

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	26/11/2024 08:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/11/2024 09:05 (SGT)
Exact Location of Accident	Jurong West St 64, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH1229T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO KIA HIGH
NRIC No	S1665295D
Email Address	SIMONTEO323@YAHOO.COM
Mobile Phone No	(Phone) +65-96284001
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1800
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130592643-02

DRIVER

Name of Driver	TEO KIA HIGH
NRIC No	S1665295D
Date Of Birth	19/05/1964
Occupation	Outdoor
Driving Pass Date	07/08/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96284001
Alt. Phone Number	-
Email Address	SIMONTEO323@YAHOO.COM
Address	BLK 511B YISHUN STREET 51 #13-435
Address complement	-
Postcode	762511
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

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

REFER TO POLICE REPORT: T/20241125/7068.

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	SKW1213M
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	VEHICLE B
No. Of Passenger (Including Driver)	-

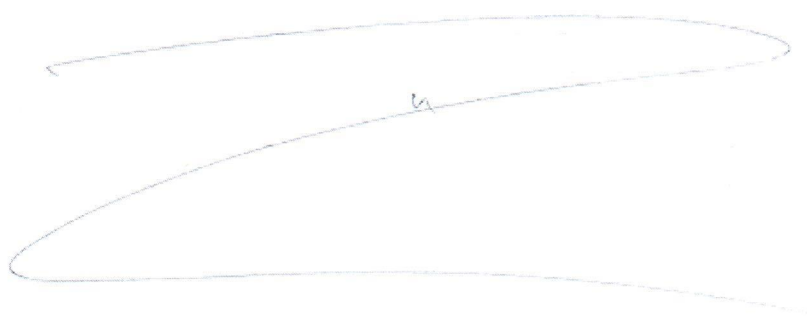
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO KIA HIGH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNH1229T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Direct by Circumstances of the Accident

Attached traffic police report
no: T/ 2024/1125/7068



Declaration

I hereby declare the following information is true and correct.

Signature of the first declarant

Signature of the second declarant

Signature of the third declarant



**SINGAPORE
POLICE FORCE**



T/20241125/7068

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

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Report No. T/20241125/7068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2024 15:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEO KIA HIGH			Address: 511B YISHUN STREET 51 #13-435 SINGAPORE 762511		
ID Type / ID No.: NRIC NO / S1665295D			Contact No.: Home/Office: Mobile: 90888033		
Nationality: SINGAPORE CITIZEN			Email: SIMONTEO323@YAHOO.COM		
Sex: Male	Age: 60	Date of Birth: 19/05/1964	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 25/11/2024 09:05	Type of Location: X-Junction
Location: JURONG WEST STREET 64			
Weather: Clear		Road Surface: Dry	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
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
SKW1213U	Motor car			Silver		1
SNH1229T	Motor car	TOYOTA	NOAH HYBRID 1.8X CVT	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNH1229T	NTUC Income Insurance Co-Operative Limited	5130592643-02	28/09/2024	27/09/2025



**SINGAPORE
POLICE FORCE**



T/20241125/7068

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408866
Tel No: 65470000

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Report No: T/20241125/7068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOVI LOH SI JIE	ID No.	S9031517Z
Related Vehicle	SKW1213U (Motor car)	Contact No.	96284001
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 KIA HIGH	ID No.	S1665295D
Related Vehicle	SNH1229T (Motor car)	Contact No.	90888033
Hospital/Clinic	T M AUW CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious

Brief Details.

On the above mentioned date and time,

I was driving (my Own vehicle) P H Vehicle SNH1229T, travelling along Jurong West st 64 towards Boon Lay way. When my vehicle reached X Junction at Boon Lay Way beside the slip road, I stopped and give way to main, a vehicle plate no. SKW1213U didn't stop and collided onto my vehicle from the rear.

After accident I felt unwell, I went to T.M.Auw clinic consult doctor and was given 7 days MC



SINGAPORE
POLICE FORCE

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



T/20241125/7068

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Report No. T/20241125/7068

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

NP168

Signature Of Informant:

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

Date/Time:
25/11/2024 15:18

Classification Of Case: