

## 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 .....	23/05/2023 12:04 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	22/05/2023 19:05 (SGT)
Exact Location of Accident .....	Near 378 Alexandra Rd, Singapore 159964
Additional Location Information .....	AYE TOWARD CTE NEAR ALEXANDRA ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLV6509C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YEO KAIN THIONG
NRIC No .....	SXXXX446D
Email Address .....	KIANTHIONG88@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-82886239
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
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 .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5114756834-03

#### DRIVER

Name of Driver .....	YEO KAIN THIONG
NRIC No .....	SXXXX446D
Date Of Birth .....	02/09/1988
Occupation .....	Outdoor

Date Of Driving Pass .....	05/01/2012
Driving experience .....	11 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82886239
Alt. Phone Number .....	-
Email Address .....	KIANTHIONG88@HOTMAIL.COM
Address .....	416B FERNVALE LINK #18-98
Address complement .....	-
Postcode .....	792416
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	4
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) .....	3
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	VFV8406
Vehicle Category .....	Motorcycle

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
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

SNB7018C IS AT FRONT OF MY VEHICLE. SNB7018C SUDDENLY E-BRAKE AND I WAS UNABLE TO STOP IN TIME AND HIT THE REAR OF SNB7018C. SLF1803U HIT THE REAR OF MY VEHICLE AND VFV8406 MALAYSIA MOTORCYCLE HIT ON SLF1803U

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 ..... SLF1803U  
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) ..... -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SNB7018C  
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) ..... -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... VFV8406  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
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**

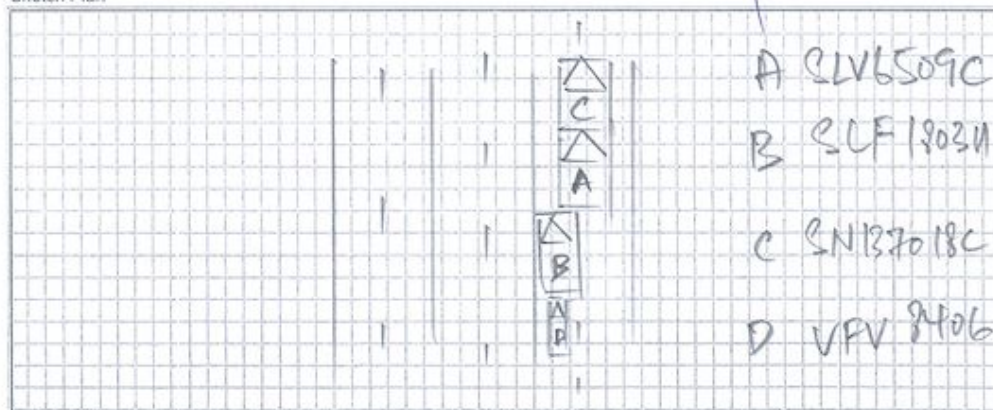
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management 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.
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

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) QUEK ZIXIANG

**Sketch Plan**



**ALL TOWARDS CTB**


Describe Circumstance of the Accident

SNB7018C IS AT FRONT OF MY VEHICLE. SNB7018C SUDDENLY E-BRAKE  
AND I WAS UNABLE TO STOP IN TIME AND HIT THE REAR OF SNB7018C.  
SLF1803U HIT THE REAR OF MY VEHICLE AND VFV8406 MALAYSIA MOTORCYCLE  
HIT ON SLF1803U


NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY.  
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

## Declaration

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

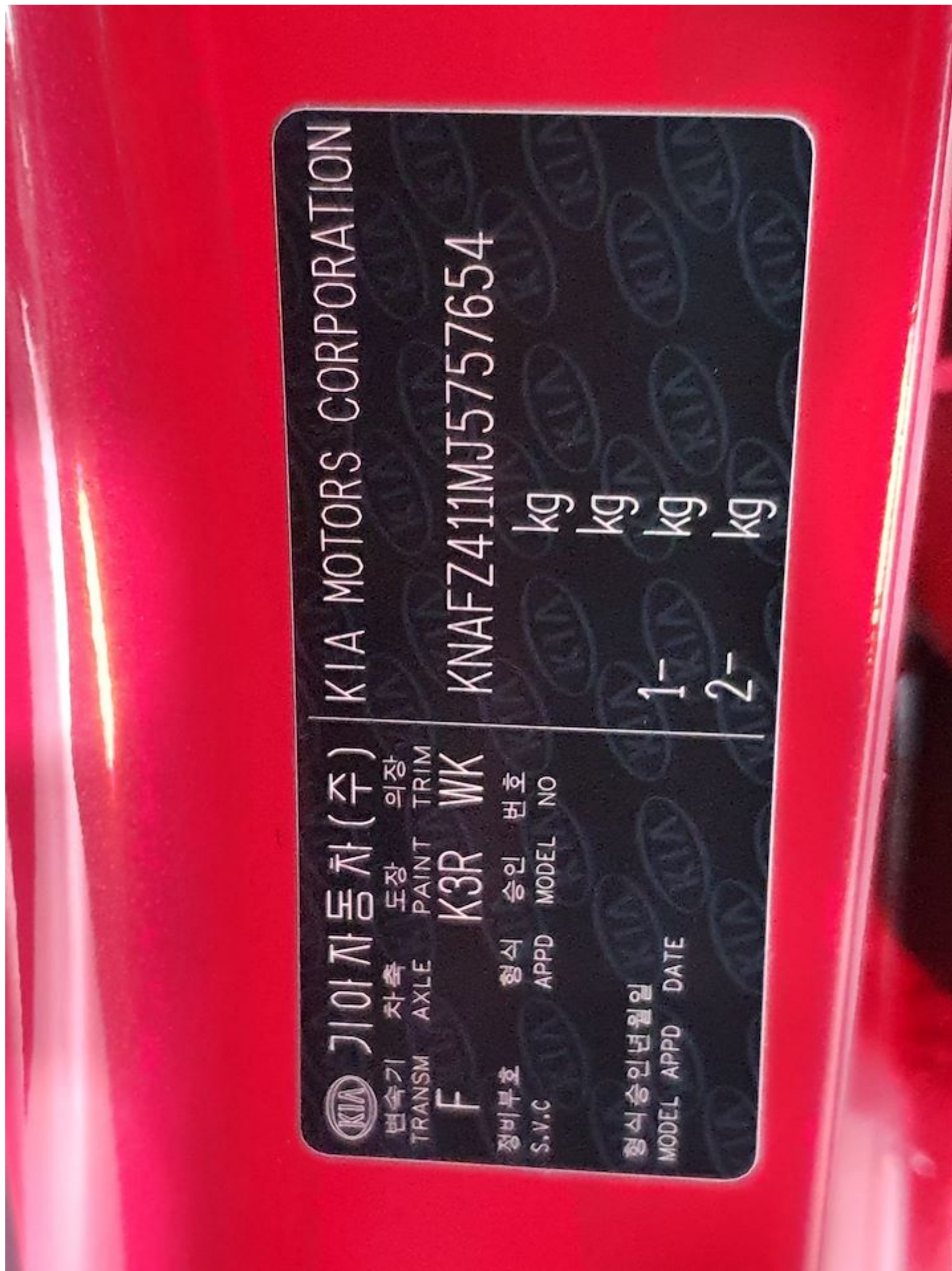
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NR/CID card) QUEK ZIXIANG



























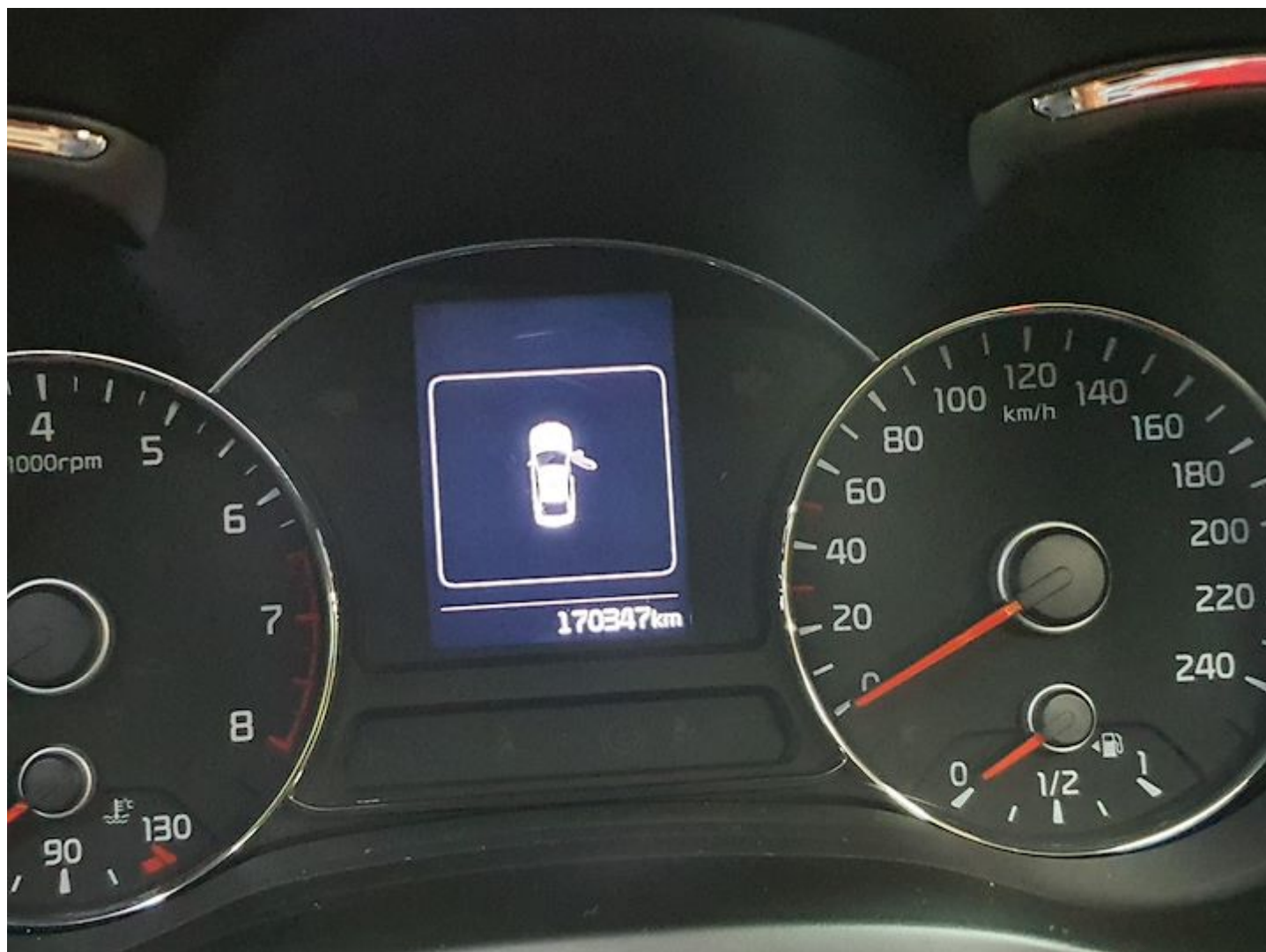








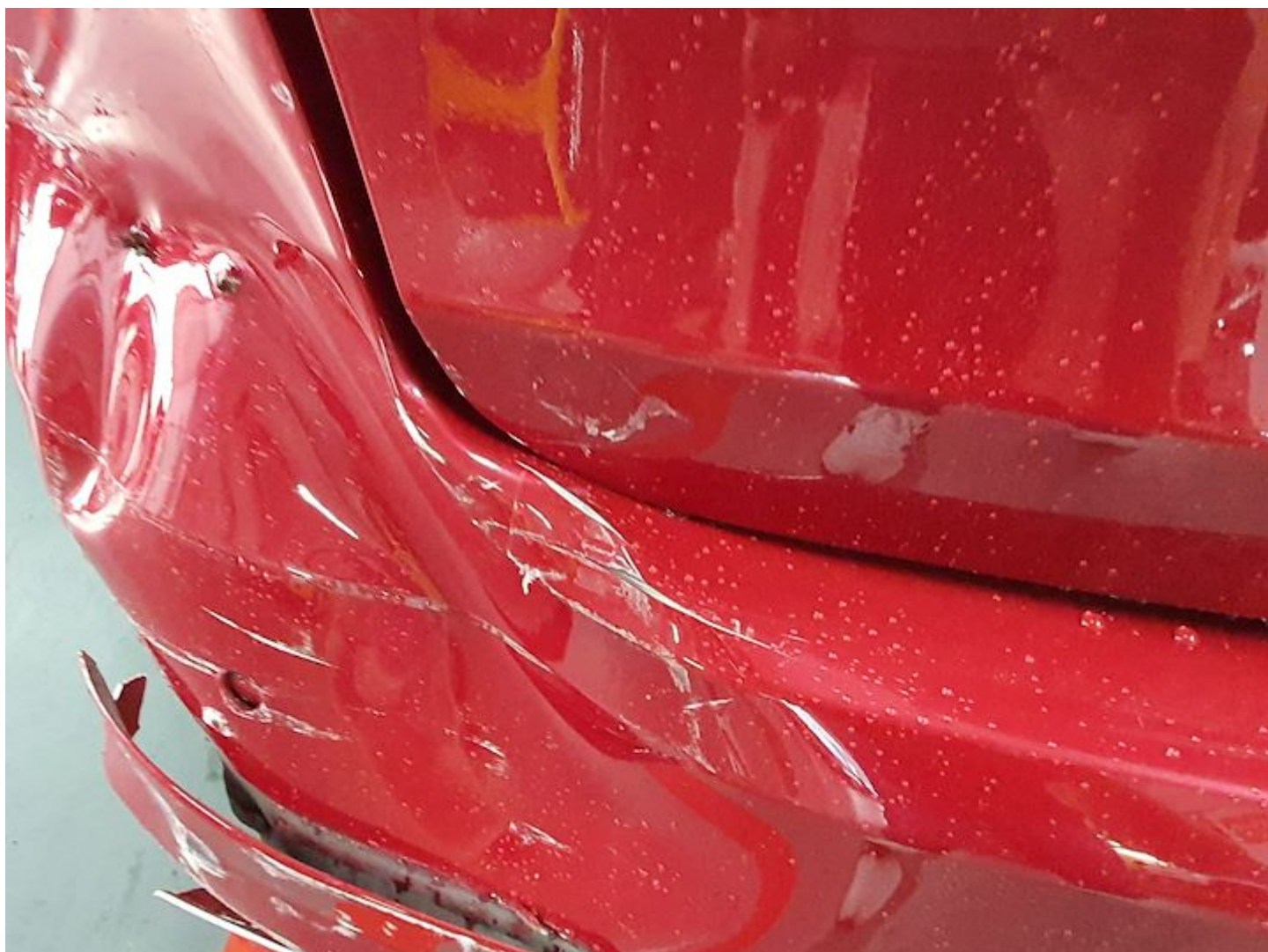






















**SINGAPORE  
POLICE FORCE**



T/20230522/7099

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

1 of 3  
Report No. T/20230522/7099

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/05/2023 22:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YEO KAIN THIONG			Address: 416B FERNVALE LINK #18-98 SINGAPORE 792416		
ID Type / ID No.: NRIC NO / S8834446D			Contact No.: Home/Office: Mobile: 82886239		
Nationality: SINGAPORE CITIZEN			Email: kianthiong88@hotmail.com		
Sex: Male	Age: 34	Date of Birth: 02/09/1988	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Manufacturing manager			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/05/2023 19:05	Type of Location: Straight Road
Location:  ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLV6509C	Car	KIA	CERATO K3 1.6A SUNROOF	Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV6509C	NTUC Income Insurance Co-Operative Limited	5114756834-03	09/01/2023	08/01/2024



**SINGAPORE  
POLICE FORCE**



T/20230522/7099

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

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Report No. T/20230522/7099

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	YEO KAIN THIONG	ID No.	S8834446D
Related Vehicle	SLV6509C (Car)	Contact No.	82886239
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

Collision traffic accident AYE towards CTE near and before Alexandra exit.

Vehicle involve  
SNB7018C  
SLF1803U  
VFV8406 - Malaysia motor bike

My vehicle collision with SNB7018C (Front) and SLF1803U collision on my car (Rear) and VFV8406 motor bike collision with SLF1803U.

I have picture and video footage on my collision between SNB7018C and SLF1803U.

I do not have video accident for VFV8406 but I have picture of the damage on the motor bike as well as the rider passport details.



**SINGAPORE  
POLICE FORCE**

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



T/20230522/7099

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Report No. T/20230522/7099

**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

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

Date/Time:  
22/05/2023 22:46

Classification Of Case:

NP168



