

## 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 .....	28/06/2023 14:36 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/06/2023 17:30 (SGT)
Exact Location of Accident .....	Near 50 Tampines North Drive 2, Singapore 528766
Additional Location Information .....	TPE TOWARDS JURONG EAST AFTER EXIT 5 BEFORE BRIDGE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMK7773U
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	BETHLEHEM AUTOMOTIVE PRIVATE LIMITED
Company Reg No .....	201809311G
Email Address .....	claimsbethlehemauto@gmail.com
Mobile Phone No .....	(Phone) +65-90306757
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1496

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2003811209

#### DRIVER

Name of Driver .....	YEO CHEE AUN
NRIC No .....	S0135866I
Date Of Birth .....	03/07/1954

Occupation .....	Outdoor
Date Of Driving Pass .....	13/04/1972
Driving experience .....	51 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90282238
Alt. Phone Number .....	-
Email Address .....	CAYEO3754@GMAIL.COM
Address .....	BLK 502 JELAPANG ROAD #16-386
Address complement .....	-
Postcode .....	670502
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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

REFER TO POLICE REPORT NO: T/20230628/7015.

#### 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 .....	SKX9531T
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	3
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 .....	SMH6916Y
Vehicle Manufacturer .....	Toyota
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKX9531T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

SKETCH PLAN

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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)

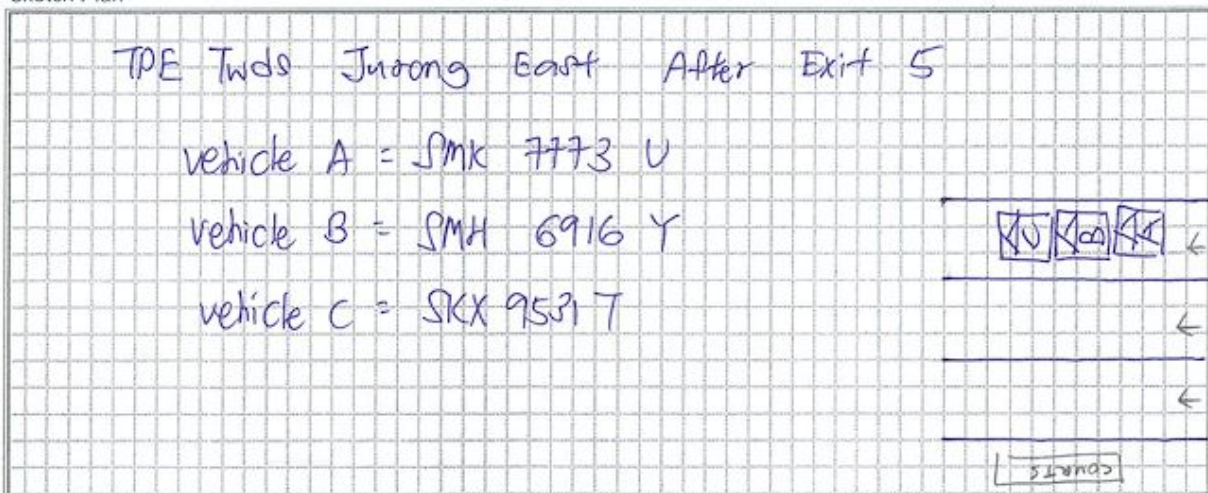
Sketch Plan

TPE Twds Jurong East After Exit 5

Vehicle A = SMK 7773 U

Vehicle B = SMH 6916 Y

Vehicle C = SKX 9531 T



vJun2022

1

Describe Circumstance of the Accident

Refer to police report. (T/20230628/7015)

Declaration

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



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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



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











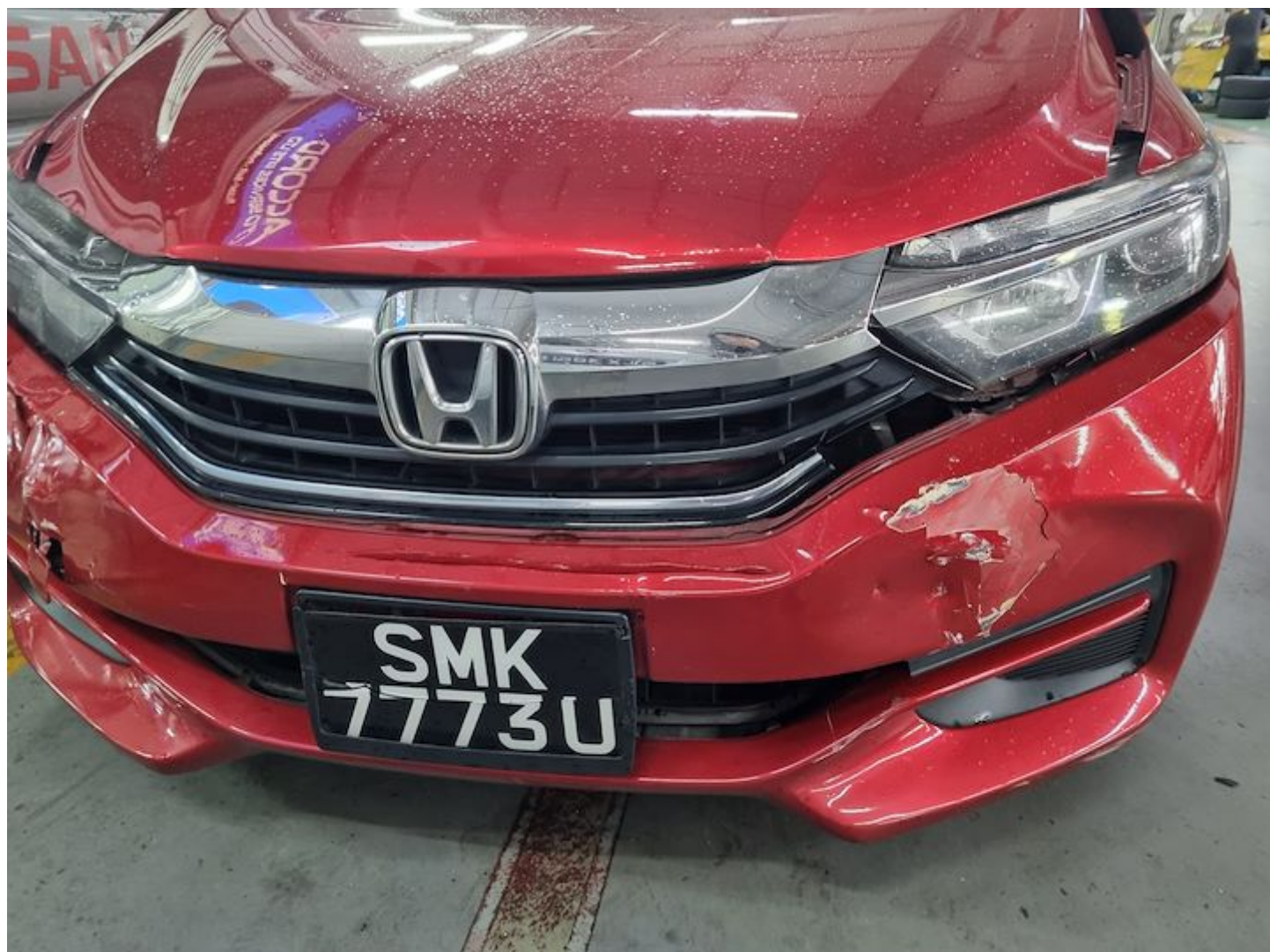




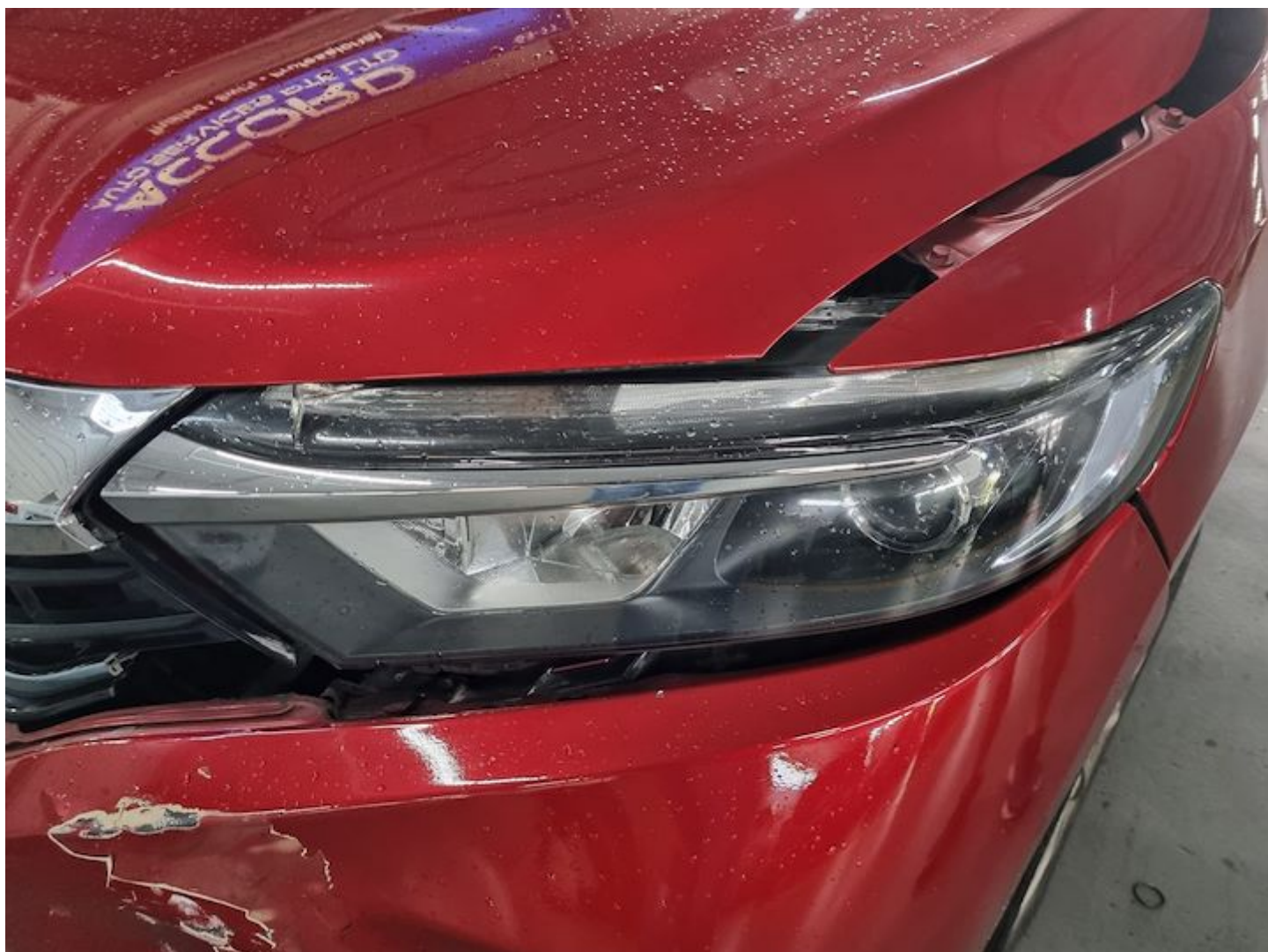


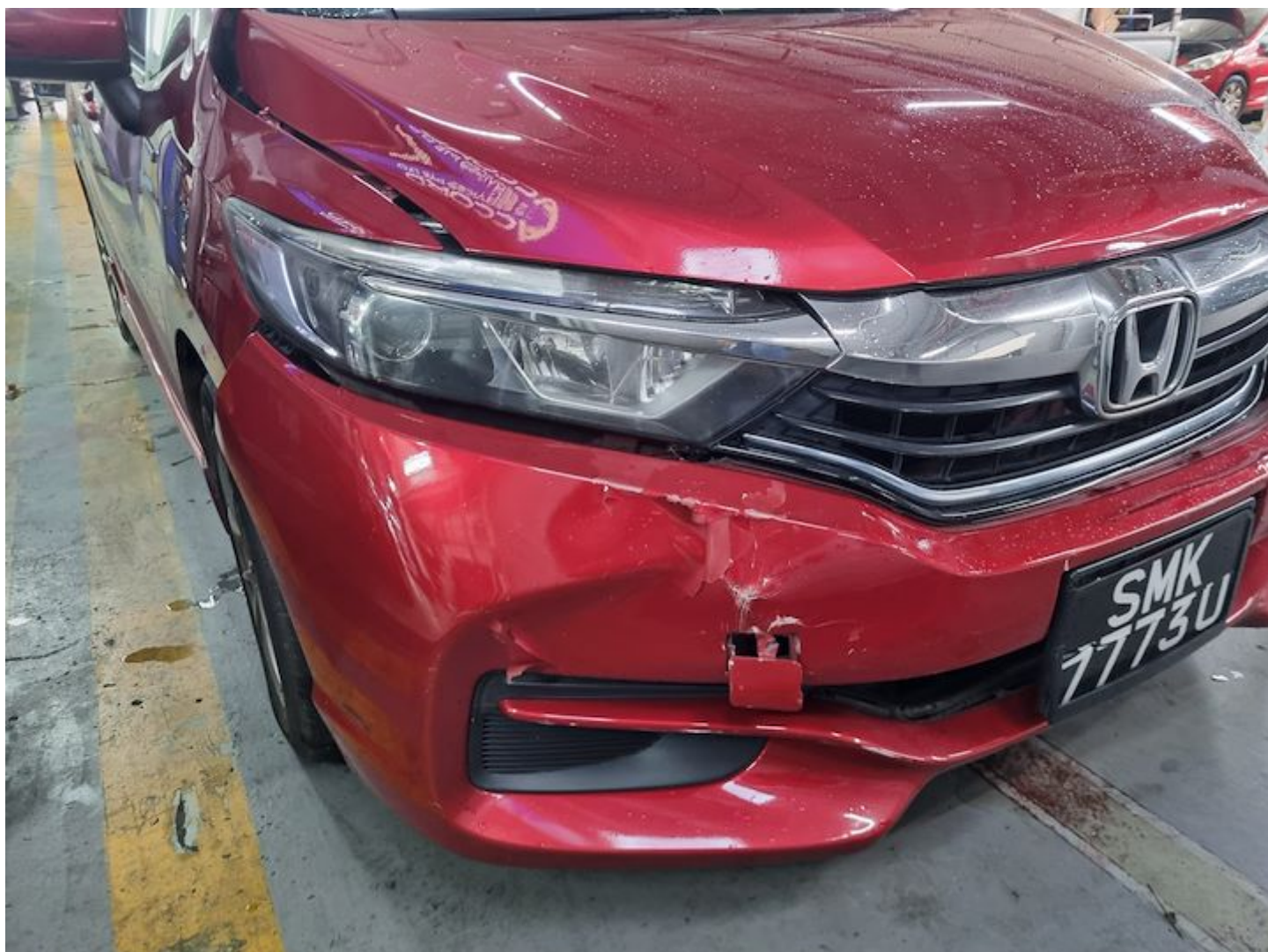


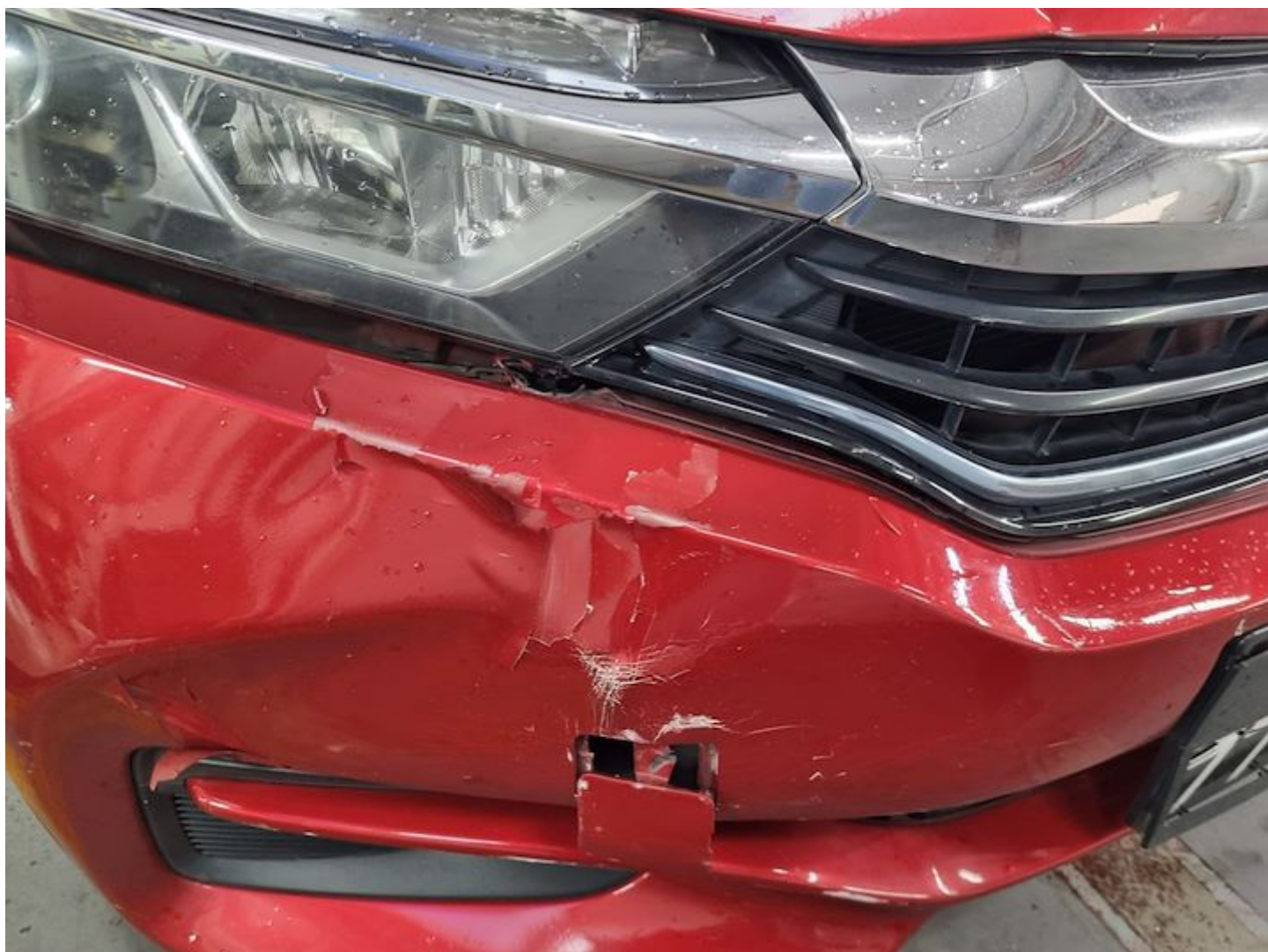




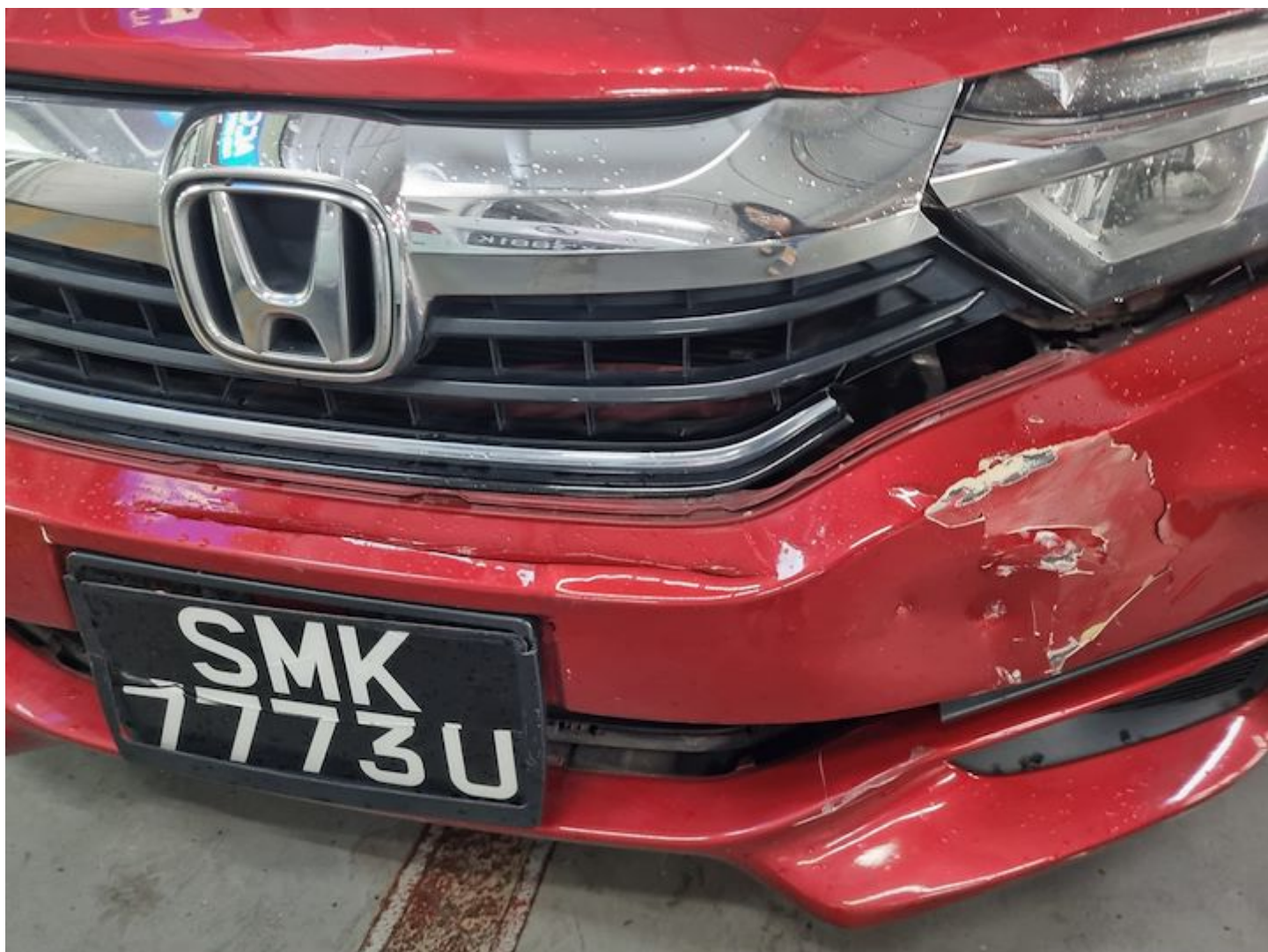


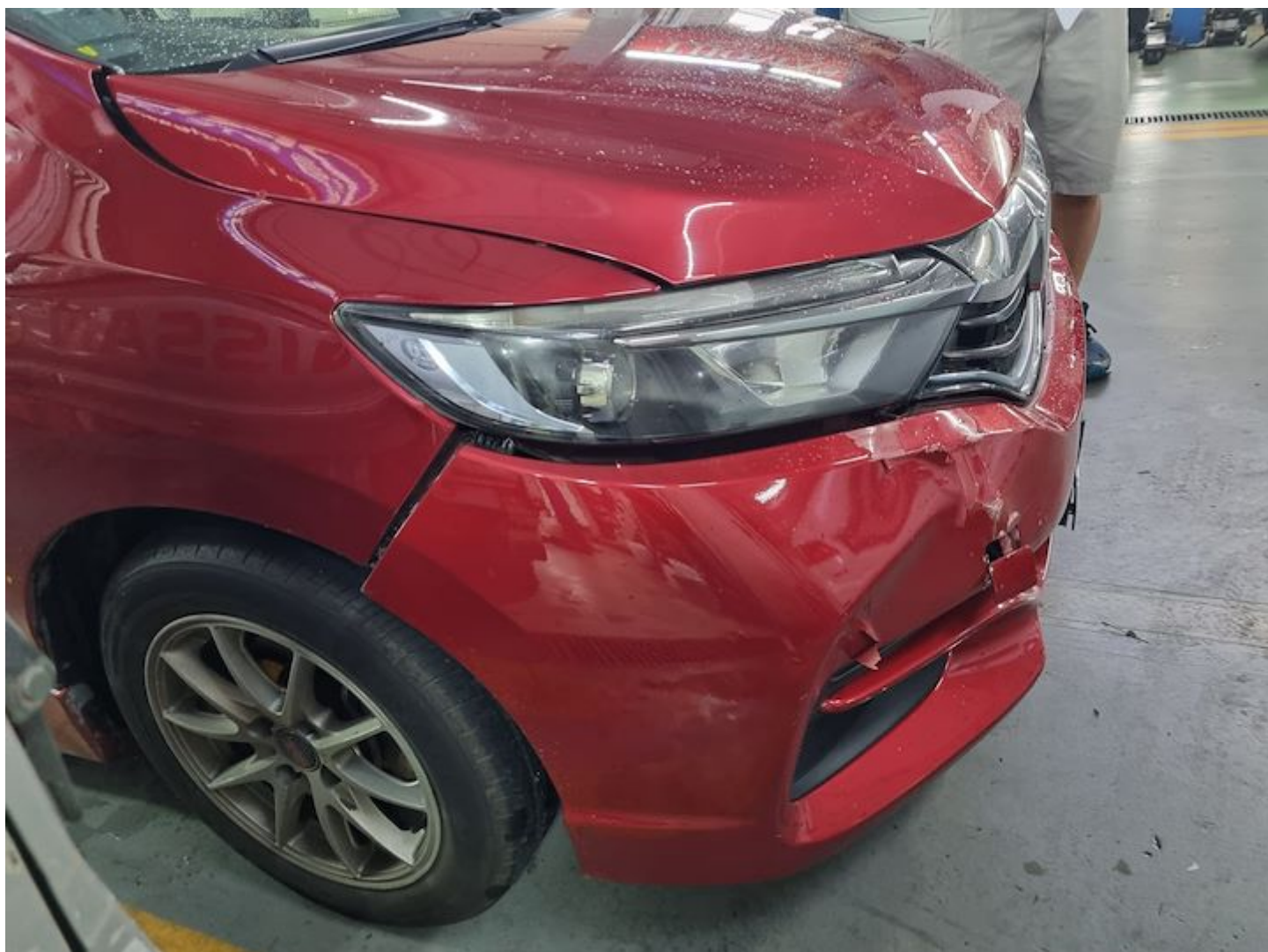






















# SINGAPORE POLICE FORCE



T/20230628/7015

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

1 of 3

Report No. T/20230628/7015

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2023 10:29	Vide Report No.: G/20230627/0108	Station Diary No.:
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### Informant's Particulars

Name of Informant: YEO CHEE AUN	Address: 502 JELAPANG ROAD #16-386 SINGAPORE 670502		
ID Type / ID No.: NRIC NO / S0135866I	Contact No.: Home/Office:                      Mobile: 90282238		
Nationality: SINGAPORE CITIZEN	Email: CAYEO3754@GMAIL.COM		
Sex: Male	Age: 68	Date of Birth: 03/07/1954	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: private hirer driver	Driving Licence Information: Class:                      Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/06/2023 17:30	Type of Location: Straight Road
Location:  TAMPINES NORTH DRIVE 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKX9531T	Car		MAZDA 3			0
SMH6916Y	Car		TOYOTA ALTIS			0
SMK7773U	Car		HONDA SHUTTLE			0



**SINGAPORE  
POLICE FORCE**



T/20230628/7015

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

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Report No. T/20230628/7015

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	UNKOWN PASSENGER	ID No.	NIL
Related Vehicle	SKX9531T (Car)	Contact No.	NIL
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	Slight
Driver			
Name	YEO CHEE AUN	ID No.	S0135866I
Related Vehicle	SMK7773U (Car)	Contact No.	90282238
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.

On the stated date and time, I was driving my vehicle bearing car plate number (SMK7773U) at the stated location. When the vehicle bearing car plate number (SKX9531T) saw the accident happened in front of her she came to a stop. But the vehicle in front of me bearing car plate number (SMH6916Y) jammed his brakes and I could not stop in time. The first vehicle bearing car plate number (SKX9531T) has no contact with the vehicle in front who was in a prior accident.



**SINGAPORE  
POLICE FORCE**



T/20230628/7015

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

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Report No. T/20230628/7015

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NADYA BINTE MOIDEEN  
Contact No.: 65476331

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

Date/Time:  
28/06/2023 10:29

Classification Of Case:

NP168

