

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	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

Vehicle Registration Number	SNL8659T
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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	Mercedes
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 your vehicle?	No - Claiming third party
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	Male
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?	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 - 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	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)	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	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?	No
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	-
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

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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.

Patricia
Policyholder's Signature / Date & Time

Patricia 26/6/24
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

A) SNC 8659T
B) SNC 4688H

Lornie Highway → AYE

Describe Circumstance of the Accident

Refer to Police Report No: T/20240626/2042

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

[Signature] 26/6/24

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

[Signature]

Witnessed by Reporting Centre Personnel

(Name and ID No. of Reporting Centre Personnel) *SOH JIT HOON*



































**SINGAPORE
POLICE FORCE**



T/20240626/2042

1 of 4

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

Report No. T/20240626/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2024 13:35	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: TEO BUCK SENG	Address: 431B NORTSHORE DRIVE #21-800 SINGAPORE 822431		
ID Type / ID No.:	Contact No.:		
NRIC NO / S1444611G	Home/Office:		Mobile: 91138798
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 63	Date of Birth: 18/09/1960	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: PRIVATE HIRED	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2024 08:30	Type of Location: Straight Road
Location: LORNIE HIGHWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

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



**SINGAPORE
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Tel No: 1800-5529999

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Report No. T/20240626/2042

CONTINUATION OF REPORT

Driver			
Name	ONG JIE YONG		ID No. S9419612D
Related Vehicle	SNC4688H (Motor car)		Contact No. 98164003
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	SY HENG		ID No. NIL
Related Vehicle	SNL8659T (Motor car)		Contact No. 93270948
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
Driver			
Name	TEO BUCK SENG		ID No. S1444611G
Related Vehicle	SNL8659T (Motor car)		Contact No. 91138798
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

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



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T/20240626/2042

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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.



**SINGAPORE
POLICE FORCE**



T/20240626/2042

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Report No. T/20240626/2042

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 1 TOH JIAXI EDWIN

Signature Of Informant:

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:

NP168





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.

Date: 07 Sep 2023 15:45

For and on behalf of
LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

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.

