

# 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	25/10/2024 20:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/10/2024 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ROCHOR ROAD FU LU SHOU COMPLEX
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8621S
<b>INSURED/POLICYHOLDER</b>	
Is company?	No
Name Of Registered Owner	GWENDOLINE TEO
NRIC No	SXXXX411G
Email Address	GWENTO@YAHOO.COM
Mobile Phone No	(Phone) +65-96372541
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

## INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

## DRIVER

Name of Driver .....	SIN JOO SIONG
NRIC No .....	SXXXX648H
Date Of Birth .....	22/06/1972
Occupation .....	Indoor
Driving Pass Date .....	05/12/1997
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	26 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97566861
Alt. Phone Number .....	-
Email Address .....	MARCUSSIN@YAHOO.COM
Address .....	521 YIO CHU KANG ROAD
Address complement .....	-
Postcode .....	-
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 - 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? .....	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 .....	GWENDOLINE TEO
Gender .....	Female

#### PASSENGER 2

Name .....	ESTELLE SIN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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 ..... SHD8806Z  
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) ..... -

**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? ..... SLD8621S  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

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6. The 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.
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.

 25/10/24

Policyholder's Signature / Date & Time

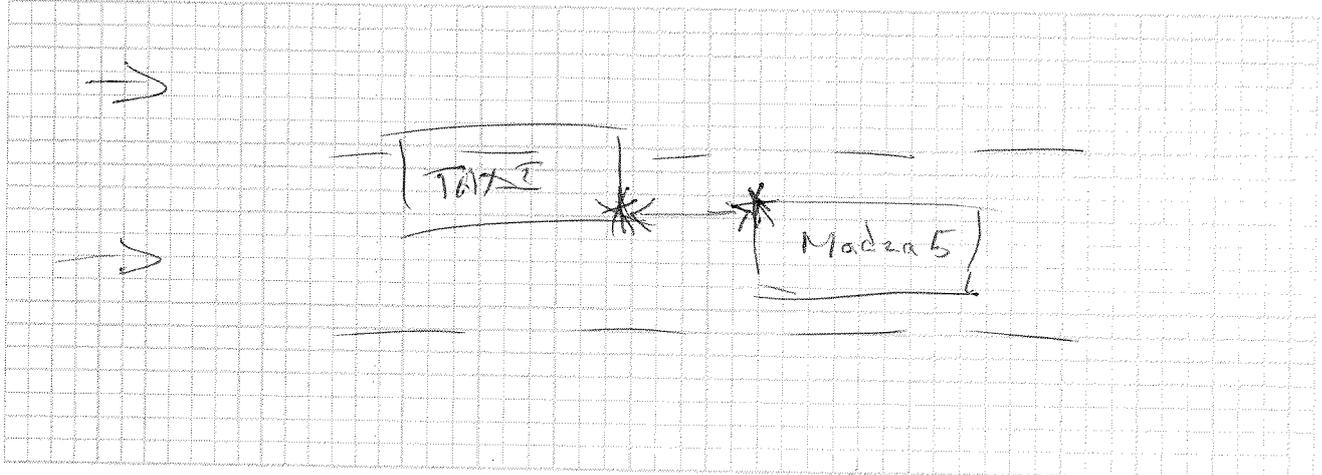
 25/10/24

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

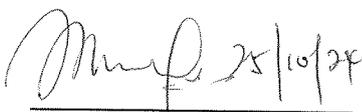
On 25/10/2024 at about 8am while driving along Recher Road (passing by Fu Lu Shou complex), there was intermittent stopping and moving of cars on the lane I was driving.

Even though the traffic was relatively clear, there was a point of time when the lane I was driving along slowed down to a stop.

After my car had stopped, about 5 seconds later my car was hit by a taxi on the rear left hand impact.

**Declaration**

We declare the foregoing particulars are true in every respect.

 25/10/24

Policyholder's Signature / Date & Time

 25/10/24

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



Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20241025/2023

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20241025/2023

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD8621S	LIBERTY INSURANCE PTE LTD	SI24V08346/VPE/R 01/E00	29/06/2024	28/06/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ROHAIZAT		ID No.	NIL
Related Vehicle	SHD8806Z (Motor car)		Contact No.	97900958
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	ESTELLE SIN		ID No.	NIL
Related Vehicle	SLD8621S (Motor car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Driver				
Name	SIN JOO SIONG		ID No.	S7222648H
Related Vehicle	SLD8621S (Motor car)		Contact No.	97566861
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight



Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**CONTINUATION OF REPORT**

Passenger			
Name	GWENDOLINE TEO	ID No.	NIL
Related Vehicle	SLD8621S (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

**Brief Details.**

On 25/10/2024 at about 0800 hrs, while driving along Rochor Road, there was intermittent stopping and moving off of cars on the lane I was driving on.

Even though the traffic was relatively clear, there was a point of time when the lane I was driving along slowed down to a stop.

After my car had stopped, about 5 seconds later my car was hit by a taxi on the rear left side quite hard.

I got down, took pictures, and exchanged particulars.

As such, I am lodging this traffic accident report.



**SINGAPORE  
POLICE FORCE**



T/20241025/2023

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

4 of 4

Report No. T/20241025/2023

**CONTINUATION OF REPORT**

Signature of Officer Recording The A / SGT 3 AL-IMRAN SHAH BIN HASNI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / INSP (2) LOW MENG FATT Contact No.: 97577566	

Signature Of Informant:	
Date/Time: 25/10/2024 09:38	
Classification Of Case:	

INSURER ENQUIRY

# Find insurer

Vehicle reg. no.

SHD8806Z

Date of Accident

25/10/2024 

Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

Insurance ..... MS First Capital Insurance Ltd

Period of Insurance ..... 01/01/2024 - 31/12/2024

Requested By ..... TRANSEUROKARS PTE LTD - TA...

Requested Date ..... 25/10/2024 14:16

#### Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

#### General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



# QUOTATION

CODE: F0001  
 CUSTOMER: MS FIRST CAPITAL INSURANCE LTD  
 ADDRESS: 16 RAFFLES QUAY  
 #42-01  
 HONG LEONG BUILDING  
 SINGAPORE 048581  
 ATTN:MOTOR CLAIM DEPT  
 CONTACT NO.: 6507 3848  
 MODEL: MAZDA5 SKYACTIVE  
 CHASSIS NO.: JM6CW1071G0123932  
 ENGINE NO.: PE10349699  
 REG NO.: SLD8621S  
 REGN DATE: 29/06/2016

PAGE NO.: 1  
 DOCUMENT NO.: 1555  
 DOCUMENT DATE: 28/10/2024  
 POS ID:MU  
 PRINTED BY: Lee Yao Sheng  
 SERVICE ADV:  
 CSP/OP CODE: Lee Yao Sheng  
 DEPT: I  
 WIP NO.: 21928  
 REF. NO.:  
 DATE IN:  
 EXT. WTY:  
 MILEAGE: 0

## DESCRIPTION:

Item	Description	Qty.	Unit Price	Stk/Status	Gross amount	GST Code
			SGD		SGD	
NOTES	MS FIRST TP CLAIM				0.00	O
SUB	TO REMOVE & REPLACE REAR BUMPER & TAILGATE. AND ALL ACCIDENT AFFECTED AREA.				2,376.00	S
SUB	TO RESPRAY REAR BUMPER & TAILGATE.				2,835.00	S
SUB	TO SUPPLY NUMBER PLATE.				70.00	S
SUB	TO TRANSFER REVERSE SENSORS.				330.00	S
SUB	TO TRANSFER TAILGATE MECHANISM.				792.00	S
SUB	TO REMOVE & REFIT THE WINDSCREEN GLASS AND CONDUCT WATER LEAK TEST.				670.00	S
SUB	TO SUPPLY SEALER ON THE WINDSCREEN GLASS.				120.00	S
SUB	TO CARRY OUT BODY CAVITY PRESERVATION.				250.00	S
SUB	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.				250.00	S
SUB	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.				300.00	S
SUB	SUNDRIES.				50.00	S
C513-50-221EB	REAR BUMPER CW	1.00	916.78	*NO STOCK	916.78	S
BN8F-50-355	RIVET	4.00	4.64	STOCK	18.56	S

\*This is only an estimate from our visual inspection and should there be more damages found during the process of works you will then be informed for your approval before proceeding with the repairs.

\*Take note that should you decide not to proceed with the repairs "a service quotation fee" with a minimum of \$180.00 will be applied and it will vary depending on the time unit that was taken for the checking and diagnosis of your vehicle.



Corporate Head Office : Trans Eurokars Pte Ltd, 11 Kung Chong Road Singapore 159147  
 Tel: 6363 3003, Fax: 63693003, BRN.199103859N, GST Regn. No.: M90364005A

**ZOOM-ZOOM**

Showrooms & Service Centres :  
 5 Ubi Close Singapore 408605      23 Leng Kee Road Singapore 159095  
 Sales Tel: 6395 8888    Service Tel: 6395 8899    Sales Tel: 6603 6118    Service Tel: 6603 6128  
 Sales Fax: 68461700    Service Fax: 6744 9402    Sales Fax: 6476 7073    Service Fax: 6476 7417



# QUOTATION

CODE: F0001  
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 ADDRESS: 16 RAFFLES QUAY  
 #42-01  
 HONG LEONG BUILDING  
 SINGAPORE 048581  
 ATTN:MOTOR CLAIM DEPT  
 CONTACT NO.: 6507 3848  
 MODEL: MAZDA5 SKYACTIVE  
 CHASSIS NO.: JM6CW1071G0123932  
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 EXT. WTY:  
 MILEAGE: 0

## DESCRIPTION:

Item	Description	Qty.	Unit Price	Stk/Status	Gross amount	GST Code
			SGD		SGD	
G043-62-864A	TAPE,PROTECTOR	2.00	2.95	*NO STOCK	5.90	S
D350-51-5L0E	REFLECTOR LHR,REFLEX-	1.00	55.13	STOCK	55.13	S
C513-50-371	GUARD(L),REAR BUMPER CW	1.00	21.50	*NO STOCK	21.50	S
C513-51-077A	BRACKET LHR BUMPER CW	1.00	2.79	*NO STOCK	2.79	S
C513-50-2J1C	RETAINER(L),RR BUM CW	1.00	48.55	*NO STOCK	48.55	S
C513-50-351A	SHIELD(L),SPLASH-R.B CW	1.00	40.38	STOCK	40.38	S
GD7A-50-EA1	FASTENER	2.00	2.62	STOCK	5.24	S
C235-56-B9XC	ROD,PERFORMANCE CW	1.00	162.00	*NO STOCK	162.00	S
CGY3-62-02XF	BODY,LIFT GATE CW	1.00	1,590.90	*NO STOCK	1,590.90	S
GHP9-58-867	VALVE,ONEWAY	2.00	12.06	*NO STOCK	24.12	S
EG21-51-SJ3	CLIP	3.00	5.57	STOCK	16.71	S
C513-50-611	MOULD,RR.WINDOW CW	1.00	61.62	STOCK	61.62	S
D204-50-896A	FASTENER	6.00	2.36	*NO STOCK	14.16	S
DJ01-50-897	SPACER	1.00	6.49	*NO STOCK	6.49	S
C273-50-896	FASTENER	2.00	7.42	STOCK	14.84	S
GJ6A-50-897	SPACER	4.00	11.13	*NO STOCK	44.52	S
G21E-63-938B	PIN,STUD	1.00	10.20	*NO STOCK	10.20	S
C513-51-160D	LAMP(L),RR COMB.CW	1.00	596.58	*NO STOCK	596.58	S
GJ6A-51-14Y	FASTENER,LAMP	2.00	14.84	*NO STOCK	29.68	S
EA01-51-146B	GROMMET,SCREW-R.COMB	2.00	2.53		5.06	S

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