SS2X24BQ0001 / SME MOTOR PTE LTD ENTRY DATE & TIME: 26/11/2024 08:49 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (26/11/2024 08:49 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

26/11/2024 08:49 (SGT) Both Policyholder and Actual Driver 25/11/2024 09:05 (SGT) Jurong West St 64, Singapore

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SNH1229T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** 

Mobile Phone No Alternative Phone No. No

TEO KIA HIGH S1665295D SIMONTEO323@YAHOO.COM (Phone) +65-96284001

Toyota

Private use

Private car

Auto

1800

No - Claiming third party

Noah

VEHICLE PARTICULARS

Manufacturer

Model

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? Vehicle Category

Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

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

DRIVER



Page 1 of 18

Name of Driver NRIC No Date Of Birth Occupation **Driving Pass Date Driving License Pass Class Driving License Validity** 

Driving experience

Gender

Mobile Number Alt. Phone Number **Email Address** 

Address complement

Postcode

Address

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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? Police Station Name Police Station Phone No Alt, Police Station Phone No Police Station Address Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20241125/7068.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Yes No

TEO KIA HIGH S1665295D 19/05/1964 Outdoor 07/08/2006

3 Valid

18 YEARS AND 3 MONTHS

Male

(Phone) +65-96284001

SIMONTEO323@YAHOO.COM

BLK 511B YISHUN STREET 51 #13-435

762511 Yes

No

Collision - Head to Rear

Clear Dry

No 2 Yes

No Yes 1

No

Yes

Traffic Police (Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category 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)

SKW1213M

-

Private car

\_

-

\_

-

-

\_

**VEHICLE B** 

\_

## 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

#### SKITCHTTAK

#### EMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
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- 3. Consent upder the Personal Data Protection Act (PDPA

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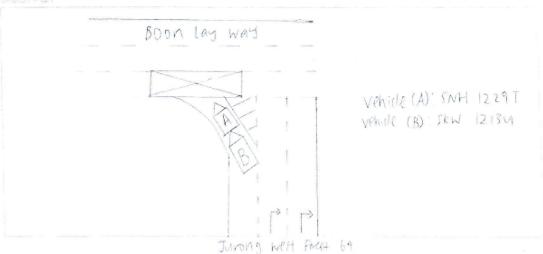
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#### Statch Pipe



Attached traffic police report no: 7/20241125/7068





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. 7/20241125/7068

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2024 15:18			Vide Report No.:	Station Diary No		
Informant	's Particular	`S				
Name of Informant: TEO KIA HIGH			Address: 511B YISHUN STREET 51 #13-435 SINGAPORE 762511			
ID Type / ID No.: NRIC NO / \$1665295D			Contact No.: Home/Office:	Mobile: 90888033		
Nationality: SINGAPORE CITIZEN		Email: SIMONTEO323@YAHO	O.COM			
Sex:         Age:         Date of Birth:           Male         60         19/05/1964			Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Private-hire car driver			Driving Licence Informat Class	ion: Date of Expiry:		

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 S	TREET 64			
Weather:		Road Surface:		
		Road Surface: Dry		
Clear			Tra	iffic Volume:
Weather: Clear Traffic Flow Dual Carriage Way	,	Dry		ffic Volume: derate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKW1213U	Motor car			Silver		1
SNH1229T	Motor car	TOYOTA	NOAH HYBRID 1.8X CVT	White		0

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



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



Report No. T/20241125/7068

CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No					
No. of Pedestrians	Use of Pedestrian Crossing: NA					
Driver						A STATE OF THE STA
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			arge	NIL	
No. of Days grant	ed Medical Leave (MC)	Degree of	ree of Injury NIL			
Driver					orthorn terrorisassus	
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 Disch	scharge NIL		4
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of Injury Serious		us	

# 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 Juction 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



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



3 of 3 Report No. 7/20241125/7068

CONTINUATION OF REPORT

Signature Of Officer Recording The Report Not applicable	Signature Of Informant. The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter. Not applicable	Date/Time:   25/11/2024 15:18
Officer In Charge Of Case: TP / AEIT / LOW MENG FATT Contact No.: 97577566	Classification Of Case:
NID168	