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 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.

- 4. The issue and acceptance of this is form by instrained 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 12/10/2022 17:12 (SGT) Reported by Date of Accident 11/10/2022 16:30 (SGT) Exact Location of Accident Singapore Additional Location Information 53 PAYA UBI IND PARK, UBI AVE 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SFP357R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEO KHEK HEONG NRIC No SXXXX089G Email Address reggieyeo@gmail.com Mobile Phone No (Phone) +65-97826936 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante 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 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00011492200

DRIVER

Name of Driver YEO KHEK HEONG NRIC No SXXXX089G Date Of Birth 15/09/1965 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/04/2011 11 YEARS AND 6 MONTHS Male (Phone) +65-97826936 - reggieyeo@gmail.com BLK 655A PUNGGOL EAST #04-710 821655 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE POLICE REPORT:T/20221012/7005	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	
DETAILS OF OTHER	VEHICLE PROPERTY 1

SNC9435M

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Colour - Vehicle Category Private category 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) -	Vehicle Variant	_
Name of Driver - Contact Number - Address - Saddress - Saddress complement - Saddress complement - Saddress company Name - Sad	Vehicle Colour	_
Contact Number	Vehicle Category	Private car
Contact Number	Name of Driver	-
Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -		-
Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Address	-
Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	Address complement	-
Nature Of Damage Details of property damaged in accident	Postcode	-
Details of property damaged in accident	Insurance Company Name	-
	Nature Of Damage	-
	Details of property damaged in accident	-

SKETCH PLAN

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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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)

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

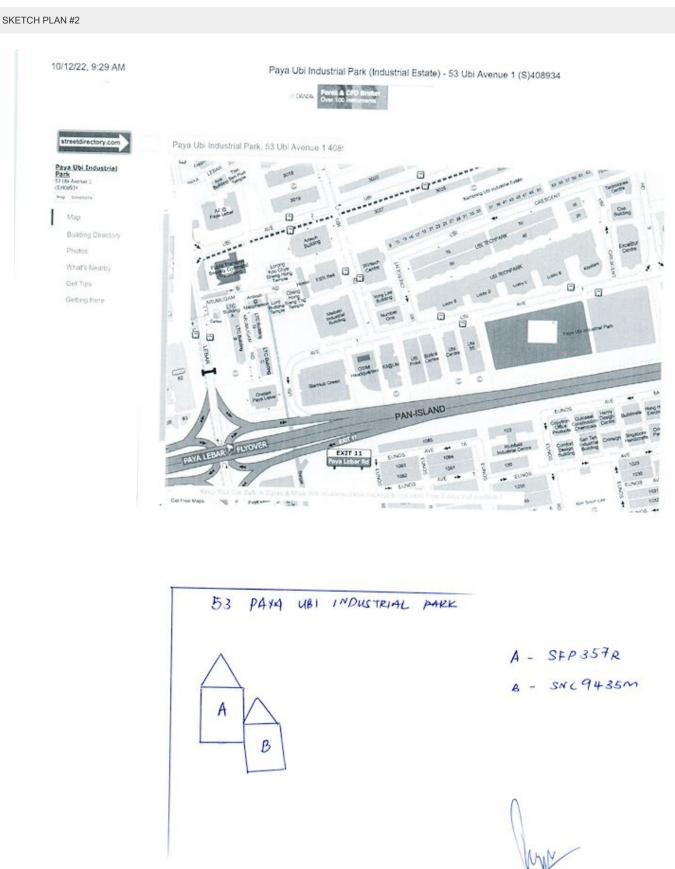
10-18an

Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

12/10/22

Sketch Plan





https://www.streetdirectory.com/sg/paya-ubi-industrial-park/53-ubi-avenue-1-408934/6710_53238.html

1/1

0/0	-16	1	11.	. /		
1-63	The	00	The	police	report:	7/2022/012/2005
aration						
	oregoing particul	ars are true	in every	respect.		
1						
6/						olym 12/10/2
halde de	W	-				- bym 12/10/2
nolders Sig	12 UC72	ime Actu	al Driver's	Signature (if drive	er is not the policyhold	er) Witnessed by Reporting Centre Perso (Name as in NRIC/ID card)

Accident Statement

On 11TH Oct 2022 at about 1630 Hrs, My vehicle (SFP357R) was stationary parked at level 3 of Block 53 Paya Ubi Industrial Park. A vehicle (SNC9435M) hit onto the rear right side of my vehicle. The driver did not alight from the vehicle and left the scene immediately after the accident. I have camera footage recorded the said accident.

I am making a claim against third party.

Name: Yeo Khek Heong

I/C: S1713089G





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

Report No. T/20221012/7005

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFP357M	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW000114 92200	14/01/2022	13/01/2023
SNC9435M	LIBERTY INSURANCE PTE LTD			

Details of Perso	n involved		BLOG BUSINES		
Any Pedestrian II	nvolved: No		200		
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA		
Vehicle Owner				FREE YEAR	
Name	YEO KHEK HEONG	3		ID No.	S1713089G
Related Vehicle	NIL			Contact No	97826936
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

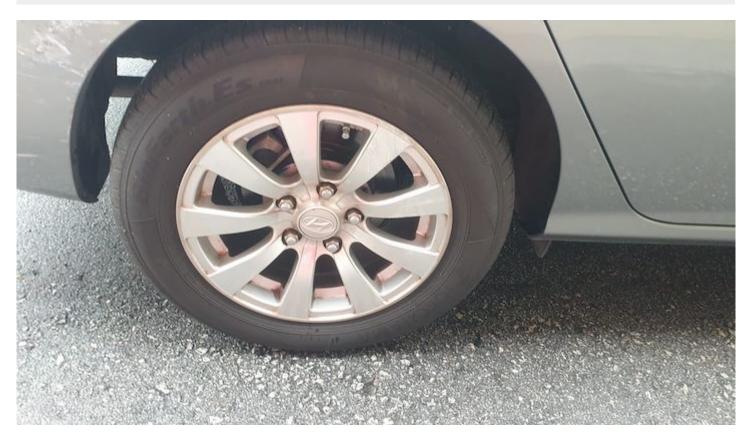
On 11th Oct 2022 at about 1630 Hrs, my vehicle (SFP357R) was stationary parked at level 3 of Blk 53 Paya Ubi Industrial Park. A vehicle (SNC9435M) had hit onto the rear right side of my vehicle. I wish to state that the driver did not alight from his vehicle and drove off immediately after the accident. I have camera footage recorded the said accident.





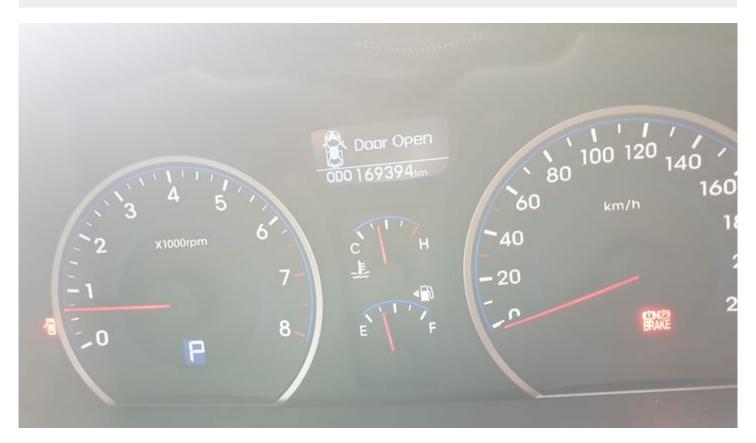


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

1 of 3 Report No. T/20221012/7005

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

12/10/2	Date/Time Report Made: 12/10/2022 10:03		Vide Report No.: Station Diary			
Informa	nt's Partic	ulars				
Name o	f Informant: IEK HEON		Address: 655A PUNGGOL EAST #04-	710 CINICADORE 4044-		
ID Type NRIC N	/ ID No.: 0 / S17130	89G	Contact No.: Home/Office:			
Nationality: SINGAPORE CITIZEN		EN	Email: REGGIEYEO@GMAIL.COM			
Sex: Male	Age: 57	Date of Birth: 15/09/1965	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/10/2022 16:30	Type of Location Straight Road
Location: UBI AVENUE	1.			
Weather: Clear		Road Surface:		Pand Casad Livin
		Dry		Road Speed Limit:
Traffic Flow: One Way Type of Collisi	New	Traffic Control: Not Controlled		Traffic Volume:

Vehicle No.	Туре	Make	Model	Color	Conditio	
SFP357M	Car	HYUNDAI			Conditio	No of
			AVANTE	Grey	Slightly Damaged	0
SNC9435M	Car	JAGUAR	XE 2.0P 250 PS RWD	Blue	Slightly Damaged	1





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

Report No. T/20221012/7005

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFP357M	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW000114 92200	14/01/2022	13/01/2023
SNC9435M	LIBERTY INSURANCE PTE LTD			

Details of Perso	n Involved		BLOG BUILDING		
Any Pedestrian II	nvolved: No				
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA		
Vehicle Owner				E HER KIN	
Name	YEO KHEK HEONG	YEO KHEK HEONG			S1713089G
Related Vehicle	NIL			Contact N	o. 97826936
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NII	
No. of Days gran	ted Medical Leave	NIL	Degree of	NII	

Brief Details.

On 11th Oct 2022 at about 1630 Hrs, my vehicle (SFP357R) was stationary parked at level 3 of Blk 53 Paya Ubi Industrial Park. A vehicle (SNC9435M) had hit onto the rear right side of my vehicle. I wish to state that the driver did not alight from his vehicle and drove off immediately after the accident. I have camera footage recorded the said accident.





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

3 of 3 Report No. T/20221012/7005

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

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: 12/10/2022 10:03
Officer In Charge Of Case: TP / TPIB / RASHIDAH BINTE AZMAN Contact No.: 65476902	Classification Of Case: