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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 25/01/2023 11:33 (SGT) Reported by Date of Accident 22/01/2023 09:20 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE towards Tuas Stevens Road Exit Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM6232K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Yong Jiann Yeu NRIC No S7621921D Email Address yongjiannyeu@gmail.com Mobile Phone No (Phone) +65-96957244 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Q7 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10389348R02

2995

DRIVER

Name of Driver Yong Jiann Yeu NRIC No S7621921D Date Of Birth 24/07/1976 Occupation Indoor



Date Of Driving Pass 26/01/1998 Driving experience 25 YEARS Gender Male Mobile Number (Phone) +65-96957244 Alt. Phone Number Email Address yongjiannyeu@gmail.com Address 21 Lorong 3 Toa Payoh #37-01 Address complement Postcode 319581 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Tan Toon Ling Gender Female PASSENGER 2 Name Rachel Yong Gender Female PASSENGER 3 Name lan Yong Gender Male PASSENGER 4 Name Ivan Yong Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I was travelling on PIE lane 1 towards Tuas. At Steven's Road exit, I noticed the car in front stopped abruptly. I braked hard and the car slowed down, and could not come to a complete stop despite my stepping on the brake very hard. The car rolled on and knocked the car in front. There was quite a far distance, but the car could not stop rolling forward.

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SLQ2742Y Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	Red
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

- 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 Authorised Driver.
- 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.
- 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. The report will be forwarded by the insurers of the GA 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)

lunderstand, 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 law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre

Personnel Tay Bory

Lane

SCR2742Y SMM6232K

1 000	s was	teave	lling o	n P	le lang	1 100	wa-els	Tugs	. At	Heven:
			0			fort				
										come to
comp	olete	stop :	the desp	orte.	my sto	pping o	in the	beagle	e v	my hord
the cut	rolle	d on	and	4	Just .	knockee	1 44	cou	in f	torr.
Then	was a	quite	a for	r dis	tance,	but the	ar	could	14	stop
rolling	forw	a-d.				dresse T				
U										
	Den									
						Jak e v				
		YEU E					E			
0.548										

Policyholder's Signature / Date & Time

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

CCARE CONTROL

Witnessed by Reporting Centre Personnel Tony Foor



























































