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 witholding 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.

- 4. The issue and acceptance 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 03/09/2024 13:17 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 02/09/2024 19:40 (SGT) Exact Location of Accident Near Blk 426, Singapore Additional Location Information FROM AYE TOWARDS CLEMENTI AVENUE 6 NEAR EXIT 11 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volvo

S60

Vehicle Registration Number SGX6556P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TENG JINGHUA** NRIC No SXXXX828H Fmail Address JHTENG1995@GMAIL.COM Mobile Phone No (Phone) +65-98392406 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1969

Vehicle Fuel First Regisration Date

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company HL Assurance Pte Ltd Policy Number / Cover Note Number MP316766

DRIVER

Chassis no

Name of Driver	TENG JINGHUA
NRIC No	SXXXX828H
Date Of Birth	02/04/1966
Occupation	Indoor
Driving Pass Date	08/09/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-98392406
Alt. Phone Number	-
Email Address	JHTENG1995@GMAIL.COM
Address	BLK 48A TOH TUCK ROAD
Address complement	#04-06
Postcode	596740
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	-
modifice company of other vehicle owned by briver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
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)	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	
Manadan and dark and and the Book Book Book	
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 SKETCH PLAN AND POLICE REPORT T/20240903/7	7024
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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address	SHA1121C - - - - Taxi -
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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- 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.

16 04/04/1004

Policyholder's Signature / Date & Time

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

(Name as in NRIC/ID card)

SUZANA BÎE EDROS

Sketch Plan A: 46 X 6556 P B: 5HA 1121C FROM AYE TOWARDS Clementi AVE 6 NEAR EXIT

1

cribe Circumsta	ibe Circumstance of the Accident				
REFER	70	PULTUE	REPORT	7/20240903/7024	
				14 24 - 447	
		ve tie			

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

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



T/20240903/7024

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240903/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2024 12:05		nde:	Vide Report No.:	Station Diary No.:	
Informan	t's Particular	S			
Name of Informant: Teng Jinghua			Address: 48A Toh Tuck Road #04-06 SINGAPORE 596740		
ID Type / ID No.: NRIC NO / S2710828H			Contact No.: Home/Office:	Mobile: 98392406	
Nationality: SINGAPORE CITIZEN		N	Email: jhteng1995@gmail.com		
Sex: Age: Date of Birth: Male 58 02/04/1966			Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Electrical engineer			Driving Licence Information: Class: Date of Expiry:		

General Information	of the Accident	2	Commission of the Commission o		
Type of Accident:	Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident: 02/09/2024 19:40	Type of Location: slip road from AYE to Clementi Ave 6	
Location: CLEMENTI AVENU Weather:	JE 3	Road Surface:	72		
Clear		Dry	Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled	110.00 (100.00		
Type of Collision: Between Moving V	ehicles - Side Swipe	- Same Direction	EX.530	yone conveyed by hbulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX6556P	Motor car	VOLVO	S60 T5 A/T ABS D/AIRBAG 2WD	Black		0
SHA1121C	Taxi					0

Details of Vel	nicle Insurance		Timpande / Sil	3 PAY = 12-
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240903/7024

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SGX6556P	HL ASSURANCE PTE. LTD	MP316766	31/03/2021	30/03/2025

Details of Person	Involved			3 111		
Any Pedestrian In	volved: No		71-197			PARTY TO THE PARTY
No. of Pedestrian:	s Injured: NIL		Use of Pedestrian Crossing: NA			
Driver				5		
Name	Teng Jinghua	Teng Jinghua		ID No	2	S2710828H
Related Vehicle	SGX6556P (Motor car)		Conta	ict No.	98392406	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL	

Brief Details.

The accident happened in moving off from AYE towards Clementi Ave 6. The traffic is very slow. When I am driving slowly, one blue color Taxi (plate number: SHA1121C) came from right hand rear side during lane changing and swiped on my car, causing my right side mirror bounced back and the casing lost, and also some scratches on the front-side fence. One 'pong' sound can be heard when the hit/swipe happened (from the video). The taxi paused for a second and then drove off. I honked and flashed light since the traffic is very slow and I am behind him. However, the taxi didn't response.

I have two videos (with audio) captured from my front and rear dash camera.



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



3 of 3

Report No. T/20240903/7024

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2024 12:05
Officer In Charge Of Case: TP / HRT / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476902	Classification Of Case:
NP168	