

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	03/07/2023 16:24 (SGT)
Reported by	Actual Driver
Date of Accident	02/07/2023 21:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI BEFORE UPPER SERANGOON ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4883Y
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	1AXIS PRESTIGE LEASING PTE. LTD.
Company Reg No	2XXXXX962N
Email Address	charlottevehicles@gmail.com
Mobile Phone No	(Phone) +65-96971707
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017352200

DRIVER

Name of Driver	YEO SENG BENG
NRIC No	SXXXX527A
Date Of Birth	23/04/1967

Occupation	Outdoor
Date Of Driving Pass	13/05/1996
Driving experience	27 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90266677
Alt. Phone Number	-
Email Address	charlottevehicles@gmail.com
Address	APT BLK 107 BUKIT PURMEI ROAD
Address complement	# 03-47
Postcode	090107
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL-LEASING
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 Property
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	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

PLEASE REFER TO THE ATTACHED POLCE REPORT - T/20230703/7005

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	SG6086B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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 SENG BENG
Gender	Male
Phone No	(Phone) +65-90266677
Address	APT BLK 107 BUKIT PURMEI ROAD
Address Complement	# 03-47
Post Code	090107
Approximate Age Years Old	-
Injuries Sustained	RIGHT HAND PAIN AND BACK PAIN
Injured person in which vehicle?	SLJ4883Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 Authorised Driver**;
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. The 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;
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

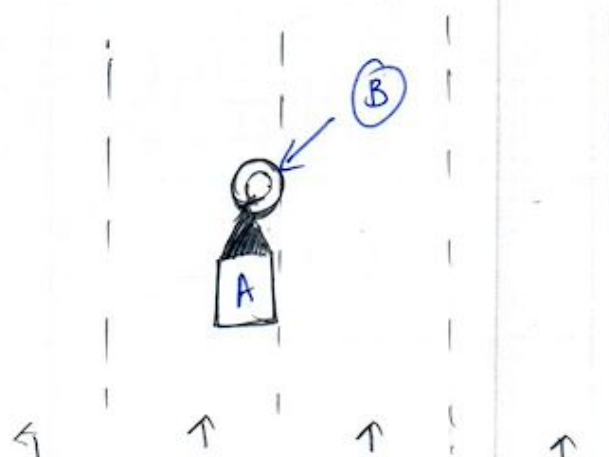
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards Changi Before upper Serangoon Road Exit

A - SLJ 4883Y
B - Tyre (SQ 6086B)



Describe Circumstances of the Accident

on 2/7/23 at about 2115 hours at along PIE towards Changi before upper Serangoon Road Exit. I was travelling on the 3rd lane at the above mentioned road and suddenly, a tyre that belong to SG6086B was on the floor, I tried to avoid but was in vain and hit onto the front portion of my vehicle (A) causing damages to my vehicle. After the accident, I alight and I spoke to the driver of SG6086B and he told me that his office will contact me during office hours. I have one passenger onboard. After the accident, I consult a doctor and was given 05 days MC for my injury.

attached police Report - 7120230703/7005 -

Declaration

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



Policyholder's Signature, Date & Time

03/7/2023

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

gmuell 2/7/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230703/7005

2 of 3

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

Report No. T/20230703/7005

CONTINUATION OF REPORT

Driver			
Name	YEO SENG BENG		ID No. S1796527A
Related Vehicle	SLJ4883Y (Car)		Contact No. 90266677
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	03/07/2023		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

on 02/07/2023 at about 2115 hours at along PIE Towards Changi before Upper Serangoon Road Exit. I was travelling on the 3rd lane at the above mentioned road and suddenly, a tyre that belong to SG6086B was on the floor, I tried to avoid but was in vain and hit onto the front portion of my vehicle (A) causing damages to my vehicle. After the accident, I alight and I spoke to the driver of SG6086B and he told me that his office will contact me during office hours. I have one passenger onboard. After the accident, I consult a doctor and was given 05 days MC for my injury.

- (A) SLJ4883Y
(B) SG6086B







































**SINGAPORE
POLICE FORCE**



T/20230703/7005

1 of 3

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

Report No. T/20230703/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2023 10:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEO SENG BENG			Address: 107 BUKIT PURMEI ROAD #03-47 SINGAPORE 090107		
ID Type / ID No.: NRIC NO / S1796527A			Contact No.: Home/Office: Mobile: 90266677		
Nationality: SINGAPORE CITIZEN			Email: koiyeo@gmail.com		
Sex: Male	Age: 56	Date of Birth: 23/04/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2023 21:15	Type of Location: Straight Road
Location: PIE TOWARDS CHANGI BEFORE UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SG6086B	Bus/Coach/Minibus					0
SLJ4883Y	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230703/7005

2 of 3

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

Report No. T/20230703/7005

CONTINUATION OF REPORT

Driver			
Name	YEO SENG BENG	ID No.	S1796527A
Related Vehicle	SLJ4883Y (Car)	Contact No.	90266677
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/07/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

on 02/07/2023 at about 2115 hours at along PIE Towards Changi before Upper Serangoon Road Exit. I was travelling on the 3rd lane at the above mentioned road and suddenly, a tyre that belong to SG6086B was on the floor, I tried to avoid but was in vain and hit onto the front portion of my vehicle (A) causing damages to my vehicle. After the accident, I alight and I spoke to the driver of SG6086B and he told me that his office will contact me during office hours. I have one passenger onboard. After the accident, I consult a doctor and was given 05 days MC for my injury.

(A) SLJ4883Y

(B) SG6086B



**SINGAPORE
POLICE FORCE**



T/20230703/7005

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

3 of 3

Report No. T/20230703/7005

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

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

Date/Time:
03/07/2023 10:01

Classification Of Case:

NP168





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN092373000E Vehicle Registration No: SLJ 4883Y
 Name (as shown in NRIC): Yeo Seng Beng NRIC/FIN/Passport No: S1796527A
 (* Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Apk Blk 107 Bukit Purnei Road #03-47 Singapore (090107)
 Contact (Tel): _____ Mobile No.: 90266677
 Email Address: charlottevehicles@gmail.com
 Date of Accident: 02/07/2023 Time of Accident: 21:15
 Place of Accident: AE towards Changi Before upper seangoon Road Exit
china Taipei
 Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend upload medical certificates.

Policyholder / Actual Driver's Signature
Date:

3/7/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

 W Y Teh Family Clinic and Surgery

W Y TEH FAMILY CLINIC AND SURGERY
462, TAMPINES STREET 44 #01-60
SINGAPORE 520462
Tel: 67836802

Medical Certificate

Date of Visit: 03-Jul-2023

MC No.: MC2307035750

This is to certify that

Name: YEO SENG BENG

NRIC: S1796527A

is Unfit for Work

for 5 day(s) from 03-Jul-2023 to 07-Jul-2023

Remarks:

DR. TEH WEN WING JOEL
FAMILY PHYSICIAN
(2012-2013-2014)



Doctor Name: Joel Teh
MCR: M11254B

Blk 462 Tampines Street 44 #01-60 Singapore 520462
Tel: 6783 6802 Fax: 6783 6039

 W Y Teh Family Clinic and Surgery

W Y TEH FAMILY CLINIC AND SURGERY
462, TAMPINES STREET 44 #01-60
SINGAPORE 520462
Tel: 67836802

INVOICE

YEO SENG BENG (S1796527A)
107 BUKIT PURMEI ROAD
03 - 47
090107

Invoice No. : GPC 012304
Invoice Date : 03 Jul 2023
ACRA No. : 53155854A
Doctor : Joel Teh

ITEM NAME	QTY	TOTAL
Consultation General Service		\$30.00
Final Bill		\$30.00
Payment received by Cash - RE/008630		\$30.00
Outstanding Balance		\$0.00

Blk 462 Tampines Street 44 #01-60 Singapore 520462
Tel: 6783 6802 Fax: 6783 6039