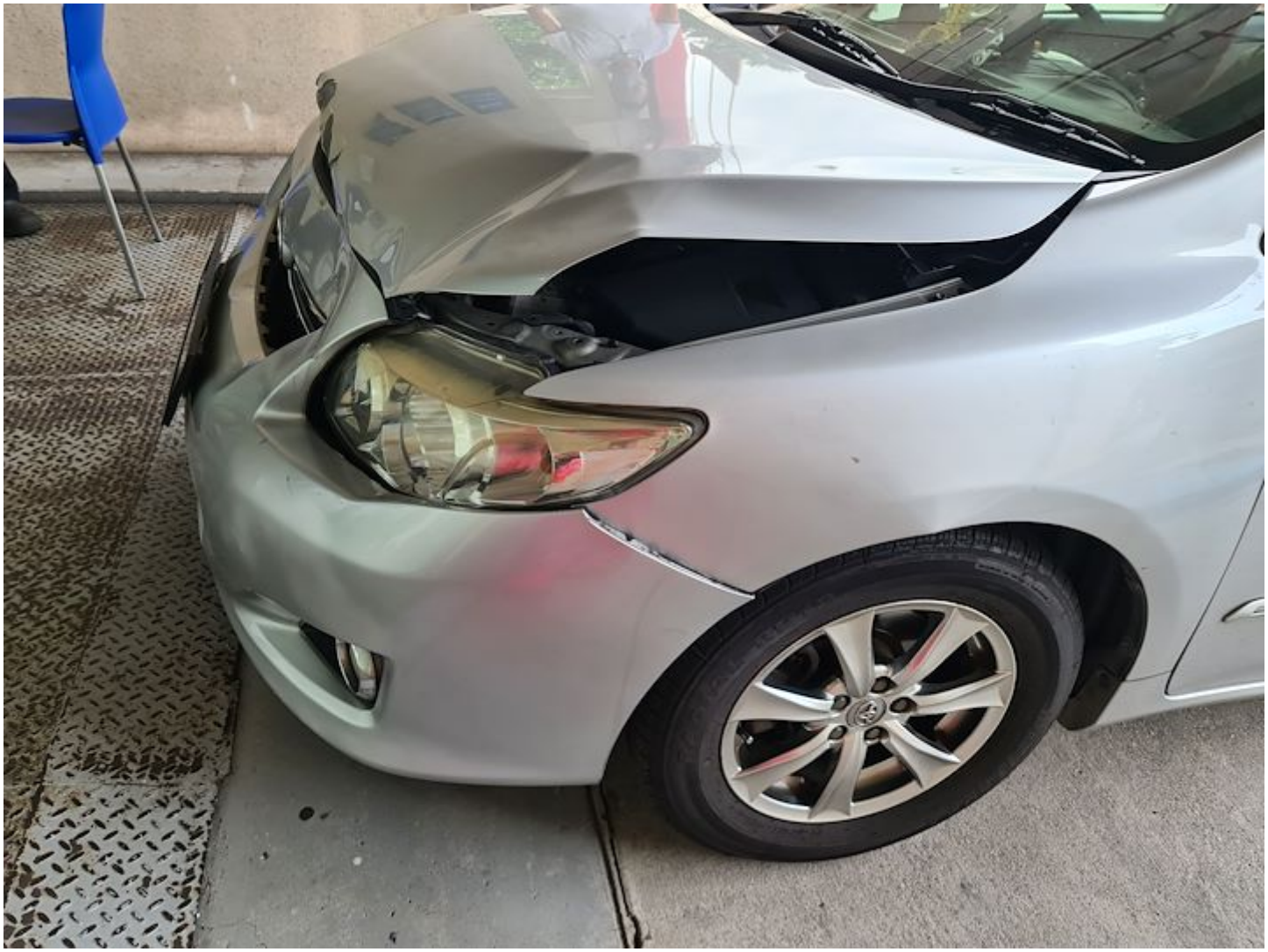
THAT IS ALL.

IMAGES

IMAGES #2

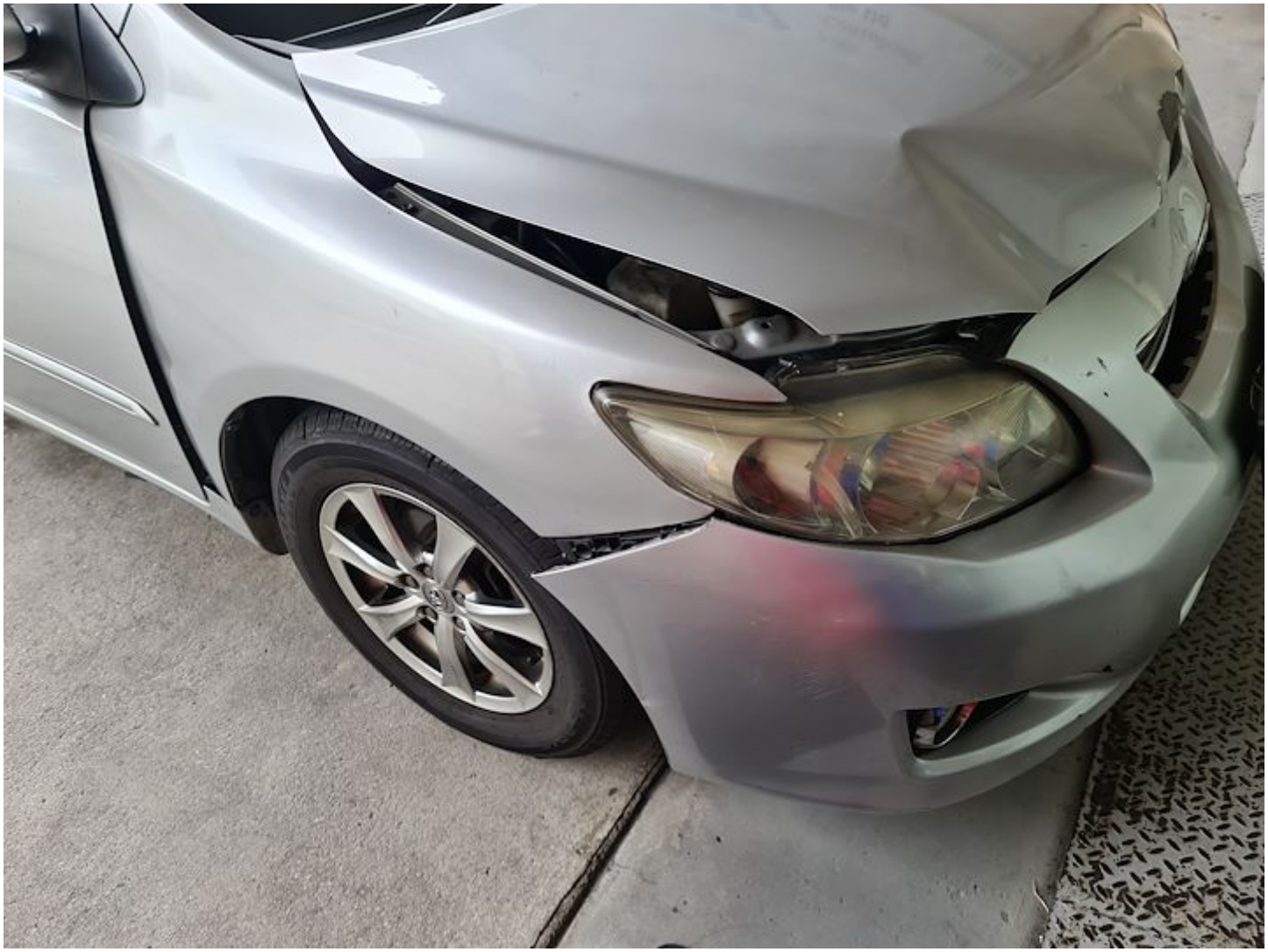
IMAGES #3

IMAGES #4



IMAGES #5

IMAGES #6



IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

SINGAPORE POLICE FORCE

T/20220531/2048

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

Report No. T/20220531/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
31/05/2022 14:52		

Informant's Particulars

Name of Informant: YEO KER SEET			Address: APT BLK 268B BOON LAY DRIVE #04-574 BOON LAY COURT SINGAPORE 642268	
ID Type / ID No.: NRIC NO / S0076264D			Contact No.: Home/Office: 90668893	Mobile:
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 72	Date of Birth: 30/08/1949	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: WORKSHOP MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/05/2022 08:30	Type of Location:
Location: JURONG WEST AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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	Condition	No of Passenger
EG28A	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Seriously Damaged	1
GBJ4810B	Lorry				No Damage	0
JTS695	Motorcycle				Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20220531/2048

Report No. T/20220531/2048

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EG28A	FIRST CAPITAL INSURANCE LIMITED	D-21098562MVPC	28/12/2021	27/12/2022

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	YEO KER SEET		ID No.	S0076264D	
Related Vehicle	NIL		Contact No.	90668893	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL	
Rider					
Name	LOH CHEE NAN		ID No.	G2461928T	
Related Vehicle	NIL		Contact No.	94472192	
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 THE STATED DATE AND TIME ABOVE,

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SINGAPORE POLICE FORCE

T/20220531/2048

Report No. T/20220531/2048

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

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20220531/2048

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

Report No. T/20220531/2048

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: TP / Other MUHAMMAD ISKANDAR BIN DJUANDA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2022 14:52
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922610007 Vehicle Registration No: EG28A

Name (as shown in NRIC): YEO KER SEET NRIC/FIN/Passport No: SXXXX3640

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BLK 268B BOON LAY DRIVE #04-574 642268 Singapore ( )

Contact (Tel): Mobile No.: 90668893

Email Address:

Date of Accident: 31/08/22 Time of Accident: 08.30

Place of Accident: JURONG WEST AVE 2

Insurance Company: FIRST CAPITAL

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ADA IN PHOTO

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature 16/06/23
Name:
NRIC/FIN No.:
Date:

GIARMC Addendum Form