



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	07/03/2023 16:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/03/2023 19:05 (SGT)
Exact Location of Accident	Jurong East Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY5665M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEOH EAU SONG
NRIC No	SXXXX456G
Email Address	DADAYEOH@GMAIL.COM
Mobile Phone No	(Phone) +65-96415655
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120738646-02

DRIVER

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

Date Of Driving Pass	31/01/2013
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96415655
Alt. Phone Number	-
Email Address	DADAYEOH@GMAIL.COM
Address	BLK 305B ANCHORVALE LINK
Address complement	#03-47
Postcode	542305
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 - Change/cross lane
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)	2
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	-

PASSENGER 1

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

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

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6. This report will be forwarded by the insurers to the GfA Records Management Centre established by the General Insurance Association of Singapore (GfA) 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.

6. 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 (GfA) may be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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, where needed involve disclosure of certain personal data about me to taking about delivery of the same as well as on the external cover of envelopes/postal 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' lawyer/law firms, may be 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 be disclosed by any of the Insurers and/or GfA 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

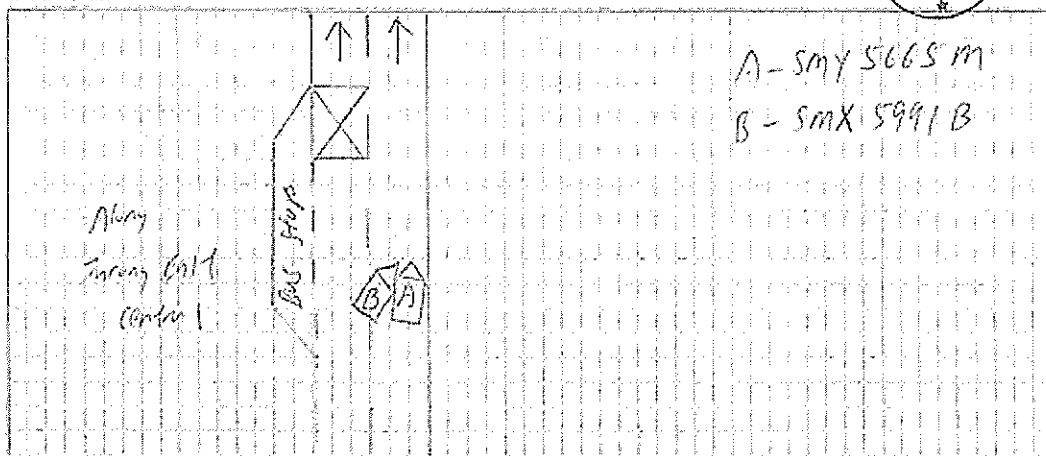
ES/KW
Policyholder's Signature / Date & Time

ES/KW
Driver's Signature and Address as the policyholder's Date & Time

Witnessed by Registered Driver P
(Name as in FNR/CD card)



Sketch Plan



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

Driver's Signature (4-digits on the postcard holder): Dada
A Tree

WFO-68-45, Reporting Control Personnel
 dated at 11:50 AM 1968





**SINGAPORE
POLICE FORCE**



T/20230307/7046

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 Report Made: 07/03/2023 15:25		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: YEOH EAU SONG		Address: 305B ANCHORVALE LINK #03-47 SINGAPORE 542305		
ID Type / ID No.: NRIC NO / S1634456G		Contact No.: Home/Office: Mob le: 93288259		
Nationality: SINGAPORE CITIZEN		Email: dadayeoh@gmail.com		
Sex: Male	Age: 58	Date of Birth: 10/05/1964	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PHV DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2023 19:05	Type of Location: Straight Road
Location: JURONG EAST CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SMX5991B	Car			Grey	Slightly Damaged	0
SMY5665M	Car	TOYOTA	PRIUS HYBRID 1.8S A	Silver	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20230307/7046

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

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Report No. T/20230307/7046

CONTINUATION OF REPORT

Details of Vehicle 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 Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	EYO YU LING	ID No.	S9149191E
Related Vehicle	SMX5991B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	YEOH EAU SONG	ID No.	S1634456G
Related Vehicle	SMY5665M (Car)	Contact No.	93288259
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/03/2023	Date	07/03/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 6/3/2023 at about 1905 Hrs, I was driving my vehicle SMY5665M along Jurong East Central with 1 passenger onboard. 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.



**SINGAPORE
POLICE FORCE**

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



T/20230307/7046

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Report No. T/20230307/7046

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20230307/7046

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

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Report No. T/20230307/7046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAY CHUN KEEN
Contact No.: 65476436

NP163

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

Date/Time:
07/03/2023 15:25

Classification Of Case:

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. :

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 Enquiry Fee 20230307154310950162	24.77	1.98	26.75
	Sub-Total	24.77	1.98	26.75
	Total Before Rounding	24.77	1.98	26.75
	Rounding Difference			0.00
	Total Amount Payable			26.75
	Paid By 421808XXXXXX8786		eNETS Credit Card	26.75
	Total			26.75
	Cash Change			0.00
	Tendered Amount			26.75
	Excess Refundable Amount			0.00

NOA : 06-03-2023

our ref : SMY5665M

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.