# **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.

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   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 26/06/2024 16:20 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 26/06/2024 08:30 (SGT) Exact Location of Accident Lornie Hwy, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number SNL8659T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TEO BUCK SENG NRIC No S1444611G Email Address patrickteo18091960@gmail.com Mobile Phone No (Phone) +65-91138798 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Gla200 Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1595

## **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number C0143871

## DRIVER

Name of Driver TEO BUCK SENG NRIC No S1444611G Date Of Birth 18/09/1960 Occupation Outdoor

Driving Pass Date 31/07/1980 Driving experience 43 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-91138798 Alt. Phone Number Email Address patrickteo18091960@gmail.com Address BLK 431B NORTHSHORE DRIVE #21-800 Address complement Postcode 822431 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 SY HENG Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bishan Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005529999 Alt. Police Station Phone No (Fax) +65-65561905 Police Station Address 20 Bishan Street 23 Singapore 579757 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the police report. 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	SNC4688H
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG JIE YONG
NRIC No	S9419612D
Contact Number	(Phone) +65-98164003
Address	<u>-</u>
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 BUCK SENG
Gender	Male
Phone No	(Phone) +65-91138798
Address	-
Address Complement	_
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	SNL8659T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.

- 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.
- 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.

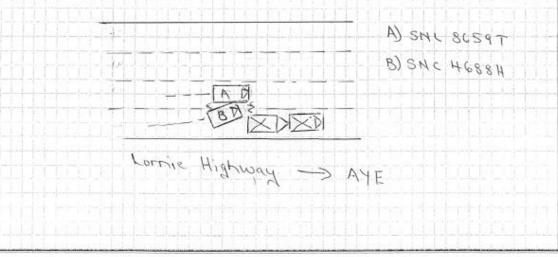
Policyholder's Signature / Date & Time

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

& Time

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

Sketch Plan



^		~			press foregot	
Refer	to Polic	e Report	No:	1/202406	26/2045	
		(30)				
					enite en	
	4					

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

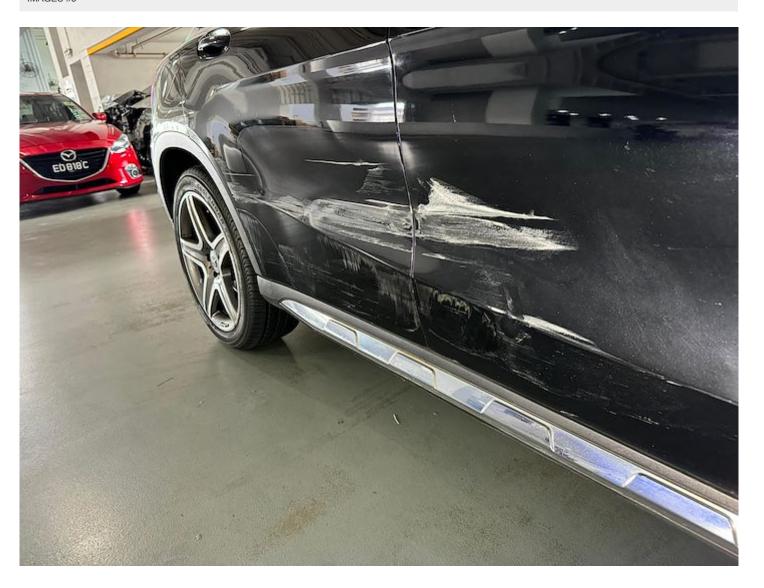
Witnessed by Reporting Centre Personnel HOON

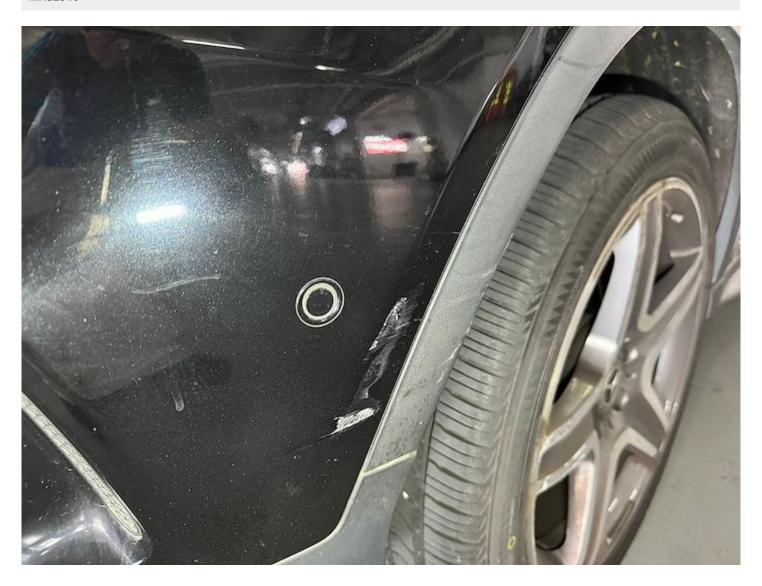












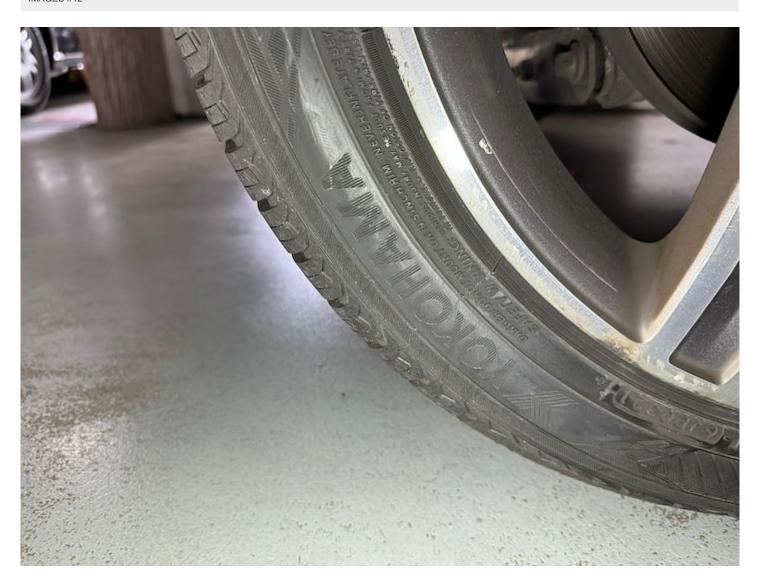


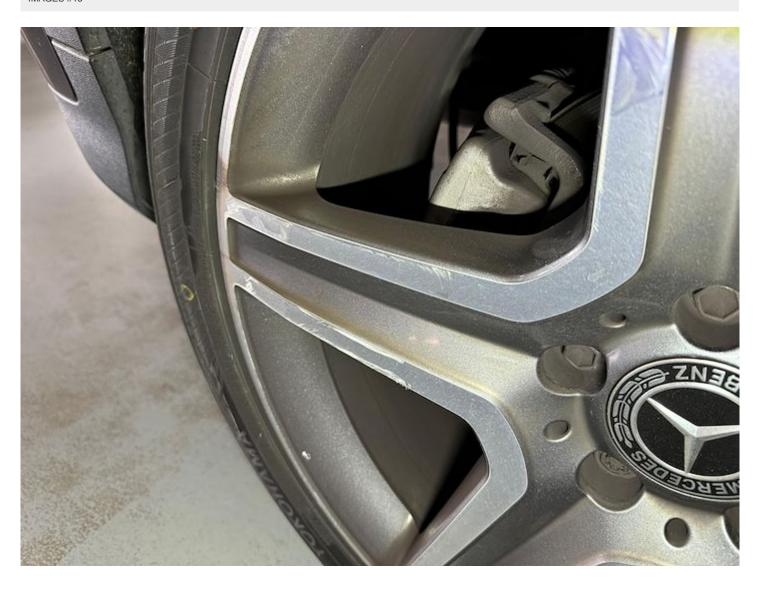


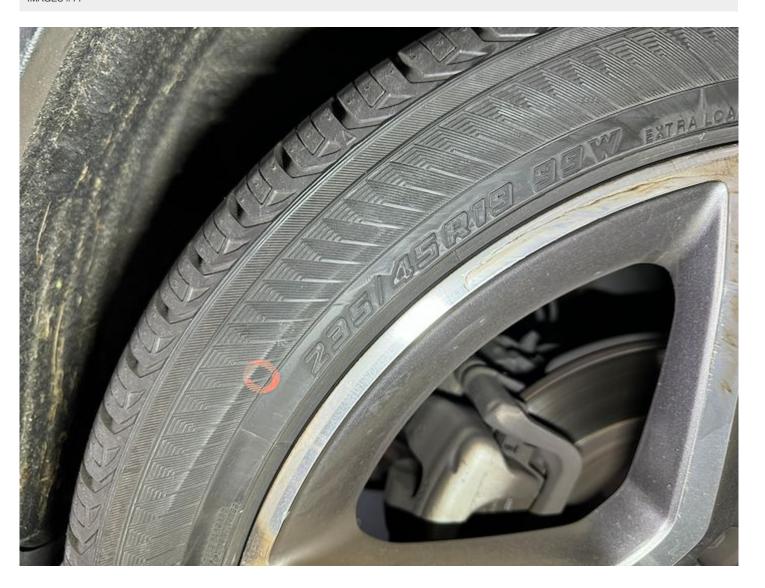


















/20240626/20

1 of 4

Report No. T/20240626/2042

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2024 13:35		Vide Report No.:	Station Diary No.: 21		
Informa	nt's Partici	ulars			
Name of Informant: TEO BUCK SENG		Address: 431B NORTHSHORE DRIVE #21-800 SINGAPORE 822431			
ID Type	/ ID No.: ) / S14446	11G	Contact No.: Home/Office:	Mobile: 91138798	
Nationali SINGAP	ty: ORE CITIZ	EN	Email:		
Sex: Male	Age: 63	Date of Birth: 18/09/1960	Type of Informant: Driver		
Race: Chinese		Language:			
Occupation: PRIVATE HIRED		Driving Licence Informat Class:	tion: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2024 08:30	Type of Location Straight Road
Location:  LORNIE HIGHV  Weather: Clear	VAY	Road Surface:		
	Traffic Flow: Traf		17	raffic Volume:
Traffic Flow:		Traffic Control: Not Controlled		leavy

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SNC4688H	Motor car				Slightly Damaged	0
SNL8659T	Motor car				Seriously Damaged	1

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



T/20240626/2042

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 2 of 4 Report No. T/20240626/2042

#### CONTINUATION OF REPORT

Driver	TO SERVICE SER			
Name	ONG JIE YONG		ID No.	S9419612D
Related Vehicle	SNC4688H (Motor car)	Contact N	o. 98164003	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discha	arge NII	
No. of Days gran	ted Medical Leave NIL	Degree of	NII	
Passenger				
Name	SY HENG		ID No.	NIL
Related Vehicle	SNL8659T (Motor car)		Contact N	o. 93270948
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha		
No. of Days grant	ted Medical Leave NIL	Degree of	NII	
Driver			SEE STATE	CONTRACT POSS
Name	TEO BUCK SENG		ID No.	S1444611G
Related Vehicle	SNL8659T (Motor car)		Contact N	o. 91138798
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha		
	ed Medical Leave NIL	Date District	N. 25 A. 1415	

## Brief Details.

On the 26/06/2024 at about 0830hrs I was travelling in my vehicle (SNL8659T) along Lorine Road towards AYE on the second lane. I was travelling on the second lane of the road and there was an accident on the first lane, as I was passing by the accident suddenly there was a vehicle (SNC4688H) from the right side on the first lane turn out and collided with my vehicle. As such my vehicle front right driver and rear right passenger door was damaged and there were dents and scratches.

I wish to add that there were no police or ambulance at scene. No one was injured and no one was conveyed to hospital. As I am driving Tada and there was a passenger on board and I did ask if she is fine and she acknowledged, but she did mention that she will go and have a checked in the hospital. I have in car camera installed but I do not know if it did record the





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 4 Report No. T/20240626/2042

CONTINUATION OF REPORT

incident. After about an hour, I felt pain in my left neck and waist, as such I went to consult a doctor and was given 5 days of MC.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 4 of 4 Report No. T/20240626/2042

CONTINUATION OF REPORT

Signature of Officer Recording The E /	Signature Of Informant:
SGT 1 TOH JIAXI EDWIN	File
Signature Of Interpreter: Not applicable	Date/Time: 26/06/2024 13:35
Officer In Charge Of Case: TP / AEIT / SUPT (1) PHNG KAR SOON Contact No.: 65476030	Classification Of Case:





## Motor Cover Note

Name of Producer: VINCAR PTE. LTD. (A1964) Cover Note No.: C0143871

Date of Issue: 07 Sep 2023 Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured: TEO BUCK SENG

Period of Insurance: From: 07 Sep 2023 15:45 To: 06 Sep 2024 23:59

Registration No.: SNL8659T

Make and Model: MERCEDES BENZGLA200 AMG AUTO

Type of Body: SUV
Capacity/Tonnage: 1595

Year of Manufacture/Registration: 2017/2018

 Chassis No.:
 WDC1569432J469785

 Engine No.:
 27091031524693

Sum Insured: 116,000.00

Name of Finance Company: HONG LEONG FINANCE LTD

Type of Plan: Comprehensive Excess: AS AGREED

The Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987, Road Transport (Amendment) Act 2019, The Motor Vehicles (Third Party Risks) Rules, 1959 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.

Not valid unless counter-signed by authorized person.

For and on behalf of

LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Date: 07 Sep 2023 15:45

Administrative Charge is payable for Cover Note issued and Policy not taken up. Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Liberty Insurance Pte Ltd. Reg. No. 199002791D | GST Reg. No. M2-0093571-3, 51 Club Street #03-00 Liberty House, Singapore 069428, Tel: 1800-LIBERTY (542 3789)

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