

## 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 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	19/01/2018 18:01
Date Of Accident	17/01/2018 22:20
Exact Location Of Accident	PAYA LEBAR ROAD (TO PIE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU4482L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO CHOON KHNG
NRIC No	S1279145C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97511509
Alternative Phone No	OFFICE-97511509

### Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA-2.0 (A)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MV002639
Cover Note Number	

### Driver

Name of Driver	TEO CHOON KHNG
NRIC No	S1279145C
Date Of Birth	15/10/1957
Occupation	INDOOR
Date Of Driving Pass	29/08/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97511509
Fax Number	
Contact Number	OFFICE-97511509
Email Address	NOEMAIL

Address	BLK 426 BEDOK NORTH ROAD #10-501
Postcode	460426
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 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.	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	CAIRNHILL NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 GLOUCESTER ROAD , <b>POSTCODE:</b> 210009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2968999 - <b>FAX NO:</b> 63912398
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?	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	SHC8825Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	TEO CHOON KHNG
Approximate Age	
Injuries Sustain	CHEST, LEGS AND UPPER BACK PAIN
Injured person in which vehicle?	SJU4482L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**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:

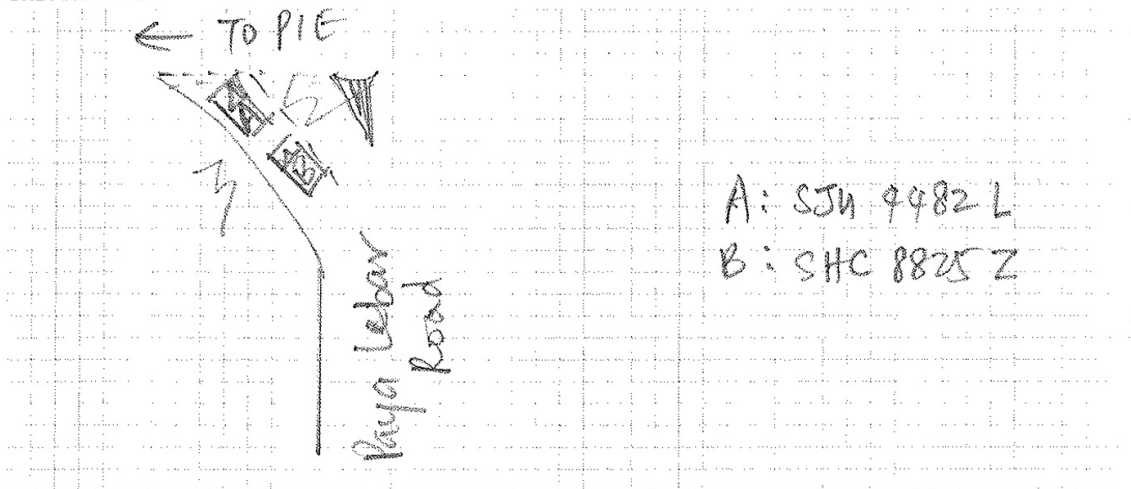
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

PLEASE REFER TO POLICE REPORT  
T/20180118/2078.

I HAVE 7 DAYS MC.

I REPORTED LATE AS I WAS NOT FEELING  
WELL YESTERDAY.

## DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180118/2078

Police Station Of Origin:  
Cairnhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999

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Report No. T/20180118/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/01/2018 14:58		Vide Report No.:		Station Diary No.: 10	
<b>Informant's Particulars</b>					
Name of Informant: TEO CHOON KHNG			Address: APT BLK 426 BEDOK NORTH ROAD #10-501 SINGAPORE 460426		
ID Type / ID No.: NRIC NO / S1279145C			Contact No.: Home/Office: Mobile: 97511509		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 15/10/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: RETAIL			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2018 22:20	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 RAYA LEBAR ROAD PAN ISLAND EXPRESSWAY Stop at the double broken white line.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
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
SHC8825Z	Car				Slightly Damaged	2
SJU4482L	Car	NISSAN	TEANA 2.0L CVT ABS D/AIRBAG 2WD	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20180118/2078

Police Station Of Origin:  
Cairnhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999

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Report No. T/20180118/2078

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU4482L	TOKIO MARINE INSURANCE SINGAPORE LTD.	MV002639	21/03/2016	08/06/2018

**Brief Details.**

On 17/01/18 at about 2220hrs, I was driving my car (SJU4482L, Nissan) along Paya Lebar Road, I then turn left into entry of PIE (Changi Airport). After I cross the zebra crossing, I stop at double broken white line to wait for incoming vehicle clear. A comfort taxi (SHC8825Z) approach from behind and collision into my car boot. I suddenly felt impact as such my chest move forward and hit onto the steering wheel. We exchange our particular and the Taxi driver inform me that the accident was his mistake.

There was a few dent at my car boot area causing my boot couldn't close properly. I felt pain at my chest, back and also my both knee. I went to Changi Hospital to check my injury, the doctor told me that my pain was cause by sudden impact of the incident.

I wish to state that there was no hit and run, I am lodging this report for insurance claim.

The Comfort Taxi (SHC8825Z) Particular:  
Joseph Lim Sweet King / S2555385C  
30/10/1956 / Male



**SINGAPORE  
POLICE FORCE**



T/20180118/2078

Police Station Of Origin:  
Cairnhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999

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Report No. T/20180118/2078

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: A / Sgt 2 CAI JINQUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2018 14:58
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	SN 06 Signature: Singapore Police Force



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

