

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	29/10/2022 14:56 (SGT)
Reported by	Both
Date of Accident	28/10/2022 17:51 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5569E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO CHIANG MENG
NRIC No	S1470284I
Email Address	CMYEO22@YAHOO.COM
Mobile Phone No	(Phone) +65-97297221
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10185888R03

DRIVER

Name of Driver	JULIA YEO JIE LE
NRIC No	S9434802A
Date Of Birth	25/09/1994
Occupation	Indoor

Date Of Driving Pass	18/09/2013
Driving experience	9 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-94519155
Alt. Phone Number	-
Email Address	JULIAYEOJIELE@GMAIL.COM
Address	14 LOYANG RISE
Address complement	-
Postcode	507587
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Motorcyclist
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?	Yes
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 TO POLICE REPORT

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	FBD8397H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ESWARAVAKA PAVAN KUMAR
Work Permit No	G5417287M
Contact Number	(Phone) +65-97730714
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	ESWARAVAKA PAVAN KUMAR
Gender	Male
Phone No	(Phone) +65-97730714
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD8397H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

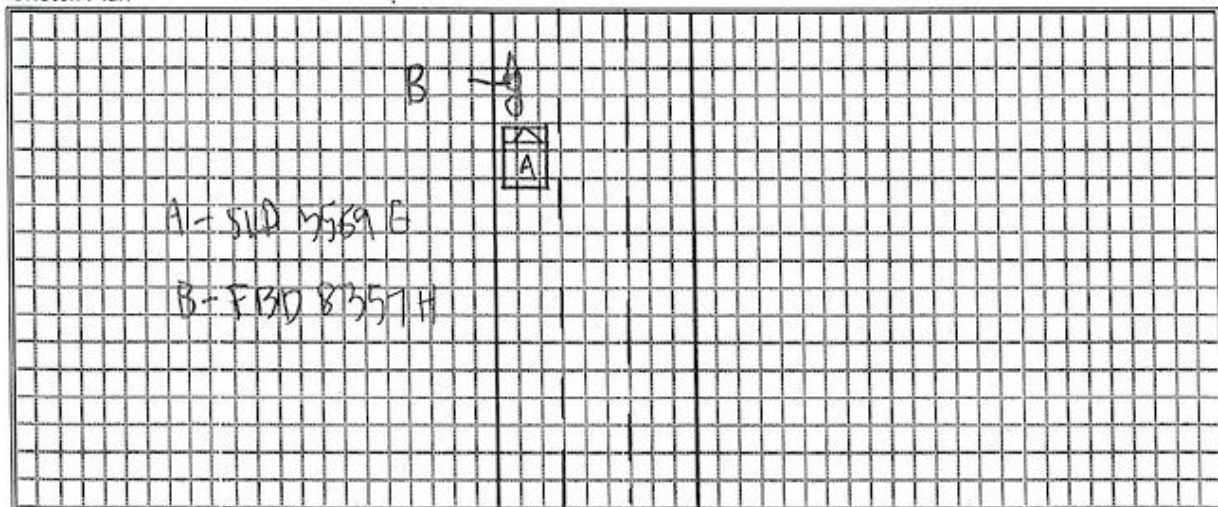


Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan



The sketch plan is a large grid. Handwritten notes include:

- Top center: "B" and "A" with arrows pointing to a small box labeled "A".
- Bottom left: "A - SUD 5559 E"
- Bottom left: "B - FBD 8357 H"

Describe Circumstance of the Accident

Refer to police report.

Car affect areas after accident: (on top of left front)

- Dashboard lights lighted up ~~accident~~ ^{error}
- DVD Player and car display does not work
- Auto back doors has intermittent opening problem (left & right)
- Brakes not very effective
- Steering wheel affected - turning problem

Declaration

I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time

r's Signature

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

clause whereby the claimant details.

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













Your report is ready, Julia. Please verify that it's based on what you told me.



SINGAPORE POLICE FORCE

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

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Report No.

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: null		Vide Report No.: G/20221027/0137		Station Diary No.:	
Informant's Particulars					
Name of Informant: JULIA YEO JIE LE			Address: 14 LOYANG RISE SINGAPORE 507587		
ID Type / ID No.: NRIC NO / S9434802A			Contact No.: Home/Office: Mobile: 94519155		
Nationality: SINGAPORE CITIZEN			Email: juliayeojiele@gmail.com		
Sex: Female	Age: 28	Date of Birth: 25/09/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/10/2022 17:50	Type of Location: Highway
Location: Lamp post 509 along ECP going into TPE/PIE towards Changi				
Lamp Post Number: 509				
Weather: Clear		Road Surface:		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBD8397H	Motorcycle	YAMAHA	R15	Red	Slightly Damaged	0
SLD5569E	Car	MAZDA	5	Grey	Slightly Damaged	0



SINGAPORE POLICE FORCE

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

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Report No.

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD5569E	Budget Direct	P10185888R03	22/06/2022	23/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JULIA YEO JIE LE	ID No.	S9434802A
Related Vehicle	SLD5569E (Car)	Contact No.	94519155
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	ESWARAVAKA PAVAN KUMAR	ID No.	G5417287M
Related Vehicle	NIL	Contact No.	+6597730714
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/10/2022	Date	28/10/2022
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was driving along ECP going into TPE/PIE towards Changi on the most left lane when there was a collision with a motorcyclist. When it happened, I instantly push onto the break and the motorcyclist was found conscious on the floor while his bike was about 1.5 car distance away from my vehicle, and motorcyclist was about 2 metres away from my vehicle.