

## 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 Actual 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 .....	04/10/2022 18:24 (SGT)
Reported by .....	Both
Date of Accident .....	24/09/2022 02:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	GEYLANG ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLX5301E
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHUA GUAN HENG
NRIC No .....	S9012017D
Email Address .....	REIIIWXNG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90267772
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Scirocco
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1400

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5124624858

#### DRIVER

Name of Driver .....	YEOW ZHI RONG
NRIC No .....	T0102823A
Date Of Birth .....	14/01/2001
Occupation .....	Outdoor

Date Of Driving Pass .....	17/12/2019
Driving experience .....	2 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-84520129
Alt. Phone Number .....	-
Email Address .....	REIIWXNG@GMAIL.COM
Address .....	462C YISHUN AVE 6 #06-1105 S763462
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 - Change/cross lane
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) .....	3
Has the driver been approached by unknown person(s) 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 .....	-

#### PASSENGER 1

Name .....	YEOW ZHI RONG
Gender .....	Male

#### PASSENGER 2

Name .....	MARTIN LOKE
Gender .....	Male

#### 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

REFER POLICE REPORT ATTACHED

#### 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 .....	SHC7397Z
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 .....	YEOW ZHI RONG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNKNOWN
Injured person in which vehicle? .....	SLX5301E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	MARTIN LOKE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNKNOWN
Injured person in which vehicle? .....	SLX5301E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

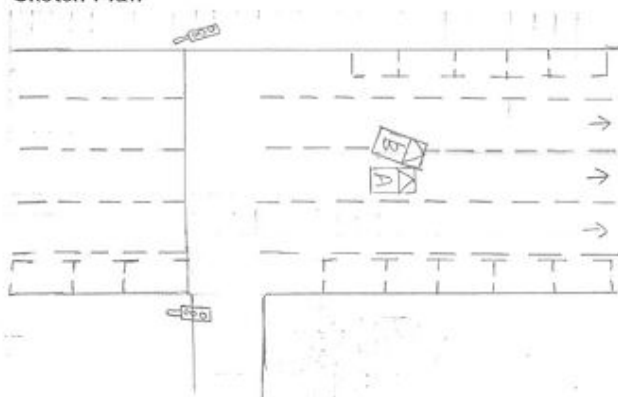
Nuy  
Policyholder's Signature / Date & Time

Ymw 04/10/22 3:40  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



### Sketch Plan



A: SLX 5301 E  
B: SHC 7397 Z

Refer to Police Report No = T/20220929/7059

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre Personnel



















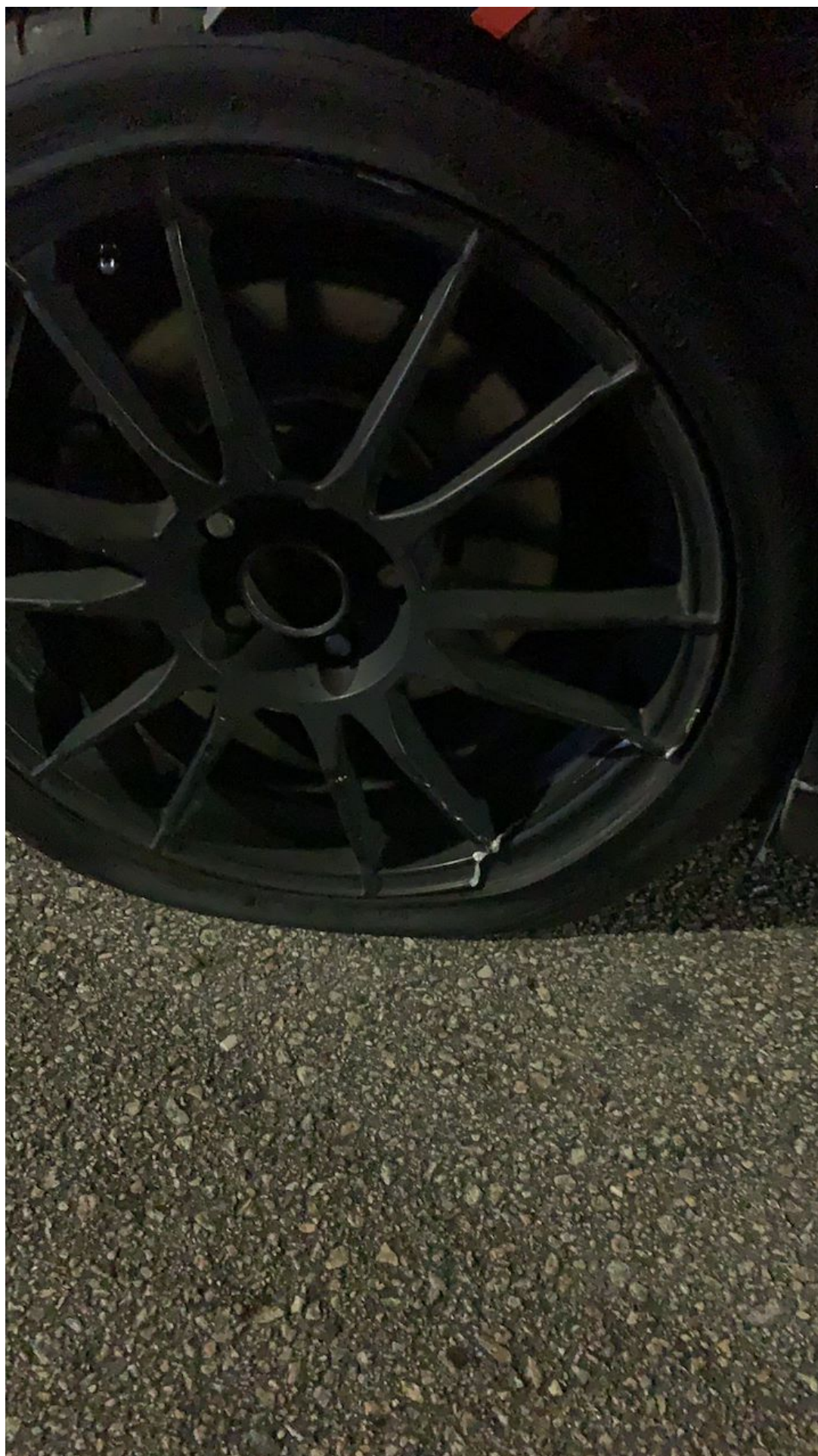


















**SINGAPORE  
POLICE FORCE**



T/20220929/7059

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

Report No. T/20220929/7059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/09/2022 16:25		Vide Report No.: G/20220924/0046		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YEOW ZHI RONG			Address: 462C YISHUN AVENUE 6 #06-1105 SINGAPORE 763462		
ID Type / ID No.: NRIC NO / T0102823A			Contact No.: Home/Office: Mobile: 84520129		
Nationality: SINGAPORE CITIZEN			Email: reiiwxng@gmail.com		
Sex: Male	Age: 21	Date of Birth: 14/01/2001	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2022 02:45	Type of Location: Straight Road
Location:  GEYLANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC7397Z	TAXI				Slightly Damaged	0
SLX5301E	Car	VOLKSWAGO N	SCIROCCO	Black	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20220929/7059

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

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Report No. T/20220929/7059

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX5301E	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YEOW ZHI RONG		ID No.	T0102823A
Related Vehicle	SLX5301E (Car)		Contact No.	84520129
Hospital/Clinic	WOODGROVE MEDICAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/09/2022		Date	28/09/2022
No. of Days granted Medical Leave	05	Degree of	Serious	
Passenger				
Name	MARTIN LOKE		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	WOODGROVE MEDICAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/09/2022		Date	28/09/2022
No. of Days granted Medical Leave	05	Degree of	Serious	

## Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG GEYLANG ROAD.

OUT OF NOWHERE, (SHC7397Z) ABRUPTLY SWITCH INTO MY LANE FROM THE LEFT AND INTO MY LANE.

I IMMEDIATELY APPLIED MY BRAKES AND HONKED BUT (SHC7397Z) KEPT COMING INTO MY LANE.

I COULDN'T SWITCH LANES TO THE RIGHT AS THERE WERE PEOPLE WALKING ALONG THE ROAD AS SUCH I KEPT JAMMING MY BRAKES BUT (SHC7397Z) SWITCHED LANES TOO ABRUPTLY AND HIT ONTO MY VEHICLE'S LEFT SIDE.



**SINGAPORE  
POLICE FORCE**

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



T/20220929/7059

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Report No. T/20220929/7059

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20220929/7059

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Report No. T/20220929/7059

**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 / TPB /  
MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

NP168

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

Date/Time:  
29/09/2022 16:25

Classification Of Case: