

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	02/03/2023 13:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/03/2023 17:54 (SGT)
Exact Location of Accident	Marina View, Singapore
Additional Location Information	ALONG MARINA VIEW (OUTSIDE KPMG BUILDING) ASIA SQUARE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1979K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO KAI KIAT KELLY
NRIC No	SXXXX598Z
Email Address	YEOKAIKIAT@GMAIL.COM
Mobile Phone No	(Phone) +65-91881014
Alternative Phone No	(Home) +65-62802269

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SPORTBACK 1.5 TFS
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	1495

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220039816

DRIVER

Name of Driver	YEO KAI KIAT KELLY
NRIC No	SXXXX598Z
Date Of Birth	25/08/1979

Occupation	Indoor
Date Of Driving Pass	10/10/2001
Driving experience	21 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91881014
Alt. Phone Number	(Home) +65-62802269
Email Address	YEOKAIKIAT@GMAIL.COM
Address	BLK 525 HOUGANG AVE 6
Address complement	#01-181
Postcode	530525
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE 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	SNE3523X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KIAN HUAT
Contact Number	(Phone) +65-96787717
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEO KAI KIAT KELLY
Gender	-
Phone No	(Phone) +65-91881014
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Tony Fong

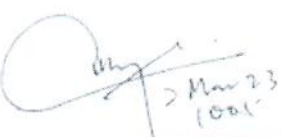
Please Refer to the video footage

Describe Circumstances of the Accident

Please Refer to the Police Report

Declaration

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

 2 Nov 23
1001

Policyholder's Signature / Date & Time

 2 Nov 23
1005

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



Witnessed by Reporting Centre Personnel Tony Hoang



**SINGAPORE
POLICE FORCE**



F/20230302/7029

1 of 3

Report No. F/20230302/7029

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No. 1800-2180000

Date/Time Report Made 02/03/2023 11:03	Vide Report No.	Station Diary No.
Name Of Informant YEO KAI KIAT, KELLY	Address 525 HOUGANG AVENUE 6 #01-181 SINGAPORE 530525	
ID Type / ID No. NRIC NO / S7925598Z	Contact No. Home/Office: Mobile: 91881014	
Nationality SINGAPORE CITIZEN	Email Address YEOKAIKIAT@GMAIL.COM	
Occupation SAF Regular	Sex Male	Age 43
Institution/School Name	Date of Birth 25/08/1979	Race Chinese
Date/Time Of Incident 01/03/2023 17:50 - 01/03/2023 17:55	Language English	
	Location Of Incident 525 HOUGANG AVENUE 6 #01-181 SINGAPORE 530525	

Brief details.

My car SMA 1979K was traveling along Marina view (outside KPMG) when a vehicle, SNE 3523X came out suddenly without signalling on my right and caused my car to hit on the left of my car at around 5.54pm. There are visible damage to the right front and right rear of my vehicle.

I contacted Audi claims, Tony at 5.54pm for assistance. He assisted to get Audi help desk to contact me and arranged tow service which arrived at about 6.55 pm on-site. My wife, Clare picked me up from the

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: 02/03/2023 11:03
Officer in-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20230302/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230302/7029

accident site at around 7.03pm

We exchange particulars and after some time the driver, Mr Lim Kian Huat of SNE 3523X drove off. His contact no. is 96787717.

As I was experiencing headache and muscle spasm to my right shoulder, my wife advised me to seek medical consultation. Thus, my wife drove me to Mount Alvernia Hospital at about around 9pm and was subsequently given 5 days MC from 2 Mar to 6 Mar 23 inclusive.

Subjects Involved			
Suspect			
Person Name	Lim Kian Huat		
ID Type	NRIC NO	ID No	S7513468A
Gender	Male	Race	Chinese
Victim			
Person Name	YEO KAI KIAT, KELLY		
ID Type	NRIC NO	ID No	S7925596Z
Gender	Male	Age	43
Race	Chinese	Language	English
Occupation	SAF Regular	Address	525 HOUGANG AVENUE 6 #01-181 SINGAPORE 530525
Mobile No	91881014	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
02/03/2023 11:03

Classification Of Case:

