

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 11:46 (SGT)
Reported by	Both
Date of Accident	10/12/2022 12:23 (SGT)
Exact Location of Accident	Sembawang Rd & Lor Chencharu, Singapore
Additional Location Information	INTERSECTION BETWEEN SEMBAWANG ROAD & LORONG CHENCHARU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY8975Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EU ZHEN YU,WILSON (YU ZHENYU)
NRIC No	SXXXXX085C
Email Address	EUZHENYU@GMAIL.COM
Mobile Phone No	(Phone) +65-98621608
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210028194

DRIVER

Name of Driver	EU ZHEN YU,WILSON (YU ZHENYU)
NRIC No	SXXXXX085C
Date Of Birth	24/08/1988

Occupation	Indoor
Date Of Driving Pass	29/12/2020
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-98621608
Alt. Phone Number	-
Email Address	EUZHENYU@GMAIL.COM
Address	BLK 308 CANBERRA ROAD #12-95
Address complement	-
Postcode	750308
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	3
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	SYLVIA CHOO SUAT NEO
Gender	Female

PASSENGER 2

Name	EU ZHI HE SHELDON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT
COLLISION-HEAD TO SIDE

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7157T
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver MR LOW
Contact Number (Phone) +65-90110278
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver STEVE
Contact Number (Phone) +65-97401140
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 SYLVIA CHOO
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained LEFT SHIN,NOSE,MOUTH
Injured person in which vehicle? SMY8975Z
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person WILSON EU
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained LEFT SHIN,NOSE,MOUTH
Injured person in which vehicle? SMY8975Z
Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person SHELDON EU
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained LEFT SHIN,NOSE,MOUTH
Injured person in which vehicle? SMY8975Z
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

WITNESS DETAILS

WITNESS 1

Name REBECCA
Phone (Phone) +65-97268200
Email -

SKETCH PLAN

IMPORTANT NOTICE

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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.

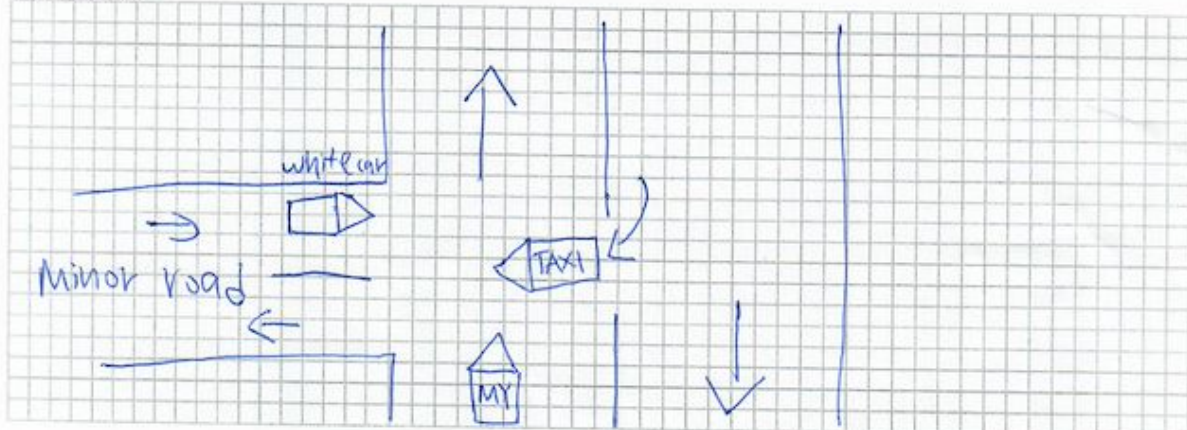
12/12/2022 9:30am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

My car was going straight and before reaching the T-junction had checked that the taxi had stopped. My car was driving within the speed limit and around 4 seconds behind the car in front. As ~~car~~ my car was nearing the T-junction the taxi suddenly move off and came into my car line of sight. I step on my brake but there ~~was~~ was not enough time and to avoid a head on collision, I steer my steering wheel to the left. My car hit the front passenger door of the taxi and steer off into the minor road. The taxi hit the white car stationary on the minor road.


Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

12/12/2022
9:30am

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


Witnessed by Reporting Centre Personnel























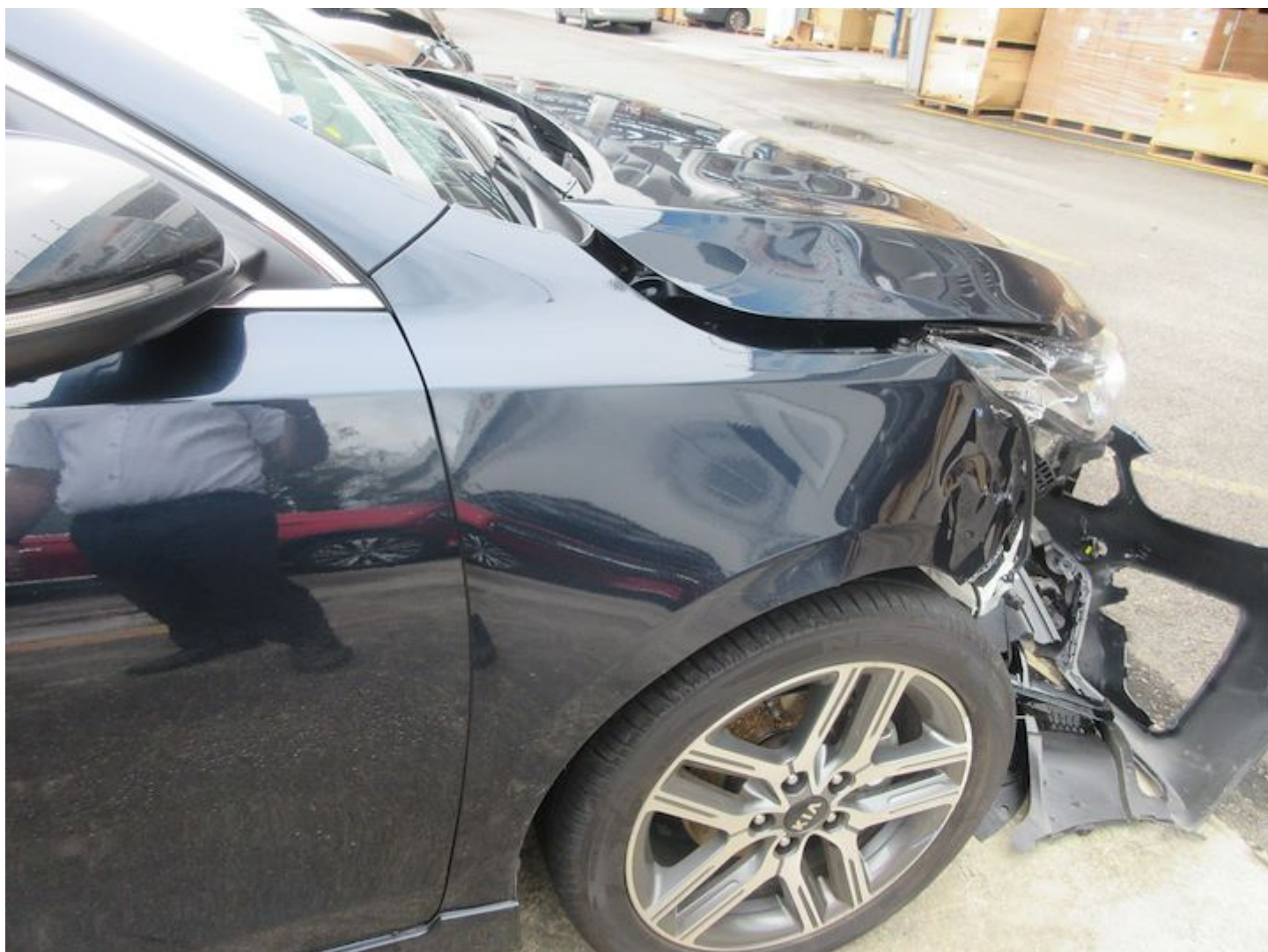










































**SINGAPORE
POLICE FORCE**



L/20221210/7026

1 of 2

POLICE REPORT (NP299)

Report No. L/20221210/7026

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 10/12/2022 15:41	Vide Report No.	Station Diary No.		
Name Of Informant EU ZHEN YU, WILSON	Address 308 CANBERRA ROAD #12-95 SINGAPORE 750308			
ID Type / ID No. NRIC NO / S8831085C	Contact No. Home/Office:	Mobile: 98621608		
Nationality SINGAPORE CITIZEN	Email Address EZZHENYU@GMAIL.COM			
Occupation Administration manager	Sex Male	Age 34	Date of Birth 24/08/1988	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 10/12/2022 12:30 - 10/12/2022 13:50	Location Of Incident 10 LORONG CHENCHARU SEMBAWANG ANIMAL QUARANTINE STATION SINGAPORE 769197			

Brief details.

Traffic accident - ref report no. L/20221210/0084

My car was travelling straight on the road when suddenly a cab make a right turn from the opposite road and my car collided with it. Me, my wife and 2year old son admitted to khoo teck puat hospital A&E.

Details of the cab driver

Name: Mr Low

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: 10/12/2022 15:41
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20221210/7026

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20221210/7026

Contact: 90110278

Car plate: SH7157T

I have car cam footage with me of other cars that witness the accident.

Subjects Involved			
Victim			
Person Name	EU ZHEN YU, WILSON		
ID Type	NRIC NO	ID No	S8831085C
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Administration manager	Address	308 CANBERRA ROAD #12-95 SINGAPORE 750308
Mobile No	98621608	Is Informant A Victim?	Yes
Person Name	EU ZHEN YU, WILSON (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: 10/12/2022 15:41
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: L/2022/1210/0084

I, Sgt 3 709700 Imran Nasoh
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One 16GB micro SD card
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Eu Zhen Yu, Wilson, 88831085C, 98621608
(Name, NRIC or Passport No. / Rank and No.)
of Blk 308 Canberra Rd #12-95 S(750308)
(Address / Police Station / NPC / NPP)
on 12/10/2022 at 1330hrs
(Date) (Time)

Witnessed by / * Handled over by:
(* Delete if applicable)

[Signature]
(Signature)

Eu Zhen Yu, Wilson, 88831085C
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)

Sgt 3 709700 Imran
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 Syarifuddin : 65471083