

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	22/12/2017 12:29
Date Of Accident	21/12/2017 10:50
Exact Location Of Accident	ALONG TAMPINES AVE 12 TOWARDS PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9191Z
Insured/Policyholder	
Name Of Registered Owner	JOEY TEO CAIYI(ZHANG CAIYI)
NRIC No	S8024241G
Email Address	JOEYTEO9191@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91919100
Alternative Phone No	OTHERS-91919100

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 180 AMG
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700078689
Cover Note Number	

Driver

Name of Driver	JOEY TEO CAIYI(ZHANG CAIYI)
NRIC No	S8024241G
Date Of Birth	31/07/1980
Occupation	INDOOR
Date Of Driving Pass	31/08/2001
Driving Experience	16 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91919100
Fax Number	
Contact Number	OTHERS-91919100
Email Address	JOEYTEO9191@GMAIL.COM

Address	BLK 2 GHIM MOH ROAD #08-320
Postcode	270002
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	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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	BUONA VISTA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 HOLLAND DRIVE , POSTCODE: 271013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7779999 - FAX NO: 67765857
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171221/2111

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP3760E
Vehicle Make/Model/Colour	TOYOTA YARIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEI FANG
NRIC/Passport Number	S6984429D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name	JOEY TEO CAIYI(ZHANG CAIYI)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJT9191Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

VehA: SJT 91912

VehB: SKP 3760E

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7. By the lodging 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:

62/12/17 Jan

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

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

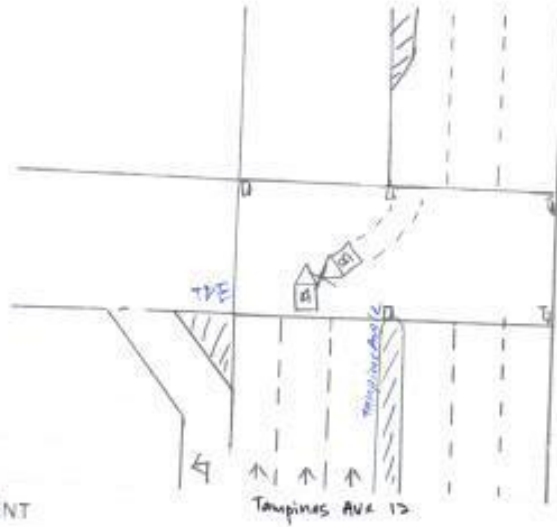
22/12/2017
Roshni Wathan

Sketch Plan #2

SKETCH PLAN

Veh A: SGT 9191 Z

Veh B: SKP 3760 E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

DECLARATION

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

Policyholder's Signature

Date & Time

22/12/17 9am

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.

22/12/2017

Redi WAPPA

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171221/2111

Police Station Of Origin:
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

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Report No. T/20171221/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2017 16:59		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: JOEY TEO CAIYI			Address: APT BLK 2 GHIM MOH ROAD #08-320 SINGAPORE 270002		
ID Type / ID No.: NRIC NO / S8024241G			Contact No.: Home/Office: Mobile: 91919100		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 37	Date of Birth: 31/07/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROPERTY AGENT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/12/2017 10:50	Type of Location: X-Junction
Location: Along Road 1 TAMPINES AVENUE 12				
Heading Towards Pasir Ris				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT9191Z	Car	MERCEDES BENZ	CLA180 COUPE URBAN (R18 LED)	Blue		0
SKP3760E	Car	TOYOTA	YARIS 1.33 CVT	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171221/2111

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Report No. T/20171221/2111

Police Station Of Origin:
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT9191Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700078689	22/11/2017	21/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JOEY TEO CAIYI		ID No.	S8024241G
Related Vehicle	SJT9191Z (Car)		Contact No.	91919100
Hospital/Clinic	TEOH CLINIC FAMILY PRACTICE		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/12/2017		Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight	
Driver				
Name	WEI FANG		ID No.	S6984429D
Related Vehicle	SKP3760E (Car)		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	NIL	Degree of Injury	NIL	

Brief Details.

On the 21/12/2017 at around 1050hrs, I was travelling down Tampines Ave 12 in my car (SJT9191Z). I was on the second lane heading towards Pasir Ris. I was approaching the cross junction of the road and I clearly know that the light was green in my favour thus I proceed.

Suddenly, a white car (SKP3760E) on the opposite side of the road on my right turned in. I was not able to stop in time and I crashed into the other car. As the driver side of the door was stuck, I struggled to come out of the car. Once I was out, the driver of that vehicle started to accuse me saying that she had the right of way and I was supposed to stop. She initially refused to exchange any particulars with me but I managed to get her details. She was conveyed to the hospital.

My car's full body on the front and right side is fully damaged. The driver side of the door is also damaged and is not able to be opened. I wish to state that I have in car camera installed and I have the footage of the incident.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20171221/2111

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Police Station Of Origin:
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

Report No. T/20171221/2111

CONTINUATION OF REPORT

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20171221/2111

Police Station Of Origin:
Buona Vista NPP
13 Holland Drive #01-38/40 SINGAPORE
271013
Tel No: 1800-7779999

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Report No. T/20171221/2111

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 1 SURENDDHARAN S/O PURANA
CHANDRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

	Contact No:	SN 49
Authentication Stamp NP168		
SIGNATURE		

Signature Of Informant:

Date/Time:
21/12/2017 16:59

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



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