SN0824740004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 04/07/2024 12:48 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (04/07/2024 12:48 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation of witholding of material racis may allow insurance companies to reposite 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 04/07/2024 12:48 (SGT) Reported by **Actual Driver** Date of Accident 03/07/2024 18:45 (SGT) Exact Location of Accident Newton, Singapore Additional Location Information

CIRCUS

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SKQ6090E**

INSURED/POLICYHOLDER

Country/State of Loss

Is company? No Name Of Registered Owner TEO KAY CHWEE NRIC No S1308851I **Email Address** jmartauto@gmail.com Mobile Phone No (Phone) +65-82001895 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish 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

Private use

No - Claiming third party

Private car Auto 1798

INSURANCE COMPANY

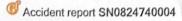
Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00163022308

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

WILSON TEO WU KHEONG S9325195D 04/07/1993 Indoor



Driving Pass Date 16/04/2013 Driving experience 11 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-82001895 Alt. Phone Number **Email Address** jmartauto@gmail.com Address 121 PAYA LEBAR WAY #09-2855 Address complement Postcode 381121 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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) 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 YAP HUI YING (WIFE)
Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

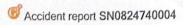
Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMV8027B
Vehicle Manufacturer Mercedes
Vehicle Model -



Vehicle Variant Vehicle Colour Vehicle Category Private car AMY CHEONG WAI LENG Name of Driver NRIC No S1687908H Contact Number 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 WILSON TEO WU KHEONG Gender Phone No (Phone) +65-82001895 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? SKQ6090E Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person YAP HUI YING (WIFE) Gender Female Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? SKQ6090E Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

IMPORTANT NOTICE

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 afcresaid.
- 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 daints including the settlement of the claims and any necessary investigations relating to
- (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
- (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' iswyers/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 lawyors/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date 8 Time			
Sketch Plan		(Name as in NRICAD card)		
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