

# 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 .....	12/12/2022 15:58 (SGT)
Reported by .....	Both
Date of Accident .....	10/12/2022 16:45 (SGT)
Exact Location of Accident .....	Upper Serangoon Rd, Singapore
Additional Location Information .....	UPPER SERANGOON ROAD NEAR JUNCTION OF JOON HIANG ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD3515L
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YEONG CHEE LEONG
NRIC No .....	SXXXXX703H
Email Address .....	KLASSIKYEONG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97526685
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Elantra
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5102979283-04

### DRIVER

Name of Driver .....	YEONG CHEE LEONG
NRIC No .....	SXXXXX703H
Date Of Birth .....	13/05/1953

Occupation .....	Outdoor
Date Of Driving Pass .....	31/05/1997
Driving experience .....	25 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97526685
Alt. Phone Number .....	-
Email Address .....	KLASSIKYEONG@GMAIL.COM
Address .....	312 TAMPINES STREET 33
Address complement .....	08-14
Postcode .....	520312
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) .....	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 .....	GRAB PASSENGER
Gender .....	Female

#### PASSENGER 2

Name .....	GRAB PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
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Was there any video captured by Car Camera? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SML1503S
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 .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN


**IMPORTANT NOTICE**

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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:

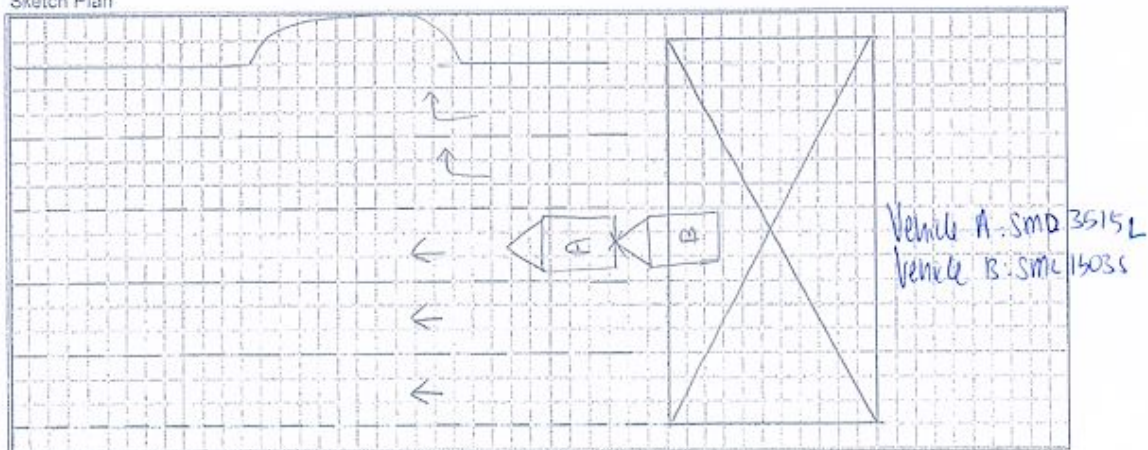
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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 POLICE REPORT (G/20221211/7070)

Declaration

I/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  
(Name as in NRIC/ID card)







**SINGAPORE  
POLICE FORCE**



G/20221211/7070

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POLICE REPORT (NP299)

Report No. G/20221211/7070

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 11/12/2022 20:27	Vide Report No.	Station Diary No.
Name Of Informant YEONG CHEE LEONG	Address 312 TAMPINES STREET 33 #08-14 SINGAPORE 520312	
ID Type / ID No. NRIC NO / S0143703H	Contact No. Home/Office:	Mobile: 97526685
Nationality SINGAPORE CITIZEN	Email Address klassikyeong@gmail.com	
Occupation Private-hire car driver	Sex Male	Age 69
Institution/School Name	Date of Birth 13/05/1953	Race Chinese
Date/Time Of Incident 10/12/2022 16:30	Location Of Incident UPPER SERANGOON ROAD	

**Brief details.**

I, Yeong Chee Leong, IC S0143703H at about 4.45pm was ferrying my passengers to Upper Serangoon Shopping Centre, my car was stopped at a red traffic light along Upper Serangoon Road near junction of Joon Hiang Road and exactly opposite next to Paya Lebar Methodist Church. suddenly a white Honda motor car SML1503S driven by Mr. Loke Yew Fye Lionel crashed directly into the back of my car. My car registration plate is SML3515L. My car bumper was severely damaged. I intend to claim insurance for damages relating to this accident. I have a video in-car recording and will present them for insurance claim purposes. That's all.

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: 11/12/2022 20:27
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Tampines East NPP Kiosk 1



**SINGAPORE  
POLICE FORCE**



G/20221211/7070

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221211/7070

Subjects Involved			
Victim			
Person Name	YEONG CHEE LEONG		
ID Type	NRIC NO	ID No	S0143703H
Gender	Male	Age	69
Race	Chinese	Language	English
Occupation	Private-hire car driver	Address	312 TAMPINES STREET 33 #08-14 SINGAPORE 520312
Mobile No	97526685	Is Informant A Victim?	Yes
Person Name	YEONG CHEE LEONG (Informant)		

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: 11/12/2022 20:27
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Tampines East NPP Kiosk 1