

## 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	09/01/2018 17:29
Date Of Accident	09/01/2018 09:00
Exact Location Of Accident	KPE TWDS MCE B4 AIRPORT EXIT(B4 KPE TUNNEL)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3369K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ENTERPRISE CAR RENTAL PTE LTD
Co Reg No	201701215C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83076428

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5091577771
Cover Note Number	

### Driver

Name of Driver	TEO KOK LEONG(ZHANG GUOLIANG)
NRIC No	S7801750C
Date Of Birth	11/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90481311
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 273D COMPASSVALE LINK #11-174
Postcode	544273
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	<b>ROAD:</b> 461 TAMPINES ST 44 #01-56 , <b>POSTCODE:</b> 520461 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180109/2066

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS5674S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JANICE TAN
NRIC/Passport Number	S9008630H
Contact Number	90265563

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TEO KOK LEONG(ZHANG GUOLIANG)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJL3369K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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 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.:

## Sketch Plan #2

### SKETCH PLAN

CO<sub>2</sub> covers the hole before primary exit  
(before entering into CO<sub>2</sub> tunnel)

VEHICLE A - SQL 3369K

Vehicle B - 5K5 56745

35

2-2

1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

### 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.:



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180109/2066

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

2 of 3

Report No. T/20180109/2066

#### CONTINUATION OF REPORT

<b>Driver</b>			
Name	TEO KOK LEONG		ID No. S7801750C
Related Vehicle	SJL3369K (Car)		Contact No. 90481311
Hospital/Clinic	OEI FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	09/01/2018	Date Discharge	09/01/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	JANICE TAN		ID No. S9008630H
Related Vehicle	SKS5674S (Car)		Contact No. 90265563
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 above mentioned date, time and location, I was driving my vehicle, SJL3369K, along KPE about to enter the tunnel at the first lane. The traffic was heavy and the vehicle in front of mine stopped. I then drove slowly and was about to stop when I suddenly felt an impact from the rear of my vehicle.

The vehicle at my rear, SKS5674S, collided to the rear of my vehicle. We then went out to take pictures of the accident and exchange particulars. Damages to my vehicle are smashed rear bumper. I then went to Oei family clinic and received 5 days of mc dated from the 09/01/18 till the 13/01/18. Injuries are neck and back sprain. I have an in built car camera which managed to capture the incident. I would like to state that I had a passenger in my vehicle. No traffic police or ambulance was at scene.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180109/2066

1 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20180109/2066

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2018 13:14		Vide Report No.:		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: TEO KOK LEONG			Address: APT BLK 273D COMPASSVALE LINK #11-174 SINGAPORE 544273		
ID Type / ID No.: NRIC NO / S7801750C			Contact No.: Home/Office: Mobile: 90481311		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 11/01/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2018 09:15	Type of Location: EXPRESSWAY
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY  ALONG KPE IN FIRST TUNNEL NEAR SENGKANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL3369K	Car	TOYOTA		Black	Seriously Damaged	1
SKS5674S	Car	AUDI		Black	Seriously Damaged	0

## Details of Person Involved

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



# Police Report



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T/20180109/2066

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2 of 3

Report No. T/20180109/2066

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TEO KOK LEONG		ID No. S7801750C
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Date Treatment	09/01/2018	Date Discharge	09/01/2018
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<b>Driver</b>			
Name	JANICE TAN		ID No. S9008630H
Related Vehicle	SKS5674S (Car)		Contact No. 90265563
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

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T/20180109/2066

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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: G / Sgt 2 ABDUL RAHMAN BIN MOHAMED ALI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / G / Staff Sgt J. G. SING Contact No: 65474885
Authentication Stamp NP168
SIGNATURE

Signature Of Informant:
Date/Time: 09/01/2018 13:14
Classification Of Case: