# 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 10/10/2022 14:21 (SGT) Reported by Driver Date of Accident 08/10/2022 22:30 (SGT) Exact Location of Accident North Buona Vista Rd & Dover Rd, Singapore Additional Location Information NORTH BUONA VISTA ROAD AND DOVER ROAD / AYER **RAJAH AVE JUNCTION** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJA5555J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner MILLIE LENG MI LIN NRIC No SXXXX155C

Email Address PBLENG@YAHOO.COM.SG Mobile Phone No (Phone) +65-90613201

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Α5

Variant SPORTBACK 2.0 TFS

Exact purpose for which vehicle was being used at time of

Private use accident Are you claiming under your own insurance policy for repair to

your vehicle? Yes Vehicle Category Private car

Transmission Auto CC 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.

Policy Number / Cover Note Number 7210153572

DRIVER

Name of Driver MATTHEW YEO MING NRIC No SXXXX387D 29/04/1998

Date Of Birth

Occupation Indoor Date Of Driving Pass 17/01/2019 Driving experience 3 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90688994 Alt. Phone Number Email Address MATTHEW.YEOMING@GMAIL.COM Address 107 BUKIT WAY Address complement Postcode 587785 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 COCO LEE JIA JIA Gender Female

### 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

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

Was notice of intended Prosecution given?

No

If yes, against whom?

# CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING HOME AFTER PICKING UP MY GIRLFRIEND ON THE 8TH OF OCTOBER AT APPROX 10.30 PM FROM ONE NORTH TO BUKIT TIMAH HILL. I WAS MAKING A RIGHT TURN AT THE JUNCTION OF NORTH BUONA VISTA ROAD, DOVER ROAD & AYER RAJAH ROAD FROM NORTH BUONA TO DOVER ROAD. IT WAS A GREEN LIGHT AND THERE WAS NO IMMEDIATE TRAFFIC (NO RED ARROW, NO GREEN ARROW). I DROVE AND MADE THE RIGHT TURN AND AS I WAS ENTERING DOVER ROAD, I HEARD AND FELT A LOUD IMPACT THAT HIT THE BACK OF MY CAR REALLY HARD. I CALLED THE POLICE AND AMBULANCE AS WE FELT (ME AND MY PASSENGER) PAIN DUE TO THE IMPACT. TO NOTE, I WAS IN THE LAST LANE WHEN I GOT HIT.

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 Vehicle Manufacturer Vehicle Model Vehicle Variant	SNG2024R Toyota Alphard
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	TOH PENG YOM
Contact Number	(Phone) +65-83884322
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# **INJURED PERSONS DETAILS**

# INJURED 1

Name of injured person	MATTHEW YEO MING
Gender	Male
Phone No	(Phone) +65-90688994
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJA5555J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-
INJURED 2	
Name of injured person	COCO LEE JIA JIA

INJUNED 2	
Name of injured person Gender Phone No	COCO LEE JIA JIA Female (Phone) +65-89088877
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJA5555J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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' 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 & Driver's Signature (# driver is not the policyholder) / Date & Time

Sketch Plan

North Rora Yibta Rd

ADASISSO

Octobro 2077

Witnessed by Reporting Centre Personnel Tany Pashs

Adam Rora Yibta Rd

ADASISSO

B: SNG2024R

Describe Circumstances of the Accident
I wis diving hime after aching up my arthrid in the 8th of October at apport 10.30pm from one-north to Bolist throm Hill.
from one-north to Bolint timory Hill.
makes doubt
Lacol valored about the mother to nother the form is and the proper to all the lacol to and the lacol to an artist to a lacol to a laco
Le agus rayong roots from north bullong to dorry road.
traffic red
H was a green light and there was no minediate partie (no red anow, no green anow)
I store and made the appt thin and as I was entered above coald. I heard and tell a
Loud mead which his the back of my ar really hard. I heard and felt a
no pain due
to the month of annularity as on we tell (me king powerge) from over
W. W.
to oute, I was on the last brewhen last hit.

# Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

mp 64.01

Witnessed by Reporting Centre Personnel Tony Foons







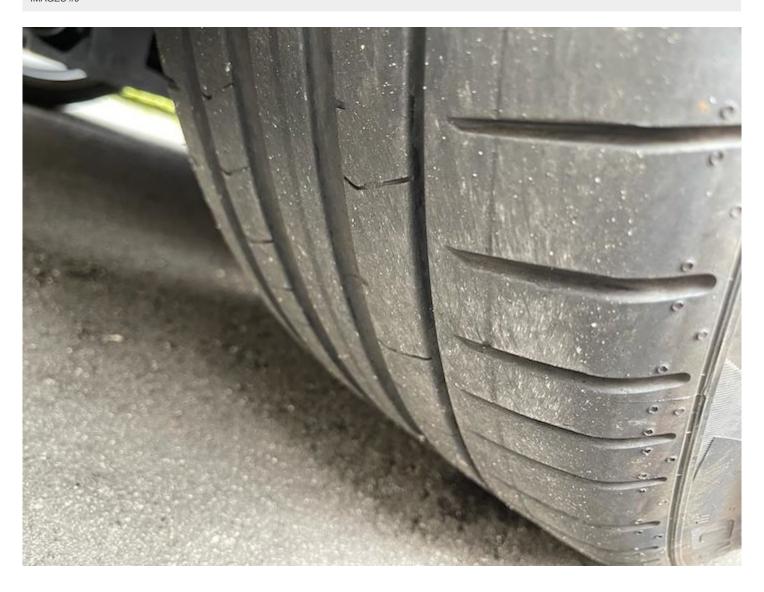


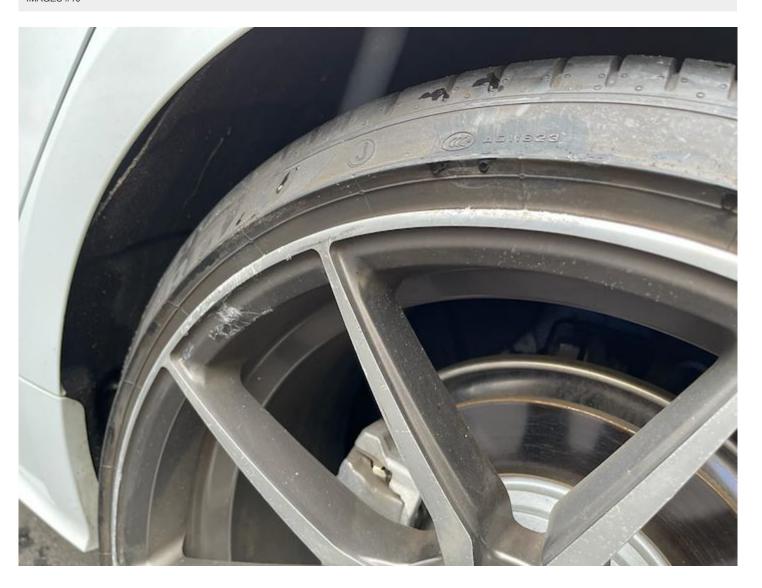










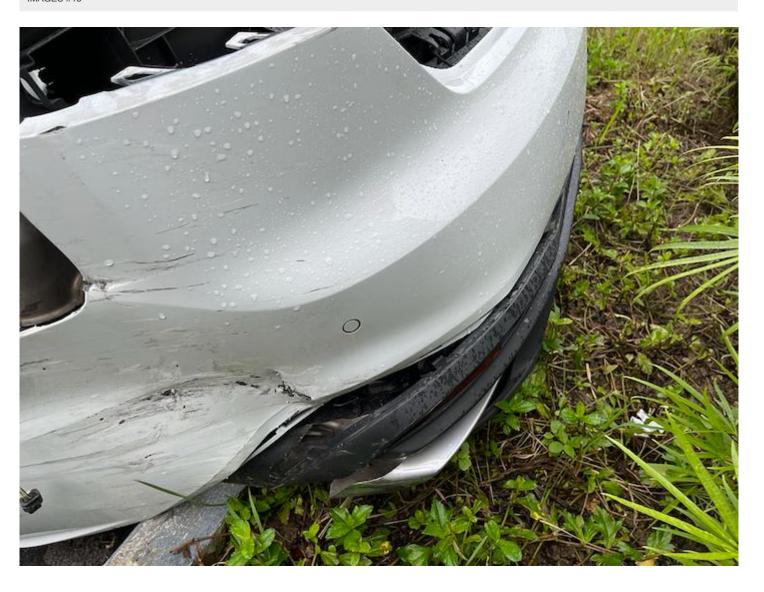


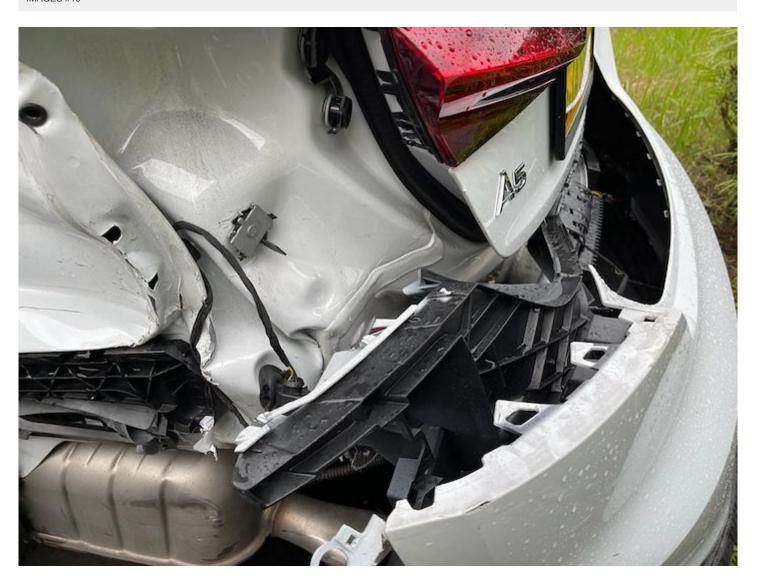


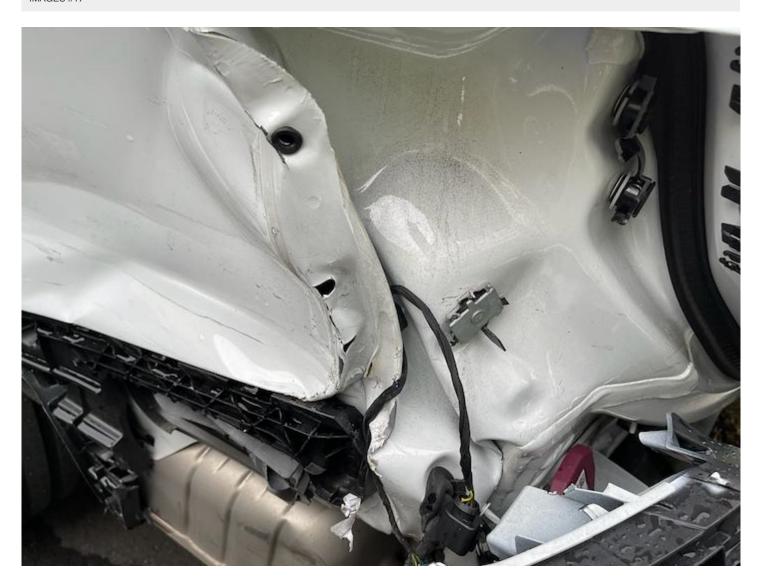


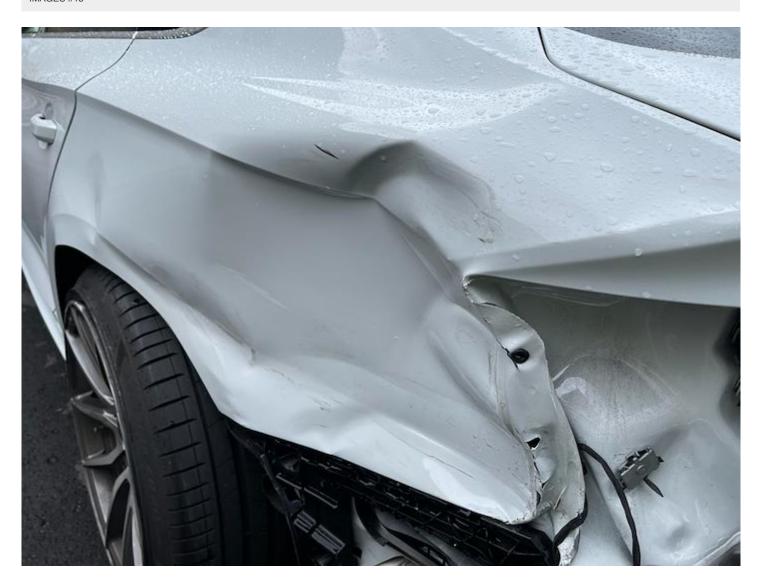








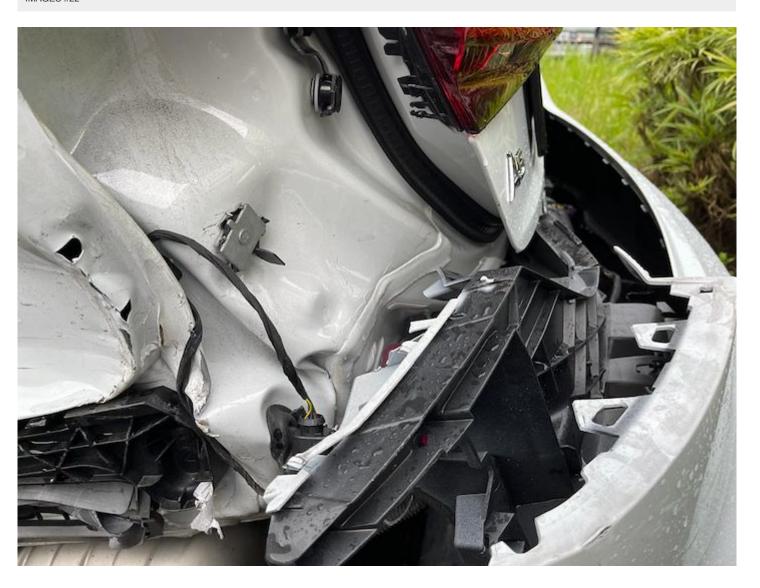


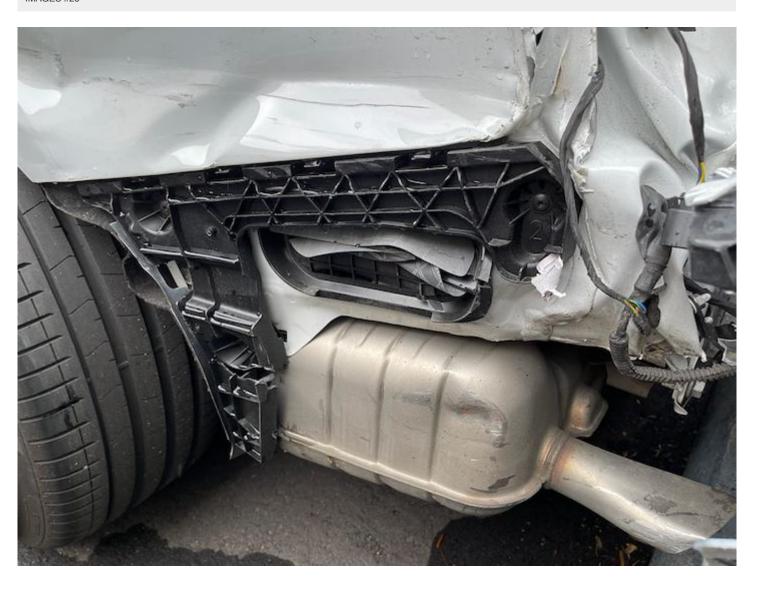






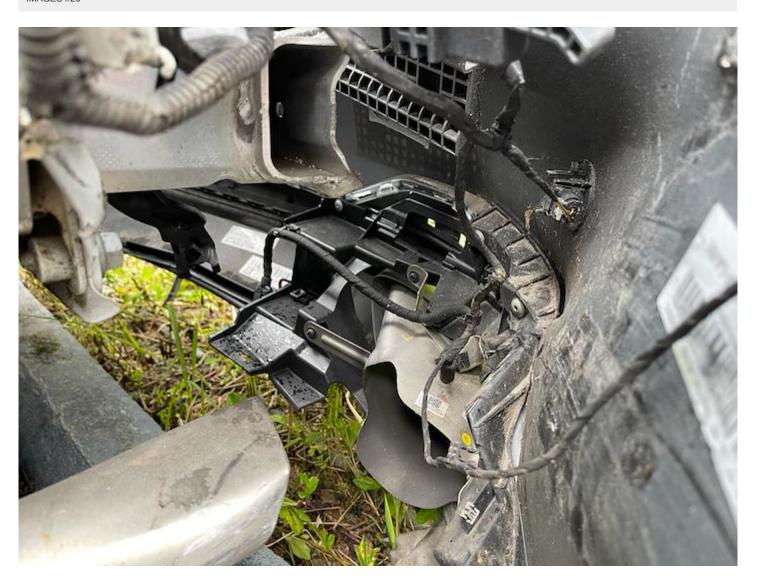




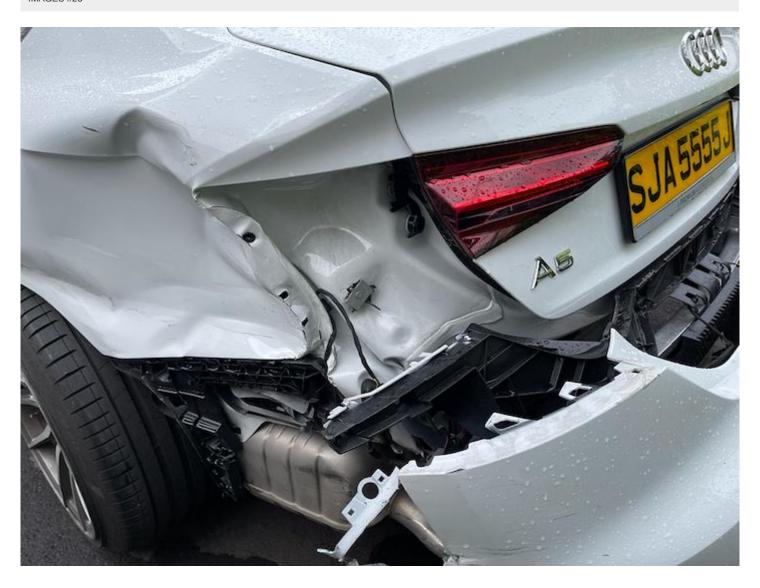


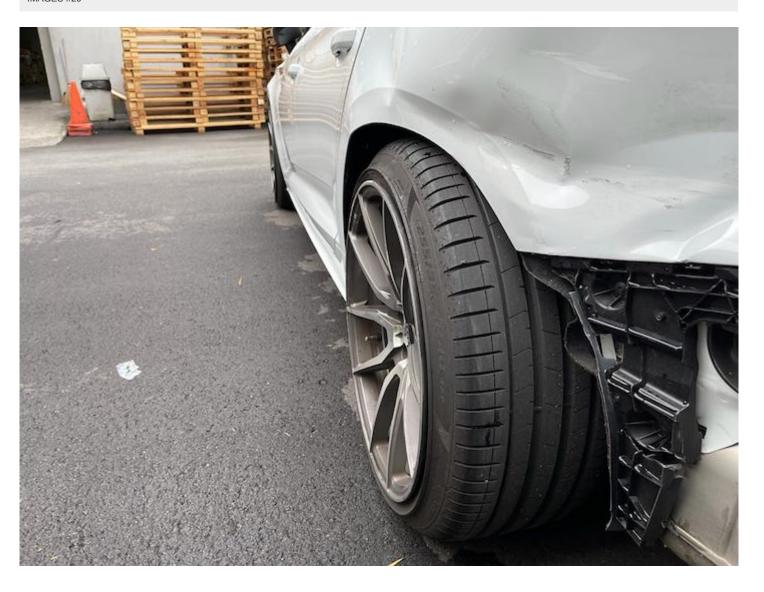








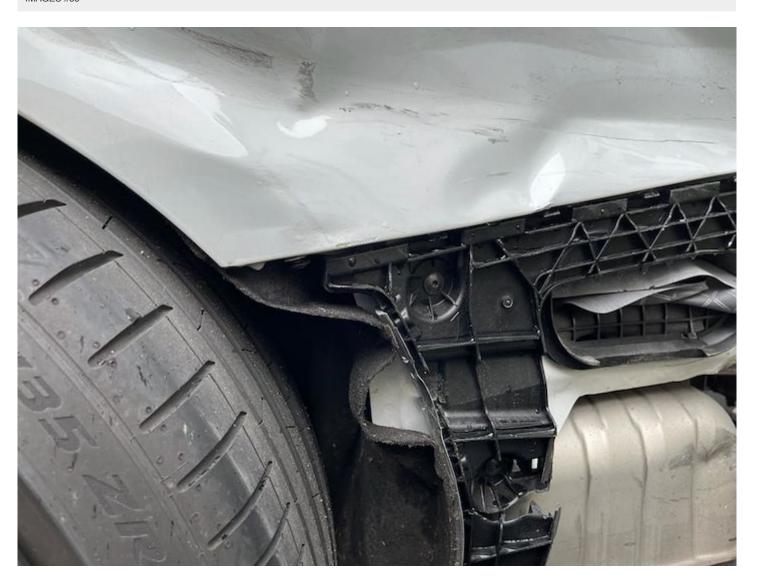






























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20221	 	

1 of 3

Report No. T/20221010/7031

REPORT	OF A TRAFFIC	CACCIDENT				
Date/Time Report Made: 10/10/2022 13:32		/lade:	Vide Report No.:	Station Diary No.:		
Informa	int's Partici	ulars				
	f Informant: EW YEO M		Address: 107 BUKIT WAY SINGAPOR	E 587785		
ID Type / ID No.: NRIC NO / S9814387D		87D	Contact No.: Home/Office:	Mobile: 90688994		
National SINGAF	lity: PORE CITIZ	EN	Email: MATTHEW.YEOMING@GM/	AIL.COM		
Sex: Male	Age: 24	Date of Birth: 29/04/1998	Type of Informant: Driver			
Race: Chinese	)		Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: Date of Expiry:			

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/10/2022 22:30	Type of Location: X-Junction	
Location: AYER RAJAH	H AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traine From		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion: ring Vehicles - Head To Re	ear		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJA5555J	Car					0
SNG2024R	Car					0

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 2 of 3 Report No. T/20221010/7031

Tel No: 65470000 CONTINUATION OF REPORT

Passenger			Tonco Heli			
Name	COCO LEE JIA JIA			ID No		S9911641B
Related Vehicle	SJA5555J (Car)			Conta	ct No.	89088877
Hospital/Clinic	THOMSON MEDICAL CENTRE			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	10/10/2022		Date	-	10/10	)/2022
No. of Days gran	Days granted Medical Leave 03			f Serious		us
Driver						
Name	MATTHEW YEO MING		ID No		S9814387D	
Related Vehicle	SJA5555J (Car)			Conta	ct No.	90688994
Hospital/Clinic	THOMSON MEDICAL CENTRE			Class Drivin Licen Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	10/10/2022		Date		10/10	)/2022
No. of Days gran	ted Medical Leave	03	Degree o	f Serious		us

## Brief Details.

I was driving home after picking up my girlfriend on the 8th of October at approximately 10.30pm from One-North to Bukit Timah.

I was making a right turn at the junction of North Buona Vista Road, Dover Road and Ayer Rajah from North Buona to Dover Road.

It was a green light and a discretionary right turn. As I looked up, there was no immediate traffic so I proceeded to turn. (No red or green right arrow)

As I was completing the turn entering dover road, all of a sudden there was a large impact from the rear of the car. We did not hear any honking sounds or any signs of warning. It was a strong full force collision that hit us in the rear backend of the car. To note, I was in the last lane of the junction turning into dover road when I was hit. It seemed like the driver that hit me did not slow down at all given the severity of the impact

I then proceeded to call the police and am ambulance to ensure my passenger was okay.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221010/7031

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: 10/10/2022 13:32
Officer In Charge Of Case: TP / TPIB / ABDUL RAHIM BIN SALIM Contact No.: 65476433	Classification Of Case:

NP168