

Survey only
16/01 10am.

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	13/01/2018 11:52
Date Of Accident	12/01/2018 09:20
Exact Location Of Accident	9 HILLVIEW ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM1105Z
Insured/Policyholder	
Name Of Registered Owner	HILARY TEO LE YI
NRIC No	S9046653D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81021336
Alternative Phone No	OTHERS-81021336

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT-1.6 MT (M)
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	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	HILARY TEO LE YI
NRIC No	S9046653D
Date Of Birth	22/11/1990
Occupation	INDOOR
Date Of Driving Pass	29/08/2012
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81021336
Fax Number	
Contact Number	OTHERS-81021336
Email Address	NOEMAIL

Address BLK 218 BUKIT BATOK STREET 21 #02-297
 Postcode
 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 SIDE SWIPE
 Weather Conditions RAINING
 Road Surface WET

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. 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 TRAFFIC POLICE DIVISION HQ
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN/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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKQ9606Z
 Vehicle Make/Model/Colour MERCEDES BENZ CLA180 (R18 BI)
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HILARY TEO LE YI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGM1105Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

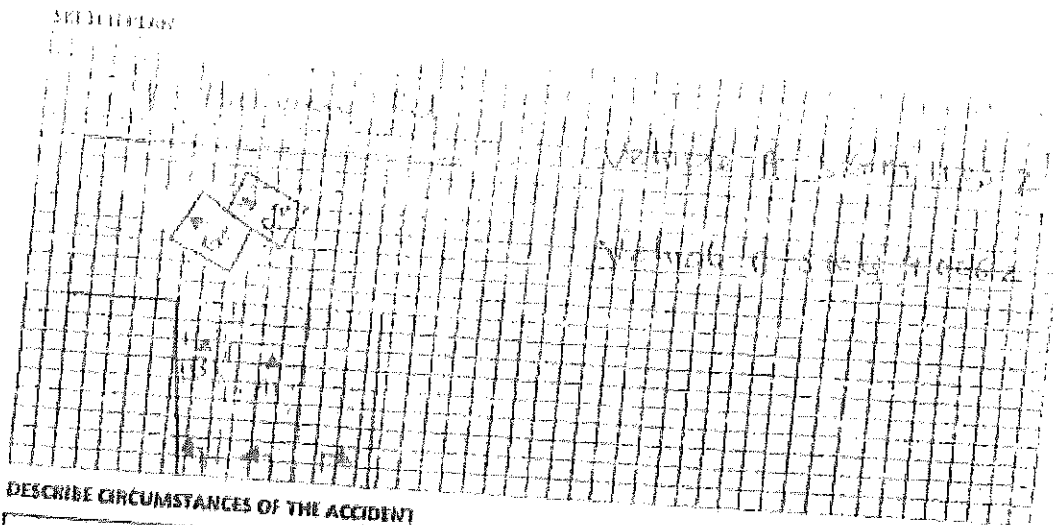
1. Please report correctly the details of the accident to speed up the claim process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 later dispute may be referred to the Police for investigation.
6. The 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 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 Ministry of Home Affairs 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: 2/1/2024

Insurer's Signature
(If done on the policyholder's behalf)
Date: 2/1/2024

Reporting Centre Personnel's Signature
Name: [Signature]
Date: 2/1/2024

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A is trying to turn left. Vehicle B on the left lane suddenly came into my lane while turning. Vehicle B collided into my left portion.

DECLARATION

I hereby declare the foregoing information is true and correct to the best of my knowledge.

Vehicle A Driver Signature
Date: 01/11/2018

Vehicle B Driver Signature
Date: 01/11/2018

Reporting Center Personnel's Signature
Name: [Signature]
Date: 01/11/2018

Police Report



**SINGAPORE
POLICE FORCE**



1/20180113/7002

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

1 of 3

Report No. 1/20180113/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
13/01/2018 00:55

Vide Report No.:

Station Diary No.:

Informant's Particulars				
Name of Informant: HILARY TEO LE YI			Address: APT BLK 218 BUKIT BATOK STREET 21 #02-297 SINGAPORE 650218	
ID Type / ID No.: NRIC NO / S9046853D			Contact No.: Home/Office: Mobile: 81021336	
Nationality: SINGAPORE CITIZEN			Email: hilary.david@hotmail.com	
Sex: Male	Age: 27	Date of Birth: 22/11/1990	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: CURTAIN INSTALLER TECHNICIAN			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/01/2018 09:20	Type of Location: T-Junction
Location: HILLVIEW ROAD Junction of Upp Timah Rd and Hillview Rd.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SGM1105Z	Car	SUZUKI	Swift	Yellow	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGM1105Z	ECICS LIMITED	MPC17A00482201	10/10/2017	09/10/2018

Police Report



SINGAPORE
POLICE FORCE



T/20180113/7002

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

2 of 3

Report No. T/20180113/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HILARY TEO LE YI	ID No.	S9046653D
Related Vehicle	SGM1105Z (Car)	Contact No.	81021336
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	12/01/2018	Date Discharge	12/01/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

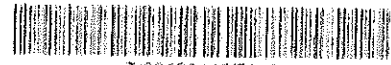
Brief Details.

There are 3 lanes on Hillview Rd, just before the junction at Upp Bl Timah Rd. SKQ9606Z was on the 3rd lane, and I was on the 2nd lane, both of which are "left turn only" lanes. During the turn, SKQ9606Z had cut abruptly into the lane in which I was in. It was without signal and was too abrupt for my braking to be sufficient. I also tried steering to the right into the chevrons but could still not avoid being hit sideways in the front of my vehicle by the rear of SKQ9606Z. After which, I turned on my hazard lights and filtered to the left, but SKQ9606Z had driven off without disembarking.

Police Report



SINGAPORE
POLICE FORCE



T/20180113/7002

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

3 of 3

Report No: T/20180113/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
13/01/2018 00:55

Officer In Charge Of Case:
TP / TPIB /
TAN LEE HWANG DAWN
Contact No: 65476216

Classification Of Case:

Authentication Stamp:
02/06/18