

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	03/06/2023 13:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/05/2023 00:30 (SGT)
Exact Location of Accident	878 Tampines Ave 8, Block 878, Singapore 520878
Additional Location Information	CARPARK SERVICE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY3612D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO CHENG TEE
NRIC No	S1369709D
Email Address	BEEHONGCHUA1959@GMAIL.COM
Mobile Phone No	(Phone) +65-82473818
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00003472301

DRIVER

Name of Driver	YEO CHENG TEE
NRIC No	S1369709D
Date Of Birth	16/03/1959
Occupation	Outdoor

Date Of Driving Pass	16/05/1978
Driving experience	45 YEARS
Gender	Male
Mobile Number	(Phone) +65-82473818
Alt. Phone Number	-
Email Address	BEEHONGCHUA1959@GMAIL.COM
Address	841 JURONG WEST ST 81 #11-125
Address complement	-
Postcode	640841
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
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

AS PER POLICE REPORT NO: T/20230527/2037

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	SMS5201A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
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)	-


SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)

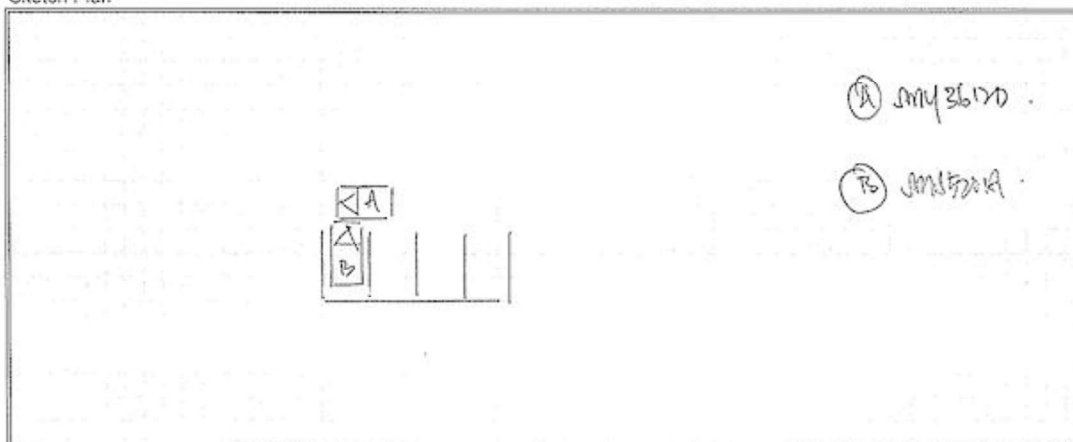
I understand, acknowledge, agree and consent that:

- (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)

Sketch Plan


vJun2022

1

Declaration

Policyholder's Signature / Date & Time



2





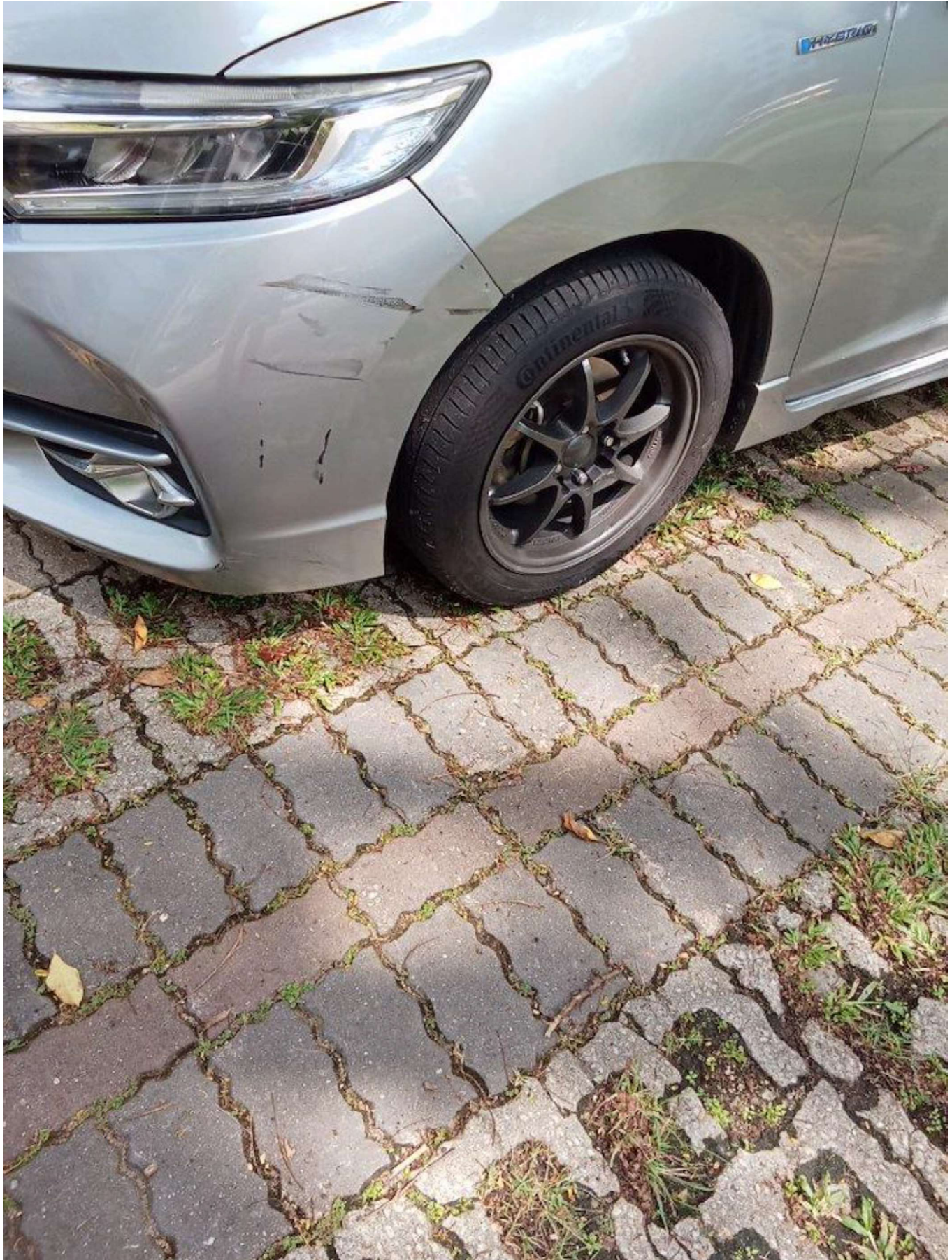


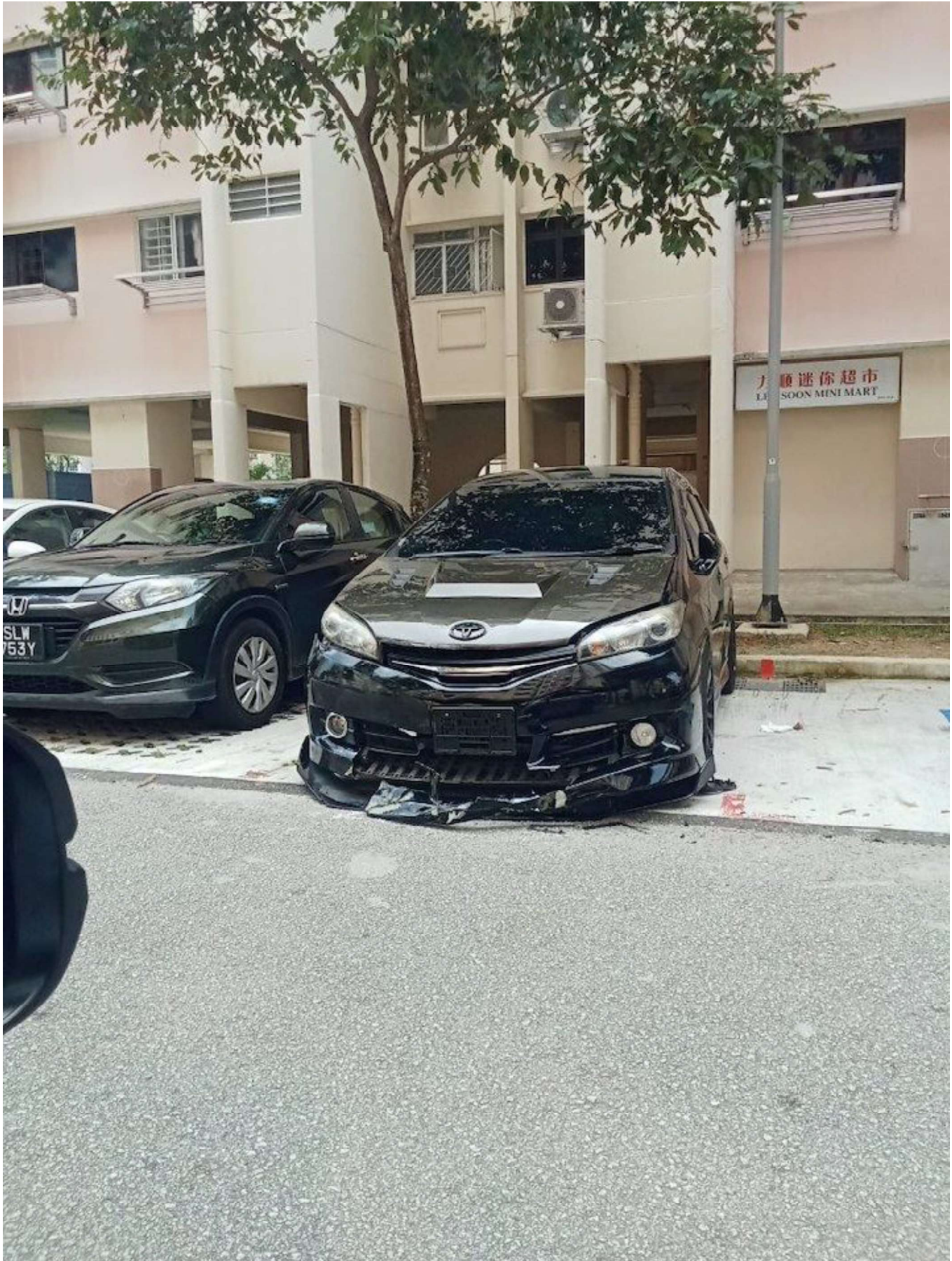


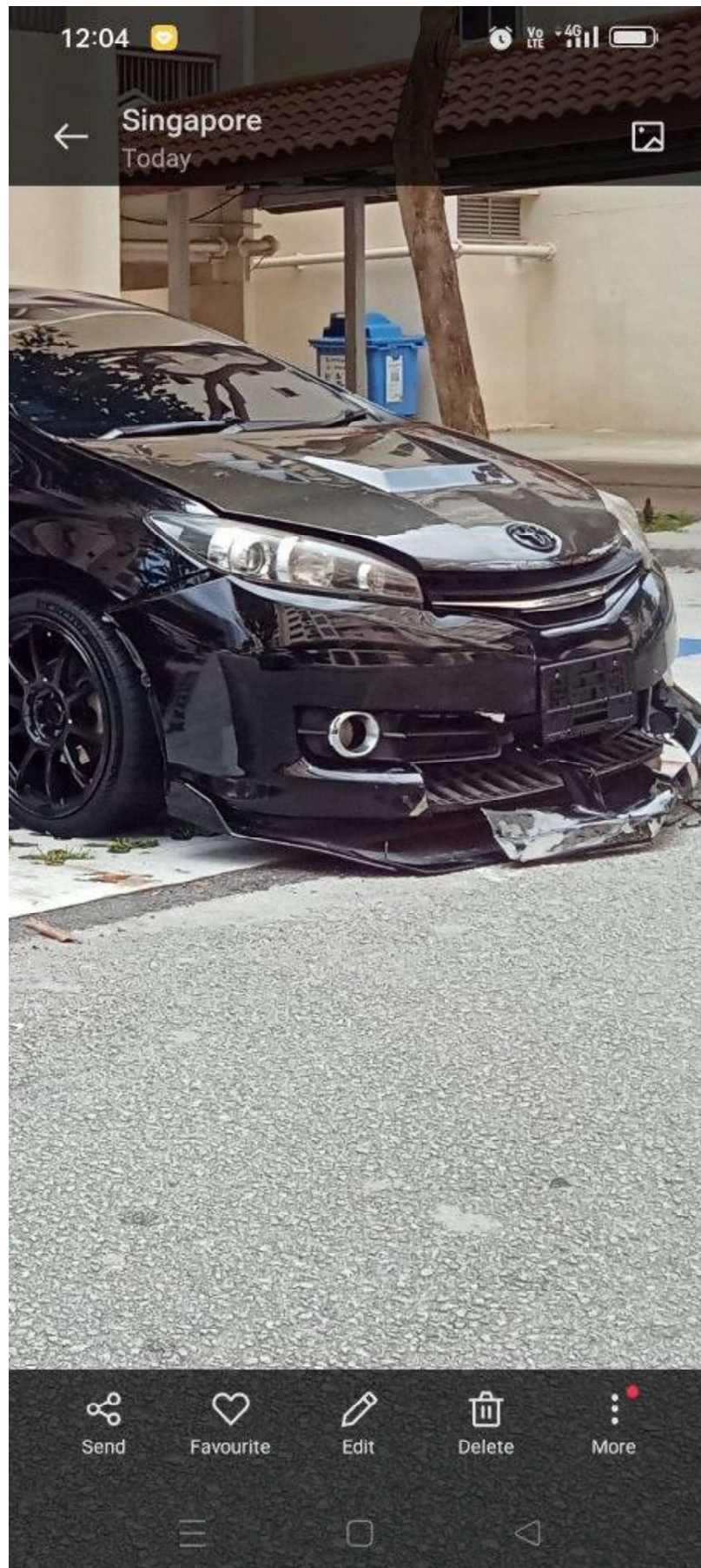
















**SINGAPORE
POLICE FORCE**



T/20230527/2037

1 of 3

Report No. T/20230527/2037

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2023 12:52		Vide Report No.:		Station Diary No.: 31
Informant's Particulars				
Name of Informant: YEO CHENG TEE		Address: APT BLK 841 JURONG WEST STREET 81 #11-125 SINGAPORE 640841		
ID Type / ID No.: NRIC NO / S1369709D		Contact No.: Home/Office: Mobile: 82473818		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 16/03/1959	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/05/2023 00:30	Type of Location: Car Park
Location: TAMPINES AVENUE 8				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMY3612D	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY3612D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000034 72301	02/03/2023	01/03/2024



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2 of 3
Report No. T/20230527/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO CHENG TEE	ID No.	S1369709D
Related Vehicle	SMY3612D (Car)	Contact No.	82473818
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/5/2023 at about 0030hrs, I driving towards the drop off point at Blk 878 Tampines. The carpark was quite dark and had such I drove slowly. However, the front left side of my vehicle side swiped against the front of a parked vehicle. After which, I let my passenger alight and then I placed a note with my contact details on the windscreen to inform the owner of the car about the accident. At about 1042hrs, I received a call from a Traffic Police officer and enquired me about the accident. I also explained that I had left a note for the owner. I am unable to recall the plate number.



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T/20230527/2037

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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No. T/20230527/2037

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SR STAFF SGT MUHAMMAD
YUNOS BIN ABDUL RAHMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/05/2023 12:52

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

NP168