MCHM18020959 / Cheng Hoe Motor Pte Ltd - Yishun
ENTRY DATE & TIME: 12/02/2018 11:11
SUBMITTED BY: Efeeda Binte Mohamed Othman

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 witholding 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	12/02/2018 11:11
Date Of Accident	11/02/2018 19:30
Exact Location Of Accident	EAST COAST PARK SERVICE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFY4005H
Insured/Policyholder	
Name Of Registered Owner	TEO BENG TIONG
NRIC No	S0030100J
Email Address	TEOBENGTIONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96848035
Alternative Phone No	OTHERS-96848035
Vehicle Particulars	
Manufacturer	NISSAN
Model	SUNNY-1.6 EX (M)
Exact Purpose for which vehicle was being used at time of accident	PVT 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	509104148-12
Cover Note Number	14/9/17-13/9/18
Driver	
Name of Driver	TEO QIANCHENG,IVAN
NRIC No	S8323604C
Date Of Birth	07/08/1983
Occupation	INDOOR
Date Of Driving Pass	05/11/2002
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96859789
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 529 BEDOK NORTH ST 3 #11-582
Postcode	460529
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	6
Passenger 1	NAME: : TEO BENG TIONG GENDER: : MALE
Passenger 2	NAME: : TEO WEICHENG EDMOND GENDER: : MALE
Passenger 3	NAME: : POH GUAT HWA GENDER: : FEMALE
Passenger 4	NAME: : TEO WEILING IRIS GENDER: : FEMALE
Passenger 5	NAME: : TEO SU CHING MELISSA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

AS I WAS MAKING A RIGHT TURN INTO THE C/PARK F1 WITH MY RIGHT SIGNAL ON, SUDDENLY I FELT A VERY STRONG IMPACT ON THE REAR. I THEN REALIZED M/CAR(B) HAD COLLIDED ONTO MY REAR. I ALIGHTED AND SPOKE TO DRIVER OF M/CAR(B). THE DRIVER APOLOGIZED AND WE EXCHANGED PARTICULARS. I HAD 5 PASSENGERS IN MY VEHICLE, AND DUE TO THE IMPACT, WE SUFFERED SOME BRUISES. WE WILL CONSULT THE DOCTOR IF NECESSARY. AFTER THAT, I ARRANGED MY VEHICLE TO TOW TO THE WORKSHOP.

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	SGP37C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHEUM KIM PENG
NRIC/Passport Number	S1712292D
Contact Number	92330211
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEO QIANCHENG IVAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFY4005H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TEO BENG TIONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFY4005H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	TEO WEILING IRIS
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFY4005H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	TEO WEICHENG EDMOND
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFY4005H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO

Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	TEO SU CHING MELISSA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFY4005H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 6

Name	POH GUAT HWA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFY4005H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

MT/ 0981961

SKETCH PLAN

VEHICLE NO.: SFY 4005H
INSURER : NTUC
DATE & TIME: 11-2-18 730pm

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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.

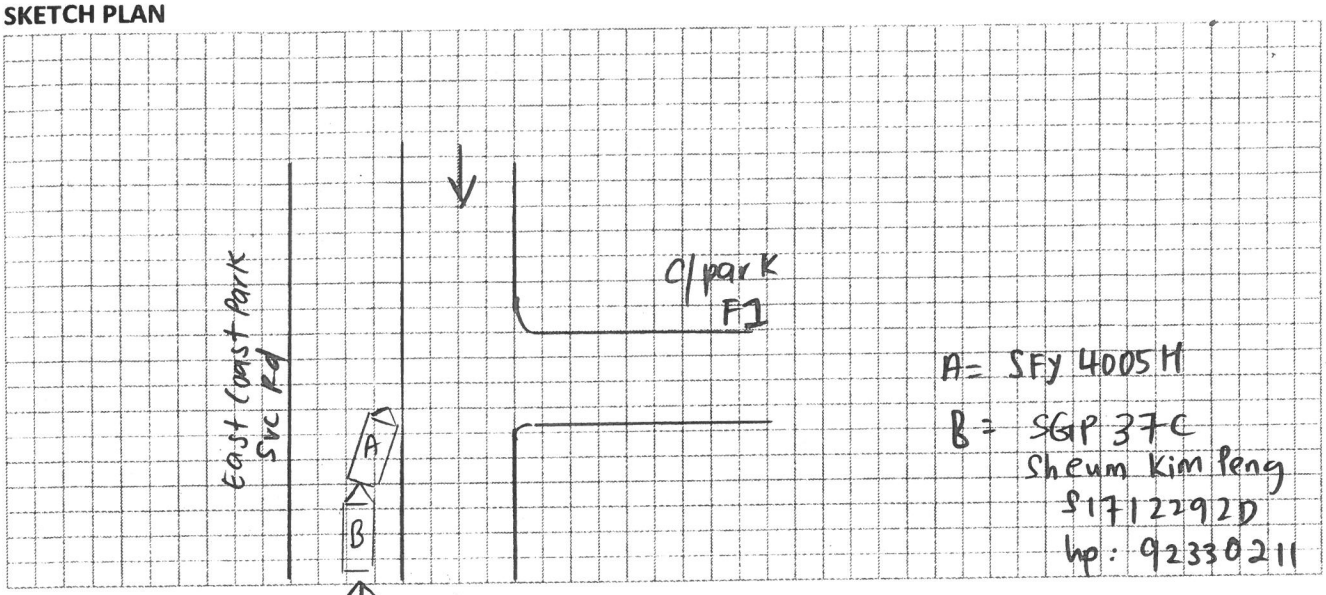
   (e) the information so collected under (d) above may be shared / disclosed:

   (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 12/2/18 Name: B Freda NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was making a right turn into the c/park F1 with my right signal on, suddenly I felt a very strong impact on the rear. I then realized m/car (B) had collided onto my rear. I alighted and spoke to driver of m/car (B). The driver apologized and we exchged particulars. I had 5 passgers in my vehicle, and due to the impact, we suffered some bruises. We will consult the doctor if necessary.

After that, I arraged my vehicle to tow to the workshop.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

12/2/18

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

GIARMC SketchPlanForm_V3 ( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only
( ) Claim OD/TP at other workshop (_____)