

# 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 .....	14/04/2023 08:29 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/04/2023 09:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ROUNDAABOUT OF PASIR PANJANG MAPLE TREE BUSINESS CITY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMG3391K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	YEO KHENG MENG
Company Reg No .....	SXXXX688A
Email Address .....	colinyeo63@gmail.com
Mobile Phone No .....	(Phone) +65-84680319
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
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 .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	23-MQ005081-R01

### DRIVER

Name of Driver .....	YEO KHENG MENG
Company Reg No .....	SXXXX688A
Date Of Birth .....	28/06/1963

Occupation .....	Outdoor
Date Of Driving Pass .....	01/09/2003
Driving experience .....	19 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84680319
Alt. Phone Number .....	-
Email Address .....	colinyeo63@gmail.com
Address .....	APT BLK 212B COMPASSVALE DRIVE
Address complement .....	# 05-119
Postcode .....	542212
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 - Roundabout
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 .....	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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230413/7036

#### 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 .....	SLF9005D
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 KHENG MENG
Gender .....	Male
Phone No .....	(Phone) +65-84680319
Address .....	APT BLK 212B COMPASSVALE DRIVE
Address Complement .....	# 05-119
Post Code .....	542212
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND NECK PAIN - GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	SMG3391K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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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.

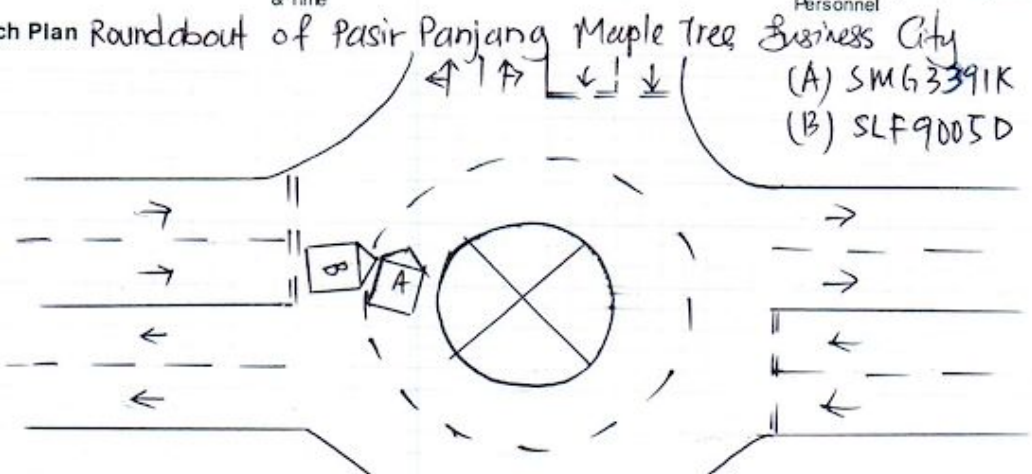
(collectively the "Purposes")

(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	 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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**Sketch Plan Roundabout of Pasir Panjang Maple Tree Business City**



**Describe Circumstances of the Accident**

Attached TP/ 20230413/ 7031  
Police Report

*[Handwritten signature]*

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]*  
Policyholder's Signature / Date & Time

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

*[Signature]* 14/04/2023  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**

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



T/20230413/7036

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Report No. T/20230413/7036

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG3391K	TOKIO MARINE INSURANCE SINGAPORE LTD.	MQ005081	16/11/2021	21/02/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO KHENG MENG		ID No. S1572688A
Related Vehicle	SMG3391K (Car)		Contact No. 84680319
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	13/04/2023		Date NIL
No. of Days granted Medical Leave		05	Degree of Serious

Brief Details.

On 13/04/2023 at about 0940 hours at roundabout of Pasir Panjang Maple tree business city. I was travelling on the extreme right lane at the round about and a vehicle (B) exited out from Alexandre road without cautious and without checking his blindspot and hit onto front left portion of my vehicle (a) causing damages to my vehicle. After the accident and I went to consult a doctor and was given 05 days MC for my injury.

(A) SMG3391K  
(B) SLF9005D





























# SINGAPORE POLICE FORCE

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



T/20230413/7036

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Report No. T/20230413/7036

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2023 15:45		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YEO KHENG MENG			Address: 212B COMPASSVALE DRIVE #05-119 SINGAPORE 542212		
ID Type / ID No.: NRIC NO / S1572688A			Contact No.: Home/Office: Mobile: 84680319		
Nationality: SINGAPORE CITIZEN			Email: COLINYEO63@GMAIL.COM		
Sex: Male	Age: 59	Date of Birth: 28/06/1963	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2023 09:40	Type of Location: Roundabout
Location:  PASIR PANJANG ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF9005D	Car					0
SMG3391K	Car	TOYOTA	PRIUS HYBRID 1.8A CVT	Grey		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**

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



T/20230413/7036

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Report No. T/20230413/7036

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG3391K	TOKIO MARINE INSURANCE SINGAPORE LTD.	MQ005081	16/11/2021	21/02/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO KHENG MENG		ID No. S1572688A
Related Vehicle	SMG3391K (Car)		Contact No. 84680319
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	13/04/2023		Date NIL
No. of Days granted Medical Leave		05	Degree of Serious

Brief Details.

On 13/04/2023 at about 0940 hours at roundabout of Pasir Panjang Maple tree business city. I was travelling on the extreme right lane at the round about and a vehicle (B) exited out from Alexandre road without cautious and without checking his blindspot and hit onto front left portion of my vehicle (a) causing damages to my vehicle. After the accident and I went to consult a doctor and was given 05 days MC for my injury.

(A) SMG3391K  
(B) SLF9005D



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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T/20230413/7036

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Report No, T/20230413/7036

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:

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

Date/Time:  
13/04/2023 15:45

Classification Of Case:

