

# 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 ..... 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? .....	No
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**

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2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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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.

*13 July*  
*31-5-22*

Policyholder's Signature / Date & Time

Sketch Plan

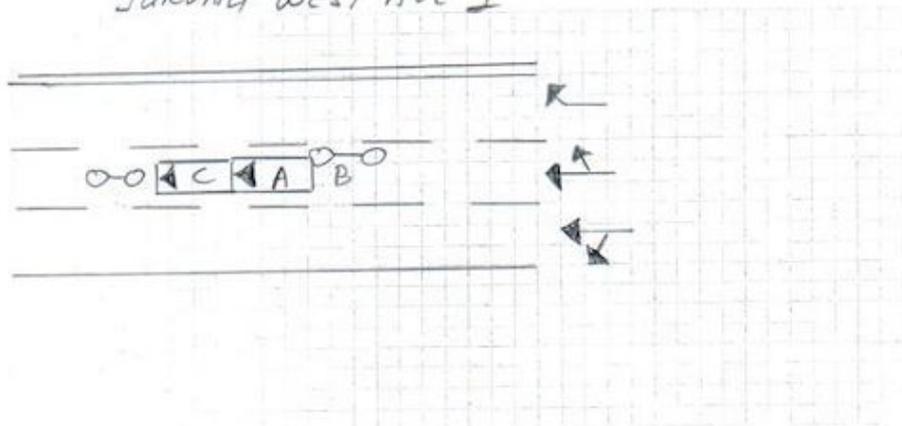
Driver's Signature (if driver is not the policyholder) / Date & Time

*JURONG WEST AVE 2*

*Sign 01/06/22*

Witnessed by Reporting Centre Personnel

- A - EG28A
- B - GBJ4810B
- C - JTS695







**SINGAPORE  
POLICE FORCE**



T/20220531/2048

2 of 4

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

Report No. T/20220531/2048

**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.



**SINGAPORE  
POLICE FORCE**



T/20220531/2048

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Report No. T/20220531/2048

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/05/2022 14:52	Vide Report No.:	Station Diary No.:
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**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.:		
Nationality: SINGAPORE CITIZEN			Home/Office: 90668893      Mobile:		
Sex: Male			Email:		
Age: 72			Type of Informant: Driver		
Date of Birth: 30/08/1949			Language:		
Race: Chinese			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

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

Report No. T/20220531/2048

## 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.

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T/20220531/2048

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Report No. T/20220531/2048

**CONTINUATION OF REPORT**



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POLICE FORCE**

Police Station Of Origin:  
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T/20220531/2048

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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