

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	25/10/2022 17:30 (SGT)
Reported by	Both
Date of Accident	25/10/2022 12:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP3636M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO KOK SOON
NRIC No	S6936188I
Email Address	andrew@varl.com.sg
Mobile Phone No	(Phone) +65-90033636
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HARRIER 2.0 PREMIUM AT AIRBAG 2WD 5DR
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	1986

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125373994

DRIVER

Name of Driver	YEO KOK SOON
NRIC No	S6936188I
Date Of Birth	19/10/1969
Occupation	Outdoor

Date Of Driving Pass	31/01/1990
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90033636
Alt. Phone Number	-
Email Address	andrew@varl.com.sg
Address	APT BLK 551 ANG MO KIO AVE 10 #25-2224 (S) 560551
Address complement	-
Postcode	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

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 WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO LARGE, UNABLE TO UPLOAD

DETAILS OF OTHER VEHICLE PROPERTY 1

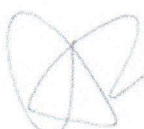
Vehicle Registration Number	QX1260G
Vehicle Manufacturer	-
Vehicle Model	-

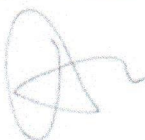
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	ABDUL RAUF
Contact Number	(Phone) +65-97340044
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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' 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.





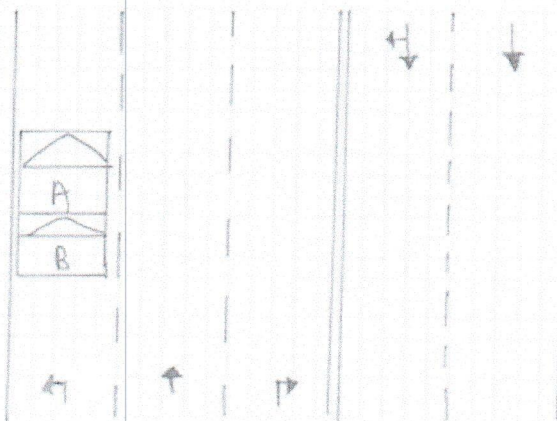


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



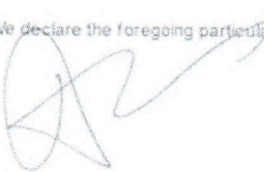
A: SBP3636M
B: QX1260G

Describe Circumstances of the Accident

Refer to Police report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221025/7036

1 of 3

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

Report No. T/20221025/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2022 14:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEO KOK SOON		Address: 551 ANG MO KIO AVENUE 10 #25-2224 SINGAPORE 560551			
ID Type / ID No.: NRIC NO / S6936188I		Contact No.: Home/Office:		Mobile: 90033636	
Nationality: SINGAPORE CITIZEN		Email: ANDREW@VARL.COM.SG			
Sex: Male	Age: 53	Date of Birth: 19/10/1969	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Director		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 25/10/2022 12:45	Type of Location:
Location: ANG MO KIO AVENUE 10				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
QX1260G	AMBULANCE					0
SBP3636M	Car	TOYOTA	HARRIER			0

Details of Vehicle Insurance

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



T/20221025/7036

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

2 of 3

Report No. T/20221025/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBP3636M	NTUC Income Insurance Co-Operative Limited		01/03/2022	28/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YEO KOK SOON		ID No.	S6936188I
Related Vehicle	SBP3636M (Car)		Contact No.	90033636
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	ABDUL RAUF		ID No.	NIL
Related Vehicle	NIL		Contact No.	97340044
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

ON THE STATED DATE AND TIME, I WAS STATIONARY AT THE TRAFFIC LIGHT OF 570 ANG MO KIO AVENUE 10 WAITING TO TURN LEFT ONTO ANG MO KIO AVENUE 3. SUDDENLY, I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE. WHEN I GOT DOWN OF MY VEHICLE, I REALISED VEHICLE (QX1260G) COLLIDE ONTO MY REAR PORTION.



**SINGAPORE
POLICE FORCE**



T/20221025/7036

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

3 of 3

Report No. T/20221025/7036

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:
25/10/2022 14:26

Officer In Charge Of Case:
TP / TPB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168