

VEHICLE NO: SNH 5415 X MAKE & MODEL : MERCEDES C200 AUTO / MANUAL

DATE OF ACCIDENT	11 / 12 / 2024	*C.C.
TIME OF ACCIDENT	5.45 AM / <u>PM</u>	
LOCATION OF ACCIDENT	BENOL ROAD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	TENG QIAN YA	
EMAIL	TENGQIANYA@GMAIL.COM	Office.
NRIC	S9442121 G	MOBILE 9679 2223
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY.	YES / <u>NO</u>	
INSURANCE CO.	ECICS	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	MPC 24P00381700	
NAME OF DRIVER	AS ABOVE / <u>IF NO.</u>	
NRIC		
DATE OF BIRTH	07 / 11 / 1994	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	1) LEE KIN-SHON (F)	
GENDER OF PASSENGER	MALE / <u>FEMALE</u>	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	10 / 10 / 2014	
GENDER	Male / <u>Female</u>	
CONTACT NO.	Mobile.	Office.
EMAIL.		
ADDRESS	BLK 112B ALKAFI CRESCENT #09-106	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / <u>If No. SELF</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other.	
ROAD SURFACE	<u>Dry</u> / Wet / Other.	
ANY INJURIES	No / If yes, Who? 1) DRIVER 2) LEE KIN-SHON	
CONVEYED BY AMBULANCE	No / If yes, Who?	
POLICE REPORT	No / If yes, Where? <u>ONLINE</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	SBS 3877T Any Passenger.	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger.	
VEHICLE D NO.	Any Passenger.	
VEHICLE E NO.	Any Passenger.	
VEHICLE F NO.	Any Passenger.	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
Who is Reporting	Driver / Owner / <u>Both</u>	
Original Language Used	<u>English</u> / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

TENG QIAN YA @GMAIL.COM

SKETCH PLAN

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 Authorised 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. 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.

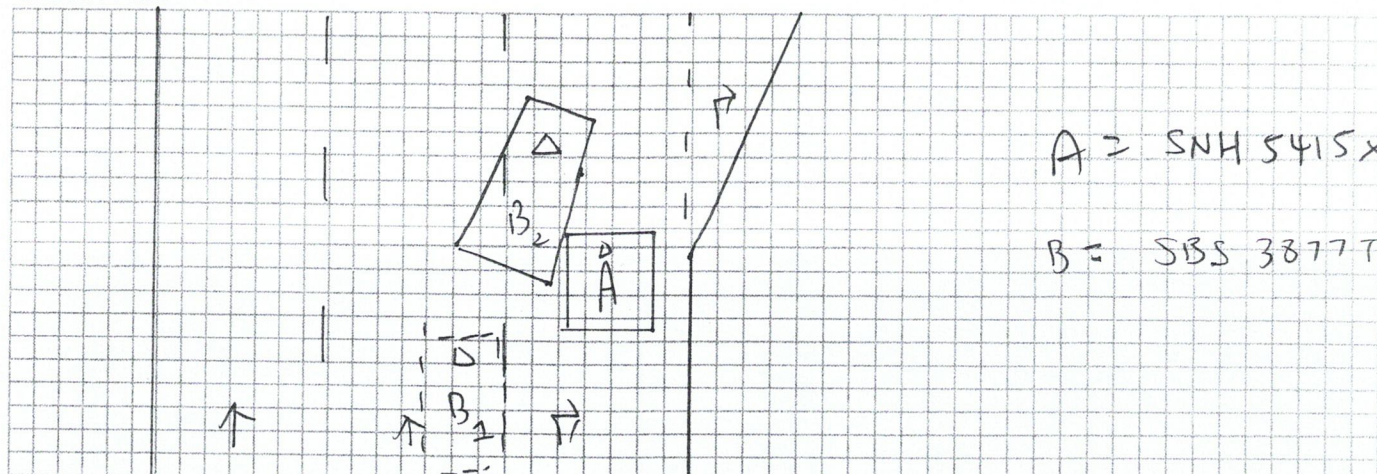


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



- REFER TO POLICE REPORT -

We declare the foregoing particulars are true in every respect.

Rechts

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20241211/7130

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

Report No. T/20241211/7130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2024 21:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TENG QIAN YA			Address:		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office:		Mobile:
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age:	Date of Birth:	Type of Informant: Vehicle Owner		
Race:			Language: English		
Occupation: Administration manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2024 17:45	Type of Location: Straight Road
Location: BENOI PLACE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS3877T	Bus (Passenger)					0
SNH5415X	Motor car				Seriously Damaged	0

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



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

CONTINUATION OF REPORT

Driver				
Name	TAI WENG TATT		ID No.	NIL
Related Vehicle	SBS3877T (Bus (Passenger))		Contact No.	NIL
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
Vehicle Owner				
Name	TENG QIAN YA		ID No.	
Related Vehicle	SNH5415X (Motor car)		Contact No.	
Hospital/Clinic	ALJUNIED MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2024		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03		Degree of Injury	Slight
Passenger				
Name	LEE KIN-SHOU		ID No.	NIL
Related Vehicle	SNH5415X (Motor car)		Contact No.	
Hospital/Clinic	ALJUNIED MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2024		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03		Degree of Injury	Slight

Brief Details.

On the material date, time and place, I was driving on the extreme right lane along Benoi Road as I was intending to turn right onto Pioneer Road. However a SBS Bus (Vehicle Number: SBS3877T) which was behind my vehicle, had suddenly filtered into my lane without ensuring its safe to do so and collided into my car with a huge impact.

I wish to reiterate that I was within my lane all the while.

After the Bus Captain provided me with his details, we parted ways and left the scene.

Unfortunately, me (Driver) and my Mom (Rear Passenger), were injured from the impact and had consulted with a doctor whom had also given us 3 days of Medical Certificate.



**SINGAPORE
POLICE FORCE**



T/20241211/7130

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

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Report No. T/20241211/7130

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
BOON YEN KIAN
Contact No.: 65472079

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

Date/Time:
11/12/2024 21:34

Classification Of Case:

NP168