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 24/06/2022 18:25 (SGT) Reported by Date of Accident 24/06/2022 16:05 (SGT) Exact Location of Accident 1 Queensway, Singapore 149053 Additional Location Information **QUEENSWAY SHOPPING CENTRE LOT120**

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP3154T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEO KAIDI NRIC No S8916979H Email Address YEOKAIDI.KD89@GMAIL.COM Mobile Phone No (Phone) +65-91176895 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 316i

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 1598

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5126540319

DRIVER

Name of Driver YEO KAIDI NRIC No S8916979H Date Of Birth 23/05/1989 Occupation Indoor

Date Of Driving Pass	08/06/2009
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-91176895
Alt. Phone Number	-
Email Address	YEOKAIDI.KD89@GMAIL.COM
Address	346 BUKIT BATOK STREET 34
Address complement	#11-214
Postcode	650346
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	- N
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
venice registration number of other venice owned by briver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry
	2.9
OTHER INFORMATION	
Was anotaving orbital to the distribution of the co	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No
	2
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	- Yes
Number of Passengers (Including Driver)	res 1
Has the driver been approached by unknown person(s)	I.
soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE SKECTH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SMN1126L
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)	3

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

l 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SLP3154T B = SMN1126L

Describe Circumstances of t	he Accident	LOOIDELY DATE		w / / /	
ICENSE PLATE: SUP 313	1 1 305	ACCIDENT DATE	& TIME: 2	· T 106/	2022 1605
ONTACT NUMBER: 9 []	16895	E-MAIL ADDRESS	: yesk	a di 1608°	1919mail. co.
CENSE PLATE: SLP315 DOTACT NUMBER: 911	shoping cen	tre bot 1	1201		
As per P					
Network SWN	1126L Knot	clear into	riting	rear	door when
my vehicle	2 , TLP 3154	FT 5	Station	ery	
J					
	4000			-	
					1.00
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NOTE: PLEASE NOT	E THAT YOUR INSURER MAY	Y HAVE 14 DAYS TIME	FRAME FOR	YOU TO SUBMI	TAN
	UNDER YOUR OWN POLICY.				
ease state:					
() Claim Own Policy	() Claim Third Party	(Claim OD(TP)at	other workshop	() Re;	porting Only
	many life and the same and the	V			,
eclaration					2
e declare the foregoing particular	s are true in every respect.				
5					
licyholder's Signature / Date &	Driver's Signature (If drive & Time	er is not the policyhold	er) / Date	Witnessed by Personnel	Reporting Centre





Report No. D/20220624/2032

POLICE REPORT (NP299)

Police Station Of Origin Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

Date/Time Report Made 24/06/2022 17:38	Vide Report No. D/20220624/0074		Station Diary No. 33	
Name Of Informant YEO KAIDI	Address APT BLK 346 BUKIT BATOK STREET 34 #11-214 SINGAPORE 650346			
ID Type / ID No. NRIC NO / S8916979H	Contact No. Home/Office		Mobile 91176895	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Operation Manager	Male	33	23/05/1989	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 24/06/2022 16:05	Location Of Incident 1 QUEENSWAY QUEENSWAY SHOPPING CTR/Q TWR* SINGAPORE 149053 Carpark lot 120			

Brief details.

On the 24/06/2022 at about 1605hrs, I was in my vehicle number bearing 'SLP3154T' which was stationary in lot 120 and subsequently a vehicle number bearing 'SMN1126L' which was parked at lot 121 on my right. Subsequently, a male passenger came in between both vehicles and went into his vehicle from the rear left passenger door which then collided against my rear right passenger door. I then came out as I felt an impact to inspect my vehicle and realised there were scratches. I then informed the driver

Signature Of Informant:
Date/Time: 24/06/2022 17:38
Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220624/2032

about the matter and he came out of his vehicle and a verbal dispute happened. He informed that there is nothing wrong and used his rear left passenger door to hit against my rear right passenger door again. I then asked for his particulars as I wanted to lodge a Police report however he refused and used one of his hand to slam against my rear right passenger door. He then left the carpark. I then called for Police and Traffic Police came and informed that they had informed IO Jazreel Wee and she will be the IO for my case ref: D/20220624/0074. My in car camera is working at that point of time. I wish to state that both of us are not injured and there was no physical dispute.

The male driver is one Malay with long hair (shoulder length) in his 30s, big size and about 1.8m.

My car damages as follows: Rear right passenger door has scratches

Signature Of Officer Recording The Report: D / Other TERRY ONG JU QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2022 17:38
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / SR STAFF SGT JAZREEL WEE JIA YAN Contact No.: 68727683	Classification Of Case: