

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 28/12/2022 14:00 (SGT)
Reported by Owner
Date of Accident 27/12/2022 08:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information GAMBAS AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA2128E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TKB SERVICES
Company Reg No 5XXXX739C
Email Address KIM.BOCK.TAY@GMAIL.COM
Mobile Phone No (Phone) +65-91060716
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1800

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Policy Number / Cover Note Number DMTTHQ22-000057

DRIVER

Name of Driver YEO TIONG HWEE
NRIC No SXXXX191A
Date Of Birth 18/11/1972
Occupation Outdoor

Date Of Driving Pass	13/05/2005
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91060716
Alt. Phone Number	-
Email Address	KIM.BOCK.TAY@GMAIL.COM
Address	BLK 780C WOODLANDS CRESCENT #12-53
Address complement	-
Postcode	733780
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	TEST DRIVE
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 - Major/Minor Rd
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)	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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN AND POLICE REPORT

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	SLN7300Y
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)	-

INJURED PERSONS DETAILS

INJURED 1

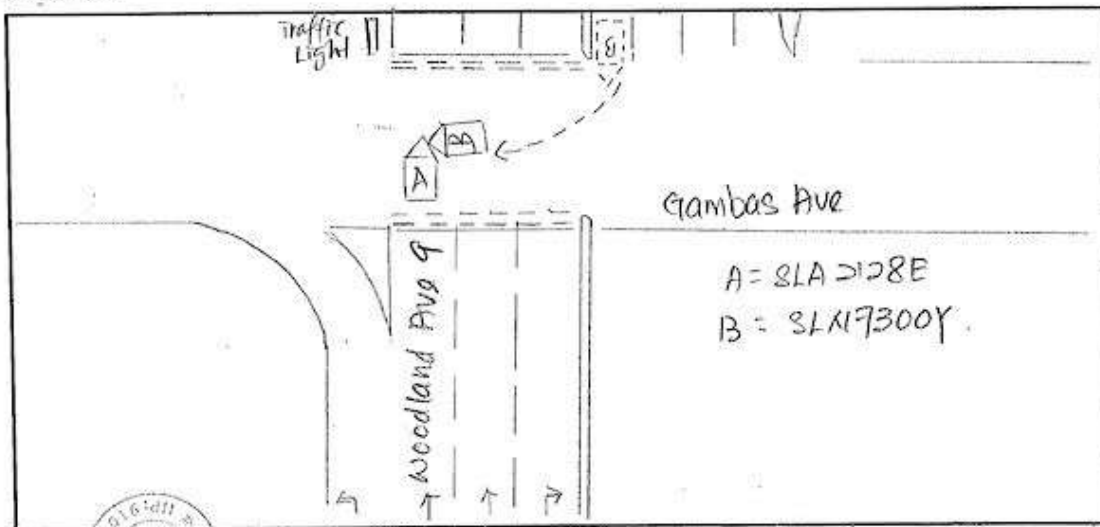
Name of injured person	YEO TIONG HWEE
Gender	Male
Phone No	(Phone) +65-91060716
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN IN THE NECK AND HEAD AREA 5 DAYS MC
Injured person in which vehicle?	SLA2128E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

Sketch Plan



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

27/12/2021

Date of accident: 27.12.2022 Time: 0835 Location: Gambas Ave.
 My Vehicle A: SLA 2128E Vehicle B: SLN 7300Y Vehicle C: _____

SKETCH PLAN

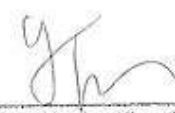
Describe Circumstances of the Accident

Refer To Police Report
T/2022/227/2075

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only
 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

WSP001022



**SINGAPORE
POLICE FORCE**



T/20221227/2075

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20221227/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2022 14:10		Vide Report No.: L/20221227/0061		Station Diary No.: 70	
Informant's Particulars					
Name of Informant: YEO TIONG HWEE			Address: APT BLK 780C WOODLANDS CRESCENT #12-53 SINGAPORE 733780		
ID Type / ID No.: NRIC NO / S7247191A			Contact No.: Home/Office: Mobile: 97508128		
Nationality: SINGAPORE CITIZEN			Email: thyeoo@gmail.com		
Sex: Male	Age: 50	Date of Birth: 18/11/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/12/2022 08:25	Type of Location: X-Junction
Location: GAMBAS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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
SLA2128E	Car				Slightly Damaged	0
SLN7300Y	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221227/2075

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20221227/2075

CONTINUATION OF REPORT

Driver			
Name	YEO TIONG HWEE	ID No.	S7247191A
Related Vehicle	SLA2128E (Car)	Contact No.	97508128
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/12/2022	Date Discharge	27/12/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the mentioned date and time, I was travelling along Woodland Ave 9 straight ahead on the third lane slowly at about 50km/h. While passing through the cross junction between Woodlands Ave 9 and Gambas Ave, I proceeded as the light was green. Suddenly while passing through the midpoint of the cross junction, I felt an impact and a vehicle that was attempting to turn into Gambas Ave from my right collided into the right side of my vehicle. I suppose the driver could not see the oncoming traffic due to the heavy vehicles that was queuing to turn right into the other direction of Gambas Ave. As such both vehicles suffered damages. I felt sharp pain from the back of my neck and head from the impact. I went to Khoo Teck Puat Hospital for treatment and was awarded 5 days of medical leave. I am lodging this for insurance purposes.



SINGAPORE POLICE FORCE



T/20221227/2075

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20221227/2075

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:
E /
SGT 2 WARREN TEO YING YOU

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/12/2022 14:10

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE
Contact No.: 65476187

Classification Of Case:

NP168