

## 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	28/03/2018 16:56
Date Of Accident	27/03/2018 18:00
Exact Location Of Accident	TPE TWDS SLE NEAR SLIP RD EXIT TO TAMPINES AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8469M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MISS TEO ZHI HUI GERALDINE
NRIC No	S8842180I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90176422
Alternative Phone No	OTHERS-90176422

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1741251700
Cover Note Number	

### Driver

Name of Driver	MISS TEO ZHI HUI GERALDINE
NRIC No	S8842180I
Date Of Birth	02/11/1988
Occupation	INDOOR
Date Of Driving Pass	28/09/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90176422
Fax Number	
Contact Number	OTHERS-90176422
Email Address	NOEMAIL

Address	BLK 316C PUNGGOL WAY #10-705
Postcode	823316
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	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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180328/7002

#### 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	GBG257R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHANG WEI
NRIC/Passport Number	
Contact Number	91743097
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MISS TEO ZHI HUI GERALDINE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLN8469M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN


#### 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**.
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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:

 28/03/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

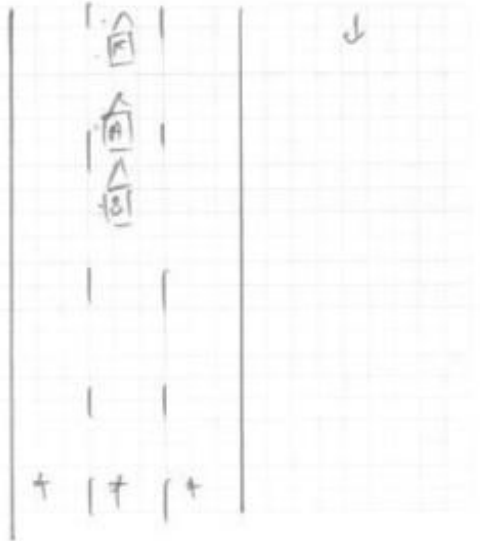
## Accident Sketch Plan

### SKETCH PLAN

TPE towards SLH near slip rock  
even so samples are 10.

⑤. 8469m.

⑥-006257A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along S TPE towards SLE before lampires the 10 exit on the centre lane. As the vehicle in front of me stopped, I followed out of the junction I felt an impact from the rear. I came down from my vehicle and realise that vehicle B hit onto me. we exchange details and left.

## 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.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180328/7002

2 of 3

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

Report No. T/20180328/7002

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN8469M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN17412517 00	01/07/2017	09/07/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO ZHI HUI, GERALDINE		ID No. S88421801
Related Vehicle	SLN8469M (Car)		Contact No. 90176422
Hospital/Clinic	TAY CLINIC		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	27/03/2018	Date Discharge	27/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

At around 6pm, I was travelling on the TPE towards SLE. The traffic was heavy and when the car in front of me stopped, I stopped as well. Following that, I heard a loud shriek and the Goods vehicle behind crashed into the rear of my car. The impact was big and I decided to move to the road shoulder so as not to obstruct traffic. The Goods Vehicle follow suit.

At the road shoulder, we observed that the rear of my car was damaged. We took photographs of our respective vehicles and exchange license and handphone number. The other party is a foreign worker from China on work permit.

### Other party:

Name: Zhang Wei  
Occupation: Delivery man

Together in his vehicle is another delivery man.

Soon, a tow truck appeared and provided assistance. I went to their workshop after the accident.



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



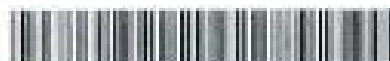
Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180328/7002

1 of 3

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

Report No: T/20180328/7002

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2018 00:17		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEO ZHI HUI, GERALDINE			Address: APT BLK 316C PUNGGOL WAY #10-705 SINGAPORE 823316		
ID Type / ID No.: NRIC NO / S88421801			Contact No.: Home/Office: Mobile: 90176422		
Nationality: SINGAPORE CITIZEN			Email: geraldine.hui@gmail.com		
Sex: Female	Age: 29	Date of Birth: 02/11/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other university, polytechnic and higher education teachers			Driving Licence Information: Class: 3A		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury: Others:	Drink Drive: No:	Date/Time of Accident: 27/03/2018 18:00	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY  Before IKEA exit				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
OBG257R	Lorry					0
SLN8469M	Car	TOYOTA	Axio	White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180328/7002

2 of 3

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Traffic Police Division HQ  
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Tel No: 65470000

Report No. T/20180328/7002

## CONTINUATION OF REPORT

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Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLN8469M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN1741251700	01/07/2017	09/07/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO ZHI HUI, GERALDINE		ID No. S88421801
Related Vehicle	SLN8469M (Car)		Contact No. 80176422
Hospital/Clinic	TAY CLINIC		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	27/03/2018		Date Discharge 27/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

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Together in this vehicle is another delivery man.

Soon, a tow truck appeared and provided assistance. I went to their workshop after the accident.

## Police Report



SINGAPORE  
POLICE FORCE



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CONTINUATION OF REPORT

10

[illegible]



## Driving License

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Identity Number: **S88421801**

Name: **TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)**

Date of Birth: **02 Nov 1988**

Issue Date: **28 Sep 2007**

**0014 000000**



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO: **S88421801**

Name: **TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)**

張芝惠

Race: **CHINESE**

Date of Birth: **02-11-1988**

Sex: **F**

Country of Birth: **SINGAPORE**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!**


CLASS DATE

Class 3A Motor cars without clutch pedals (Auto) <= 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg

28 Sep 2007

**0014 000000**

Issued For: **S88421801**



**0014 0000**

**0014 000000**

Identity No: **S88421801**

Date of Birth: **02-11-1988**

APC BLK 316C PURGEOL WAY #13-115 SINGAPORE 800016

NRIC No: **S88421801** Date: **17092017**