

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 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 ability.
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 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 Report	15/12/2017 10:04
Date Of Accident	14/12/2017 07:30
Exact Location Of Accident	PIE TWDS TUAS EXIT CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9759X
Insured/Policyholder	
Name Of Registered Owner	TEO SIN LEONG IVAN
NRIC No	S8121894C
Email Address	IVANTSL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90913056
Alternative Phone No	OFFICE-90913056

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA CX7
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095879212
Cover Note Number	-

Driver

Name of Driver	TEO SIN LEONG IVAN
NRIC No	S8121894C
Date Of Birth	24/07/1981
Occupation	INDOOR
Date Of Driving Pass	29/11/2006
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90913056
Fax Number	
Contact Number	OFFICE-90913056
Email Address	IVANTSL@GMAIL.COM

Address	BLK 509 TAMPINES CENTRAL 1 #04-391
Postcode	520509
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

SKETCH PLAN

A = SKP 9759 X

PIE twd/s TWDs Exit Clement Ave G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20171214/2198

1 of 2

Report No. G/20171214/2198

POLICE REPORT (NP299)

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Date/Time Report Made 14/12/2017 21:06	Vide Report No.	Station Diary No. 112
Name Of Informant TEO SIN LEONG, IVAN	Address APT BLK 509 TAMPINES CENTRAL 1 #04-391 SINGAPORE 520509	
ID Type / ID No. NRIC NO / S8121894C	Contact No. Home/Office	Mobile 90913056
Nationality SINGAPORE CITIZEN	Email Address	
Occupation PROJECT MANAGER	Sex Male	Age 36
Institution/School Name	Date of Birth 24/07/1981	Race Chinese
Date/Time Of Incident 14/12/2017 07:30	Location Of Incident PAN-ISLAND EXPRESSWAY SINGAPORE PIE TOWARDS TUAS NEAR CLEMENTI AVE 6 EXIT	

Brief details.

On 14/12/2017 at about 0730hrs, I was driving my car (SKP9759X) along PIE towards Tuas near to Clementi Ave 6 exit. I saw the "Check Engine" light was on and was having difficulty with the accelerator. I stopped my car along PIE exit and pulled my car to the side. I observed smoke coming out from the front of my car and followed by a small fire. I came out of the car and called for 995.

Both Police and SCDF came. Fire was put out by the Police and SCDF. My car is installed with front

Signature Of Officer Recording The Report: G / Sgt 2 ZHANG LINHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2017 21:06
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp LOH YI WEN, YVONNE Contact No.: 62447200	Classification Of Case:

Authentication Stamp



POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20171214/2198

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20171214/2198

camera.

My car is a brown Mazda CX-7 bought in November 2017. I am lodging this report for record purpose and insurance claim

Signature Of Officer Recording The Report

G / Sgt 2 ZHANG LINHAN

Signature Of Interpreter:
Not applicable

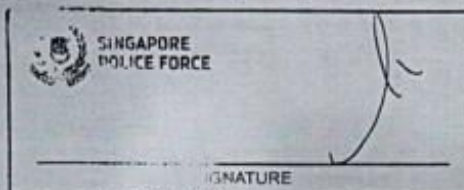
Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp LOH YI WEN, YVONNE
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
14/12/2017 21:06

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

