SA182337000A / Abwin Service Pte Ltd ENTRY DATE & TIME: 07/03/2023 16:41 (SGT) SUBMITTED BY: Claims VERSION: 1 (07/03/2023 16:41 (SGT))

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.
- 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

07/03/2023 16:41 (SGT) Both Policyholder and Actual Driver 06/03/2023 19:05 (SGT) Jurong East Central, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMY5665M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

Νo

YEOH EAU SONG

SXXXX456G

DADAYEOH@GMAIL.COM (Phone) +65-96415655

.

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Toyota Prius

1 1140

Employment

No - Claiming third party

Private hire Auto

1797

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5120738646-02

DRIVER

Name of Driver

NRIC No Date Of Birth Occupation YEOH EAU SONG SXXXX456G 10/05/1964 Outdoor

Accident report SA182337000A

Date Of Driving Pass

Driving experience

Gender Mobile Number

Alt, Phone Number

Email Address Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

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

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

31/01/2013

10 YEARS AND 2 MONTHS

Male

(Phone) +65-96415655

DADAYEOH@GMAIL.COM **BLK 305B ANCHORVALE LINK**

#03-47 542305

Yes

No

Collision - Change/cross lane

Clear Dry

No

2 Yes

No Yes

2

No

PASSENGER Female

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

Vehicle Registration Number SMX5991B

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 YEOH EAU SONG

Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old

Injuries Sustained 5 DAYS MC Injured person in which vehicle? SMY5665M

Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the addition to space up the claims process
- 2 This Form must be considered by the Policynolder and to the Actual Dever
- 3. Information provided must be as Individuand assurate as page ble. Any will misrepresentation or withhelding of material facts may allow insurance companies to repediate policy Rability.
- 4. The incide and acceptance of this Form by incurance companies is not an admission of policy tability on the part of the incurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- his report will be forwarded by the impriors to the GEA Records Management Centre established by the General insurance Association of Singapore (GM) for archiving and that copies of this report will fall a fee be made available upon application by interested parties,
- 2. By the hidgement of this repair to the insurers, you hereby concent to toe archining of this repair at the centre and to copies of the report being made available aforesaid

& Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consons that

(a) My indufer, my workshop and the General Insurance Resociation of Surgiapine (MSRI), maybe e permuted to collect, use, disclose ansite gracess my personal datalpersonal information set out in the form) and any other personal information provided by me or popposed by my interest (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s). who have intered residues) involved in this accident (eti insureris) who have insured vehicles; evolved in this esseler chall be cellectively referred to as the "Insurers"), the tocurers tawyers for Lindy, the Modelary Autopoly of Singapore and any relevant government agency/authority (socialist the palse), for the purposeign of

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20230307/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time 07/03/2023	•	ade:	Vide Report No.:	Station Diary No.:
Informant'	s Particu	lars		
Name of In YEOH EAL			Address: 305B ANCHORVALE LINK	#03-47 SINGAPORE 542305
ID Type / II NRIC NO /		6G	Contact No.: Home/Office:	Mobile: 93288259
Nationality: SINGAPOR		ΕN	Email: dadayeoh@gmail.com	
Sex: Male	Age: 58	Date of Birth: 10/05/1984	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation PHV DRIVI			Driving Licence Information Class: 3	: Date of Expiry:

General Inform	mation of the Acc	ident		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2023 19:05	Type of Location: Straight Road
Location:				
JURONG EAS	ST CENTRAL			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Hea	d To Side	;	Anyone conveyed by ambulance: No

Details of Vo	ehicle Involved		8,900,000,000,000	arej (1918-1919)		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMX5991B	Car			Grey	Slightly Damaged	0
SMY5665M	Car	TOYOTA	PRIUS HYBRID 1.8S A	Silver	Slightly Damaged	политичности в в технологично поделения в полительной полительн





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20250307/7046

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY5665M	NTUC Income Insurance Co-Operative Limited	5120738646-02	29/01/2023	28/01/2024
Details of Po	erson involved			
of matter control of the control of	an Involved: No			
No. of Pedes	trians Injured: NIL	Use of Pedestrian Cro	ssing: NA	
Driver				
Name	EYO YU LING	ID No.	S9149191E	•

Any Pedestrian II	ivolvea: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing; NA			
Driver			anaere a e	436.3		
Name	EYO YU LING		ID No.		S9149191E	
Related Vehicle	SMX5991B (Car) 0		Contact No. NIL		NIL	
Hospital/Clinic	NIL-		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	NL		Date		NL	
No. of Days granted Medical Leave NIL		NIL	Degree of		NIL	
Driver		经直接经济公司		utika		
Name	YEOH EAU SONG			iD No.	•	S1634456G
Related Vehicle	SMY5665M (Car)			Conta	ct No.	93288259
Hospital/Clinic	OUR FAMILY PHYSI SURGERY	ICIAN CLINI	C &	Class Driving Lipend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	07/03/2023		Date		07/03	3/2023
No. of Days gran	ted Medical Leave	05	Degree of		Sligh	t

Brief Details

On 6/3/2023 at about 1905 Hrs,i was driving my vehicle SMY5665M along Jurong East Central with 1 passenger enboard. While I was traveling straight on the right lane of 2 lane Road, out of sudden a vehicle SMX5991B from the left lane abruptly cut into my lane without checking blind spot and oncoming vehicle. Due to her reckless action I got no time to react. As the result, my front portion collided onto her vehicle rear right portion and the impact surged my vehicle to the right side and hit onto the road kerb. My vehicle was damage and dented on the front left side portion and my front right side portion (both of my rim was damage).

After the accident we exchange particular and left the scene. My neck and back pain due to the impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000



3 of 4

Report No. T/202303077/046

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20230307/7046

CONTINUATION OF REPORT

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Informant is not able to provide sketch

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: 07/03/2023 15:25
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

07 Mar 2023 / 15:44:11

Receipt Date/Time: 07 Mar 2023 / 15:44:10

Tax Invoice/Receipt

Receipt No.: ITNET-00000-230307-002859

Previous Receipt No.:

			man from the company that distance
S/N Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SMX5991B As at 06 Mar 2023/19:05:00 Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD. 1 Insurance Enquiry - SMX5991B	SCARCE STATE AND		
Enquiry Fee 20230307154310950162	24.77	1.98	26.75
Sub-Total	24.77	1.98	26.75
Total Before Rounding Rounding Difference Total Amount Payable	24.77	1.98	26.75 0.00 26.75
our uch: Smy5665M Paid By			
421808XXXXX8786 Total	eNETS C	redit Card	26.75 26.75
Cash Change			0.00
Tendered Amount			26.75
Excess Refundable Amou	unt		0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.