

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 11:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/10/2024 09:23 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS MCE CLOSE TO THE ENTRANCE TO MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8881J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO CHUN YANG (ZHANG JUNYANG)
NRIC No	SXXXX688D
Email Address	teochunyang@gmail.com
Mobile Phone No	(Phone) +65-81838474
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB180
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	1332
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	C/N:7240122865

DRIVER

Name of Driver	TEO CHUN YANG (ZHANG JUNYANG)
NRIC No	SXXXX688D
Date Of Birth	22/08/1990
Occupation	Indoor
Driving Pass Date	14/09/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81838474
Alt. Phone Number	-
Email Address	teochunyang@gmail.com
Address	31 IPOH LANE #004-05
Address complement	VERSILIA ON HAIG
Postcode	4386639
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	Collision - Head to Rear
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)	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	TAN SIM PEI FELICIA
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 T/20241030/7000

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 GBB2063X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver JOSEPH RAJ REGAN
Passport No/FIN GXXXX163T
Contact Number (Phone) +65-91883336
Address -
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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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/mall 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.

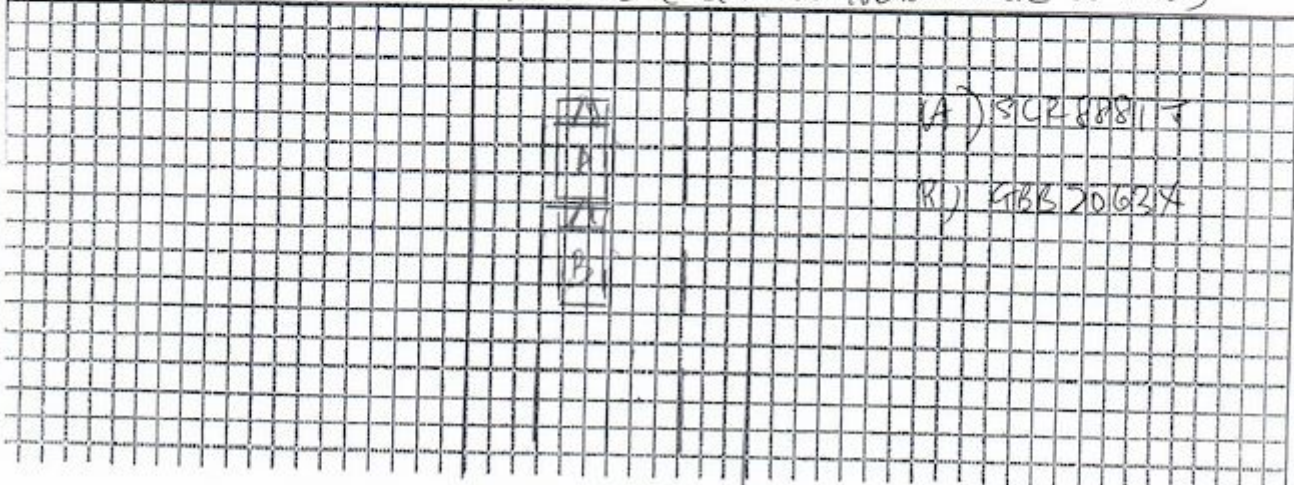
Policyholder's Signature / Date & Time
 29 Oct 2024
 10:32am

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

ECP towards MCE (close to the entrance to MCE)

<div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; margin: 0 auto;">  </div>
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Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/2024/1030/7000

Declaration

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

CA

29 04 2024
10:32am

Policyholder's Signature / Date & Time

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

[Signature]
30/10/2024

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









































**SINGAPORE
POLICE FORCE**



T/20241030/7000

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

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Report No. T/20241030/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2024 00:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEO CHUN YANG			Address: 31 IPOH LANE #04-05 Versilia on Haig SINGAPORE 438639		
ID Type / ID No.: NRIC NO / S9029688D			Contact No.: Home/Office: Mobile: 81838474		
Nationality: SINGAPORE CITIZEN			Email: TEOCHUNYANG@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 22/08/1990	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Audit manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2024 09:30	Type of Location: Straight Road
Location: TANJONG RHU ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2063X	Lorry			Red	Slightly Damaged	3
SLR8881J	Motor car	MERCEDES BENZ	GLB 180 PROGRESSI VE LINE	Black	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLR8881J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7240122865	01/08/2024	31/07/2025



**SINGAPORE
POLICE FORCE**



T/20241030/7000

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

Report No. T/20241030/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOSEPH RAJ REGAN	ID No.	G3059163T
Related Vehicle	GBB2063X (Lorry)	Contact No.	91883336
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 29/12/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	TAN SIM PEI FELICIA	ID No.	S9323135Z
Related Vehicle	SLR8881J (Motor car)	Contact No.	91815344
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)	NIL	Degree of Injury	NIL
Driver			
Name	TEO CHUN YANG	ID No.	S9029688D
Related Vehicle	SLR8881J (Motor car)	Contact No.	81838474
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

The accident took place along East Coast Parkway ("ECP") after Fort Road towards Marina Coastal Expressway ("MCE") at 9:30am on 29th October 2024. The traffic condition was rather heavy with many cars moving along ECP. I was travelling on the expressway on the 3rd lane (of the 4 lanes available) as I was looking to enter MCE. Due to the heavy traffic, I had to slow down and braked when approaching the car ahead of me. After slowing close to a stop, a lorry hit me from my rear, resulting in damages to both my vehicle and the lorry. I have taken pictures of both vehicles along with the surrounding of the accident.

**SINGAPORE
POLICE FORCE**

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



T/20241030/7000

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Report No. T/20241030/7000

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

NP168

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

Date/Time:
30/10/2024 00:17

Classification Of Case: