

## 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	19/02/2018 19:24
Date Of Accident	16/02/2018 14:25
Exact Location Of Accident	JALAN BUKIT MERAH TOWARDS LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD5334P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	TIMORTHY_RAINBOW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90925046
Alternative Phone No	OFFICE-90925046

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 MIVEC GLS 4A/T (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5083195710-01
Cover Note Number	

### Driver

Name of Driver	TEO TIMOTHY
NRIC No	S9930468E
Date Of Birth	14/09/1999
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90925046
Fax Number	
Contact Number	OTHERS-90925046
Email Address	TIMORTHY_RAINBOW@HOTMAIL.COM

Address	BLK 59 STRATHMORE AVENUE #27-97
Postcode	142059
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	BUKIT MERAH WEST NPC
Police Station Address	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180216/2061

#### 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	SHC4532U
Vehicle Make/Model/Colour	CHRYSLER
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEW KAI YAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

## Sketch Plan

### SKETCH PLAN


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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:

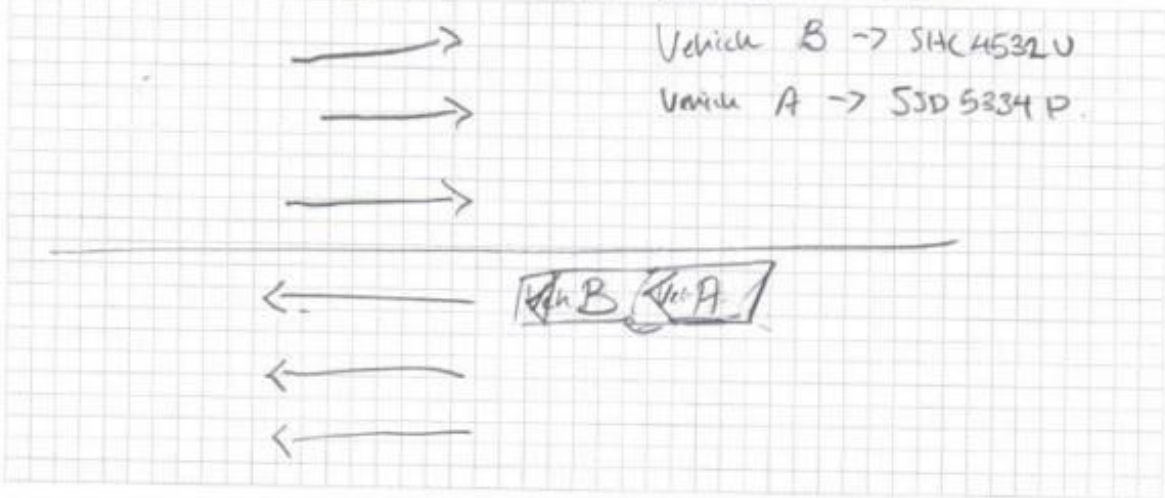
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Sketch Plan #2

## SKETCH PLAN

JEN BUKIT MURAH TOWARDS LOWER DULIA



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
11/20180216/2061

## 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.:

GRABVC Sketch Plan Form V2



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180216/2061

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20180216/2061

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2018 17:13		Vide Report No.: A/20180216/0104	Station Diary No.: 23
<b>Informant's Particulars</b>			
Name of Informant: TEO TIMOTHY		Address: APT BLK 59 STRATHMORE AVENUE #27-97 SINGAPORE 142059	
ID Type / ID No.: NRIC NO / S9930468E		Contact No.: Home/Office: Mobile: 90925046	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 18	Date of Birth: 14/09/1999	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PART TIME AD HOC		Driving Licence Information: Class: 3 Date of Expiry:	

#### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/02/2018 15:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH LOWER DELTA ROAD Along Jalan Bukit Merah towards Lower Delta Road near to traffic junction.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4532U	Car				Slightly Damaged	0
SJD5334P	Car				Slightly Damaged	0

#### Details of Person Involved

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

# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180216/2061

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Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20180216/2061

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TEO TIMOTHY		ID No. S9930468E
Related Vehicle	NIL		Contact No. 90925046
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 16/02/18 at about 1525hrs while I was driving along Jalan Bukit Merah towards Lower Delta Road near to the traffic light junction, there was a slight jam. I then saw that a black in colour Chrysler taxi jammed brake in front of me and I did not have sufficient time to brake that caused the front of my vehicle to collide with the rear bumper of the Chrysler. Subsequently, I got out of my vehicle and the driver of the Chrysler said that her head had moved forward upon the collision and she had a headache. She also mentioned that she had a backache as well. I also noticed that there was a light blue Volkswagen that was in front of the Chrysler but I did not engage in conversation with the driver with regards to the accident. Shortly after, traffic police and ambulance came to which the driver of Chrysler was conveyed by ambulance and my particulars was exchanged with the Chrysler taxi driver and the Volkswagen driver. I also got both of their particulars. My vehicle front bumper is dented in. I do not know how much it will cost to repair the damage. The Chrysler taxi had a slight damage to it's back bumper and I am also not sure of the cost of the damage.

Sketch Plan #5



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20180216/2081

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Report No. T/20180216/2081

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 2 ATIQA BINTE AFANDI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt RAZIZ BIN TAHAR  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/02/2018 17:13

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



Accident Photo

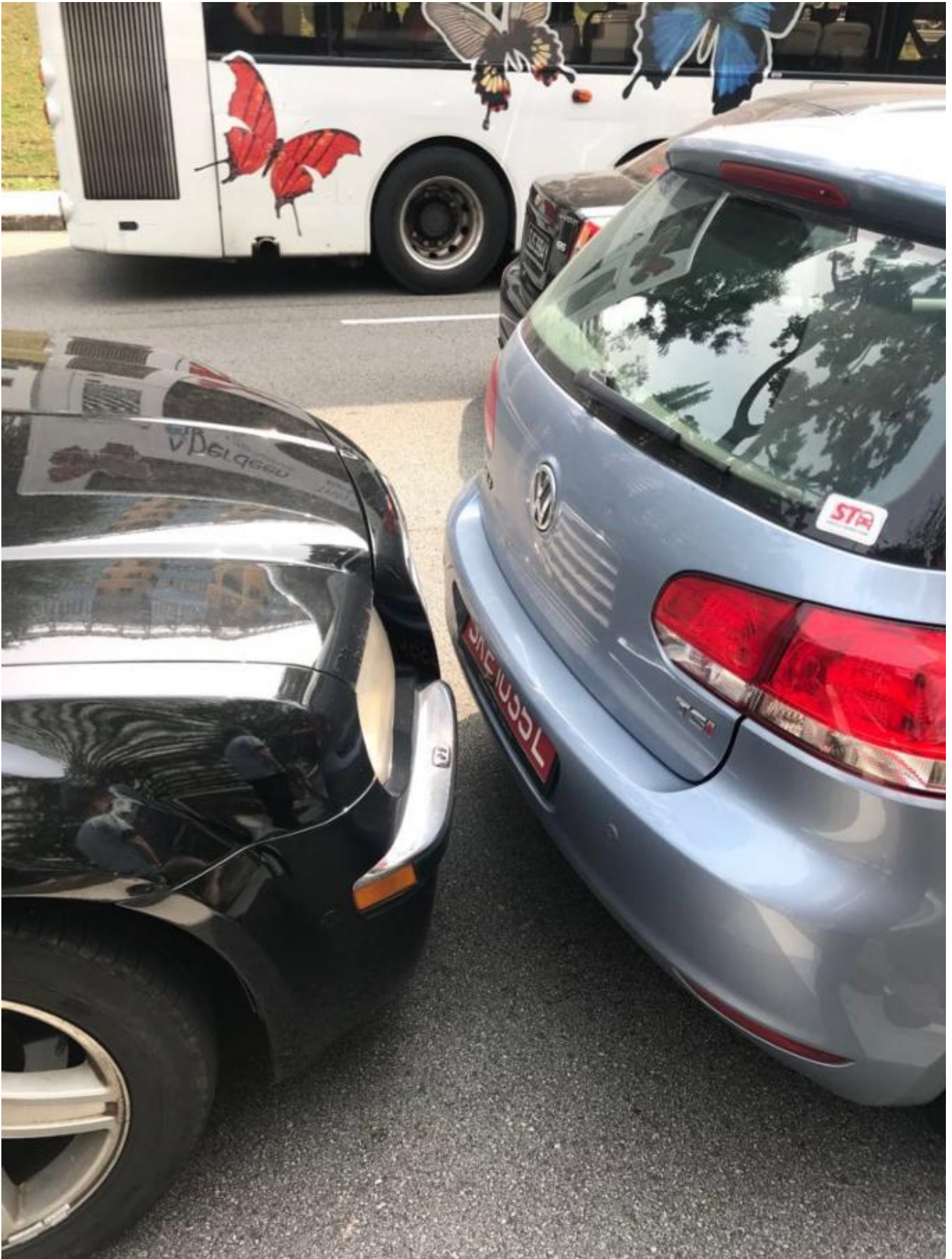


Accident Photo





Accident Photo





Accident Photo





Accident Photo



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S68300206 / GST Reg. No. M400057735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MUA418024098 Vehicle Registration No: SJD 5334P  
 Name (as shown in NRIC): TEO TIMOTHY NRIC/FIN/Passport No: 89930468 E  
 (\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 90925086  
 Email Address: \_\_\_\_\_  
 Date of Accident: 16/03/2008 Time of Accident: 14:28  
 Place of Accident: Jalan Bukit Meranti Towards Lower Delta Road  
 Insurance Company: NMC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME TO TEO TIMOTHY

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: Koh! Wenhong  
 NRIC/FIN No.: 026032008  
 Date: