

## 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	12/10/2022 16:33 (SGT)
Reported by	Both
Date of Accident	11/10/2022 15:50 (SGT)
Exact Location of Accident	Amber Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU1228Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EUGENE CHEO SENG WEE
NRIC No	S8930375C
Email Address	NEWCOMER806@GMAIL.COM
Mobile Phone No	(Phone) +65-97102162
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1400

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000694045

#### DRIVER

Name of Driver	EUGENE CHEO SENG WEE
NRIC No	S8930375C
Date Of Birth	31/08/1989
Occupation	Indoor

Date Of Driving Pass	17/12/2012
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97102162
Alt. Phone Number	-
Email Address	NEWCOMER806@GMAIL.COM
Address	BLK 426 PASIR RIS DRIVE 6 #12-55
Address complement	-
Postcode	510426
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)	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	SHERWIN BEH
Gender	Male

#### PASSENGER 2

Name	GABRIEL LEE
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002419999
Alt. Police Station Phone No	(Fax) +65-64431687
Police Station Address	Blk 15 Bedok South Road #01-117 Singapore 460015
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20221012/2037.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6518K
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	VEHICLE B
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	SHERWIN BEH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFU1228Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	GABRIEL LEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFU1228Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 3

Name of injured person	EUGENE CHEO SENG WEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFU1228Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

**IMPORTANT NOTICE**

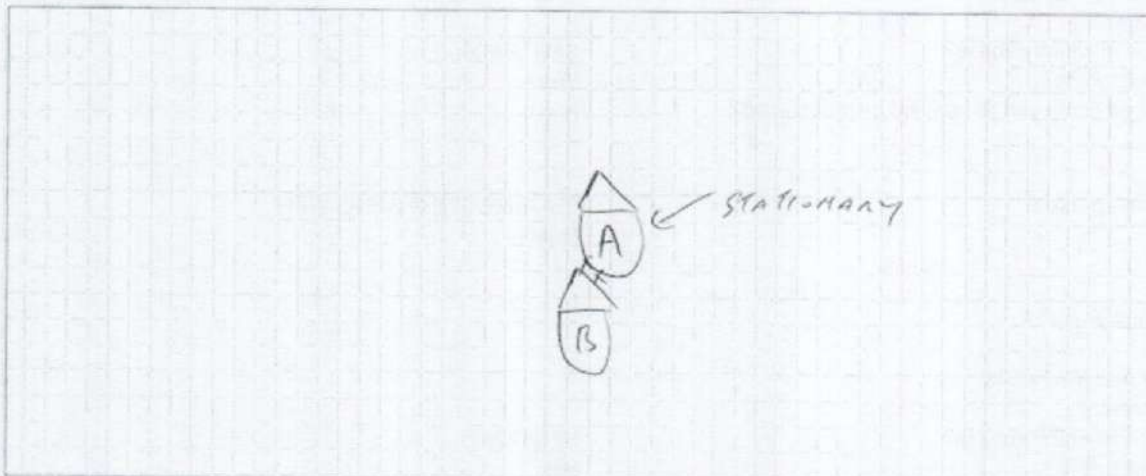
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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 Traffic Police Department for investigation.**
6. 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.
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.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report.

Declaration

(We declare the foregoing particulars are true in every respect)



Police Officer's Signature / Date & Time

Driver's Signature (If driver is not the person making the report)

Witnessed by Reporting Officer's Signature  
(Signature of RPD Officer)



SINGAPORE  
POLICE FORCE



T202210122037

Police Station Of Origin  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

Report No: T202210122037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 12/10/2022 13:10	Video Report No.	Station Diary No 8
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## Informant's Particulars

Name of Informant: EUGENE CHEO SENG WEE			Address: APT BLK 426 PASIR RIS DRIVE 6 #12-55 SINGAPORE 510426		
ID Type / ID No.: NRIC NO / S8930375C			Contact No.: Home/Office Mobile: 97102162		
Nationality: SINGAPORE CITIZEN			Email: newcomer806@gmail.com		
Sex: Male	Age: 33	Date of Birth: 31/08/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BUSINESS DEVELOPMENT MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/10/2022 15:50	Type of Location Slip Road to Mouthbatten Road
Location: AMBER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS6518K	Bus/Coach/Minibus				Slightly Damaged	0
SFU1228Y	Car	VOLKSWAGO N	GOLF 1.4 TSI CL	Grey	Slightly Damaged	2

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE  
POLICE FORCE



T/20221012/2037

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

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Report No. T/20221012/2037

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFU1228Y	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2000694045	12/12/2021	11/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SHERWIN BEH SWEE YANG		ID No.	S9035481G
Related Vehicle	SFU1228Y (Car)		Contact No.	81009370
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	EUGENE CHEO SENG WEE		ID No.	S8930375C
Related Vehicle	SFU1228Y (Car)		Contact No.	97102162
Hospital/Clinic	Paddington Medical Clinic		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/10/2022		Date Discharge	12/10/2022
No. of Days granted Medical Leave	08		Degree of Injury	Slight
Passenger				
Name	GABRIEL LEE EK HEE		ID No.	S8921712A
Related Vehicle	SFU1228Y (Car)		Contact No.	92323592
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	07		Degree of Injury	Slight





SINGAPORE  
POLICE FORCE



T/20221012/2037

Police Station Of Origin  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

Report No: T/20221012/2037

CONTINUATION OF REPORT

Name	TAN ENG HIANG	ID No.	S1306379F
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11 Oct 2022 at about 3:50pm, I was driving my vehicle, SFU1228Y with two other passengers on board along Amber Road and making a left turn at the slip road towards Mountbatten Road (towards Kallang direction). Whilst at the slip road, my vehicle was stationary as I was waiting for incoming traffic to clear along Mountbatten Road. Out of sudden a SBS bus, registration no: SBS6518K, front right side had hit my left rear side of my vehicle. As the result of the collision, it cause my vehicle to jerk but it did not move.

After collision the driver of the bus come out of the bus and both of us then shifted our vehicle to one side to prevent unnecessary obstruction. Both exchange particulars and also took picture of the accident scene.

As the result of the collision, myself together with my passengers do feel some strain on our neck area and lower back. I had went to the Doctor today and was given 8 days of MC.



SINGAPORE  
POLICE FORCE

T/20221012/2037

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

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Report No. T/20221012/2037

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

G /  
SI MOHAMAD SHAPIE BIN  
SALEH (FIRST TWIN)

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/10/2022 13:10

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

NP168