

## 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	30/10/2024 11:36 (SGT)
Reported by	Actual Driver
Date of Accident	28/10/2024 21:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	234B Sumang Lane
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN1722R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Zheng Minting
NRIC No	SXXXX833G
Email Address	edwinteocy@gmail.com
Mobile Phone No	(Phone) +65-92360885
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	MA040983

### DRIVER

Name of Driver	Teo Cheng Yen
NRIC No	SXXXX582H
Date Of Birth	27/09/1988
Occupation	Indoor
Driving Pass Date	21/04/2023
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98386910
Alt. Phone Number	-
Email Address	edwinteocy@gmail.com
Address	163C Rivervale Crescent #18-258
Address complement	-
Postcode	543163
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Major/Minor Rd
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)	3
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	Edyen
Gender	Male

#### PASSENGER 2

Name	Zheng Min Ting
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 police report no T/20241029/7086

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	SKQ8948T
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	Zheng Min Ting
Gender	Female
Phone No	(Phone) +65-92360885
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	- Pain over head, neck, left shoulder upper and lower body areas - 5 days mc given.
Injured person in which vehicle?	SMN1722R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	Teo Cheng Yen
Gender	Male
Phone No	(Phone) +65-98386910
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	- Aching over neck, shoulders, right wrist, lower back and left knee areas - 5 days mc given
Injured person in which vehicle?	SMN1722R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	Edyen
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained

- Pain in his neck and right shoulder

Injured person in which vehicle?

- 5 days mc given

Were seat belts worn?

SMN1722R

Was this injured conveyed to hospital by ambulance?

Yes

No

SKETCH PLAN


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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:

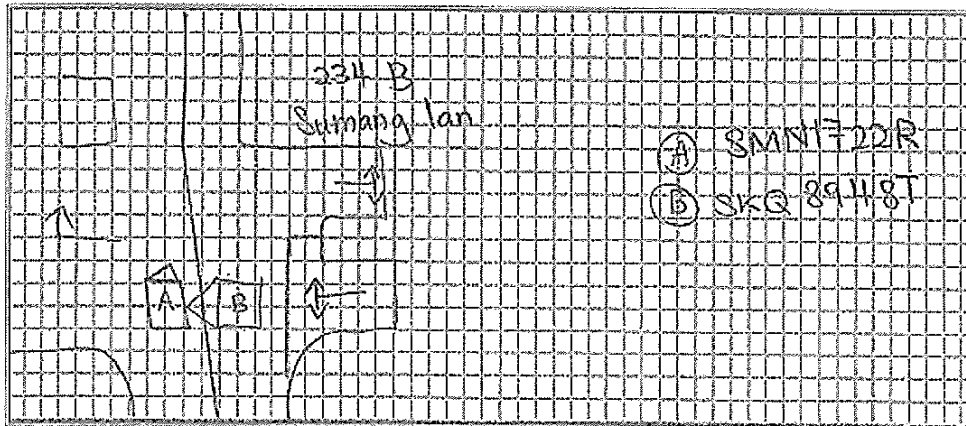
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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/small 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 NR/CAD card)

**Sketch Plan**





Describe Circumstance of the Accident


Refer with Police Report No. T/20241029/7086

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 Officer / Date & Time  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20241029/7086

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

1 of 3

Report No. T/20241029/7086

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2024 15:53		Video Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TED CHENG YEN			Address: 163C RIVERVALE CRESCENT #16-258 SINGAPORE 543183		
ID Type / ID No.: NRIC NO / S8836582H			Contact No.: Home/Office: Mobile: 98386910		
Nationality: SINGAPORE CITIZEN			Email: edwintecy@gmail.com		
Sex: Male	Age: 36	Date of Birth: 27/09/1988	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Analyst			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/10/2024 21:25	Type of Location:
Location: SUMANG LANE				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMN1722R	Motor car					2

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20241029/7086

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

2 of 3

Report No. T/20241029/7086

CONTINUATION OF REPORT

Driver			
Name	TEO CHENG YEN	ID No.	S8836582H
Related Vehicle	SMN1722R (Motor car)	Contact No.	98386910
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

**Brief Details.**

On the stated date and time, I was driving SMN1722R along the service road beside BLK 234B Sumang Lane heading towards the exit.

My wife Zheng Minting and our son Eyden Teo were passengers on board my vehicle and all three of us were belted.

I was travelling straight in my lane when SKQ6948T dashed out from the MSCP exit and crashed into my vehicle's right portion.

I was caught completely off guard due to the huge impact as my body rocked sideways.

I knocked my left knee against the centre console of my vehicle.

I immediately checked on my wife and son.

Eyden had knocked his shoulder while my wife had knocked her head and shoulder against the inside of the vehicle.

Upon alighting, I realised that the right portion of my vehicle to be badly damaged.

Initially, the three of us were simply in shock.

However, my wife vomited later the same evening and started feeling pain over her head, neck, left shoulder, upper and lower back areas.

My son also started complaining of pain in his neck and right shoulder.

I, too, started feeling aches over my neck, shoulders, right wrist, lower back and left knee areas.

The pain got worse the following morning and we decided to seek treatment at Norwood Clinic Hougang near our place.

Each of us were given 5 days MC for injuries caused by the accident.





SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408666  
Tel No: 65470000



T/20241029/7086

3 of 3

Report No. T/20241029/7086

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
PHNG KAR SOON  
Contact No.: 65476439

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

Date/Time:  
29/10/2024 15:53

Classification Of Case:

NP168