

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 First Submission | 21/08/2024 10:12 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 19/08/2024 17:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ECP CITY BEFORE LAGUNA FLYOVER |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SJK1919K |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | TEO GUAN HENG |
| NRIC No | SXXXX720A |
| Email Address | OSTAR_76@YAHOO.COM.SG |
| Mobile Phone No | (Phone) +65-86871919 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | A200 |
| 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 - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1332 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | Great Eastern General Insurance Limited |
| Policy Number / Cover Note Number | V5022400 |

DRIVER

| | |
|--|-----------------------------|
| Name of Driver | TEO GUAN HENG |
| NRIC No | SXXXX720A |
| Date Of Birth | 01/12/1976 |
| Occupation | Indoor |
| Driving Pass Date | 17/03/1995 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 29 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86871919 |
| Alt. Phone Number | - |
| Email Address | OSTAR_76@YAHOO.COM.SG |
| Address | BLK 8 MAKEWAY AVENUE #16-13 |
| Address complement | - |
| Postcode | 228607 |
| 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? | No |
| Number of vehicles involved in the accident | 7 |
| 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) | 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

REFER TO POLICE REPORT

ATTACHMENT(S)

| | |
|---|----|
| Are accident photos available for attachment? | No |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-------------|
| Vehicle Registration Number | SLT471B |
| 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 | SHB8457H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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 | SHA1297D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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 4

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | SH7990D |
| 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 5

| | |
|---|-------------|
| Vehicle Registration Number | SMV5204B |
| 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 6

| | |
|---|-------------|
| Vehicle Registration Number | SHD1405T |
| 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 | TEO GUAN HENG |
| Gender | Male |
| Phone No | (Phone) +65-86871919 |
| Address | BLK 8 MAKEWAY AVENUE #16-13 |
| Address Complement | - |
| Post Code | 228607 |
| Approximate Age Years Old | - |
| Injuries Sustained | 7 DAYS MC |
| Injured person in which vehicle? | SJK1919K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

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 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 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

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

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

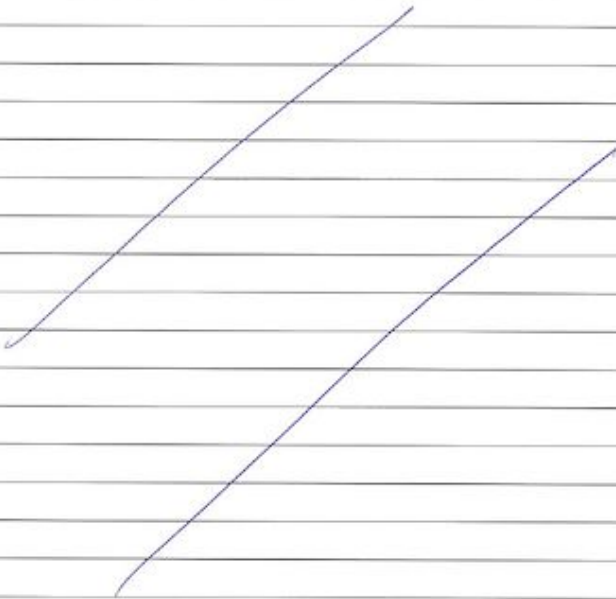
Sketch Plan

ECP (towards city)
before Laguna Flyover

Vehicle A: SKJ1919K
Vehicle B: SLT4T1B
Vehicle C: SHB845TH
Vehicle D: SHA129TD
Vehicle E: SH7990D
Vehicle F: SMV5204B
Vehicle G: SHD1405T

Describe Circumstance of the Accident

Please refer to Police Report
T/20240820/7040.



Declaration

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



Policyholder's Signature / Date & Time



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/20240820/7040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 4

Report No. T/20240820/7040

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|--|
| Date/Time Report Made: 20/08/2024 11:38 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TEO GUAN HENG | | | Address: 8 MAKEWAY AVENUE #16-13 SINGAPORE 228607 | | |
| ID Type / ID No.: NRIC NO / S7639720A | | | Contact No.: Home/Office: Mobile: 86871919 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: OSTAR_76@YAHOO.COM.SG | | |
| Sex: Male | Age: 47 | Date of Birth: 01/12/1976 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | |
| Occupation: Engineer | | | 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: 19/08/2024 17:50 | Type of Location: Straight Road |
| Location: EAST COAST PARKWAY | | | | |
| 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: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-----------|------------------|------------------------------------|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SH7990D | Motor car | | | | Seriously Damaged | 0 |
| SHA1297D | Motor car | | | | Seriously Damaged | 0 |
| SHB8457H | Motor car | | | | Seriously Damaged | 0 |
| SHD1405T | Motor car | | | | Seriously Damaged | 0 |
| SKJ1919K | Motor car | MERCEDES BENZ | A200 AMG LINE SALOON AUTO | Grey | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20240820/7040

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

2 of 4

Report No. T/20240820/7040

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-----------|------|-------|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SLT471B | Motor car | | | | Seriously Damaged | 0 |
| SMV5204B | Motor car | | | | Seriously Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|---|--------------|----------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective Date | Expiry Date |
| SKJ1919K | GREAT EASTERN GENERAL INSURANCE LIMITED | V5022400 | 17/01/2024 | 16/01/2025 |

| Details of Person Involved | | | |
|--|----------------------|--------------------------------|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TEO GUAN HENG | | ID No. S7639720A |
| Related Vehicle | SKJ1919K (Motor car) | | Contact No. 86871919 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | 19/08/2024 | | Date Discharge 19/08/2024 |
| No. of Days granted Medical Leave (MC) | 04 | Degree of Injury | Slight |

Brief Details.

On the stated date and time, I was driving SKJ1919K along ECP(City) before Laguna flyover when the cars in front suddenly came to an abrupt halt.

I am unsure if any of the vehicle had collided into one another first but I immediately slammed on my brakes instinctively.

Despite this, I was unable to avoid making contact with the front vehicle.

Moments later, a huge impact hit me from the rear, catching me completely off guard.

My body lurched forward due to the impact from the rear only to be restrained by the seat belt.

I also knocked my hands against the steering wheel as a result.

Upon alighting, I realised I was involved in a 7 car collision involving:

Veh C: SHB8457H
Veh D: SHA1297D
Veh E: SH7990D
Veh F: SMV5204B
Veh G: SHD1405T



**SINGAPORE
POLICE FORCE**



T/20240820/7040

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

3 of 4

Report No. T/20240820/7040

CONTINUATION OF REPORT

Veh A: SKJ1919K
Veh B: SLT471B

where mine was the 6th vehicle.

I was conveyed to Raffles hospital via ambulance and was discharged later the same evening with 4 days MC for injuries to my hands and chest areas.

The following morning, I woke up with soreness and aches over my neck, shoulders and lower back areas as well.

I will seek follow up treatment if the pain does not go away.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T/20240820/7040

4 of 4

Report No. T/20240820/7040

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MUHAMMAD GHAZALI BIN ABDUL RAZAK
Contact No.: 65476367

NP168

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

Date/Time:
20/08/2024 11:38

Classification Of Case:

















