

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	08/06/2022 14:19 (SGT)
Date of Accident	03/06/2022 15:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE KPE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG873G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEONG AI LAY
NRIC No	SXXXX949C
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-90909216
Alternative Phone No	+65-90909216

VEHICLE PARTICULARS

Manufacturer	Ford
Model	Focus
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	999

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-007742
Cover Note Number	-

DRIVER

Name of Driver	YEONG AI LAY
NRIC No	SXXXX949C

Date Of Birth	21/12/1976
Occupation	Indoor
Date Of Driving Pass	09/02/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90909216
Alt. Phone Number	+65-90909216
Email Address	citizenpower555@gmail.com
Address	23 MILTONIA CLOSE #07-06
Address complement	-
Postcode	768059
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	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	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20220603/7048

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	SNE5355B
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEONG AI LAY
Gender	Female
Phone No	(Phone) +65-90909216
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMG873G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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;

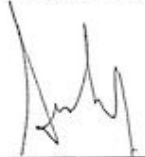
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(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.


Policyholder's Signature / Date & Time


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

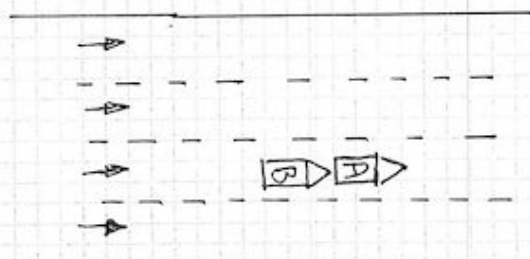

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE - TUAS BEFORE KPE EXIT.

VEH A = SMG 873 G

VEH B = SNE 5355 B




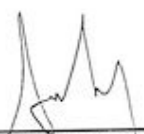
Describe Circumstances of the Accident

~ REFER TO POLICE REPORT - A/20220603/7048

Declaration

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

 08/06/2022
Witnessed by Reporting Centre Personnel



















SINGAPORE POLICE FORCE



A/20220603/7048

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POLICE REPORT (NP299)

Report No. A/20220603/7048

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 03/06/2022 20:10	Vide Report No.	Station Diary No.
Name Of Informant YEONG AI LAY	Address 23 MILTONIA CLOSE #07-06 SINGAPORE 768059	
ID Type / ID No. NRIC NO / S7641949C	Contact No. Home/Office:	Mobile: 90909216
Nationality SINGAPORE CITIZEN	Email Address WHITESKIM@YAHOO.COM	
Occupation Manager	Sex Female	Age 45
Institution/School Name	Date of Birth 21/12/1976	Race Chinese
Date/Time Of Incident 03/06/2022 15:00	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the stated date and time, I was driving my vehicle SMG873G along PIE(Tuas) when I had gradually come to a stop due to traffic conditions before KPE EXIT.

Several seconds after coming to a complete stop, a huge impact hit onto my vehicle's rear.

I alighted to realise that SNE5355B had hit onto the rear left portion of my vehicle as the driver had attempted to swerve out of the way but failed.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2022 20:10
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20220603/7048

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220603/7048

After the accident, my neck and lower back started feeling sore and stiff.

As such, I went to Unihealth 24-Hr Clinic Toa Payoh for treatment immediately after the accident.

I was given 3 days MC.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
03/06/2022 20:10

Classification Of Case: