

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	02/04/2018 14:45
Date Of Accident	01/04/2018 15:35
Exact Location Of Accident	OPEN SPACE CP AT SENGKANG SWIMMING COMPLEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS43X
Insured/Policyholder	
Name Of Registered Owner	TEO ZHENGYI JAIMY
NRIC No	S9041479H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91550570
Alternative Phone No	OTHERS-91550570

Vehicle Particulars

Manufacturer	BMW
Model	535I
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA192075
Cover Note Number	

Driver

Name of Driver	TEO ZHENGYI JAIMY
NRIC No	S9041479H
Date Of Birth	05/11/1990
Occupation	INDOOR
Date Of Driving Pass	24/07/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91550570
Fax Number	
Contact Number	OTHERS-91550570
E-Mail Address	NOEMAIL

Address	43 SHANGRILA WALK
Postcode	568214
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 ON COLLISION
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)	2
Passenger 1	NAME: : MRS TEO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KEBUN BARU NPP
Police Station Address	ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REQUEST FROM OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD7190A
Vehicle Make/Model/Colour	
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 TEO ZHENGYI JAIMY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKS43X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TEO EE LYNN

Approximate Age

Injuries Sustain BODY (PREGNANT)

Injured person in which vehicle? SKS43X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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:

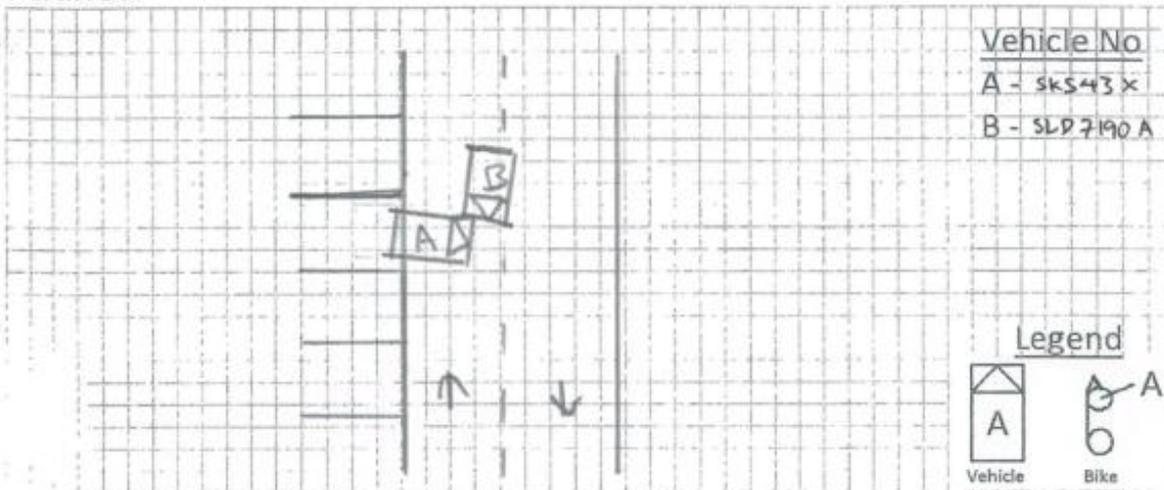
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

2/4/18.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to Police Report.
T/20180401 / 2080

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

2/4/18

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident: 01/04/18 Time: 1535 2 Exact location of accident: Open space carpark at serangkang swimming complex

3 Injuries even if slight: No Yes

4 Material damage: To vehicles other than vehicles A and B: No Yes To objects other than vehicles: No Yes

5 Witness' name, address and tel no. (to be undated if he/she is passenger in vehicle A or vehicle B): Reg from SI.

Vehicle Video Camera Available: No Yes

Registration No. (VEHICLE A) SKS 43X

6 Insured / policyholder (see insurance cert.)

Name: Teo zhengyi, jaimy (capital letters)

Address: 43 Shanacila walk S(568214)

NRIC / Passport no.: S9041479H

Tel no. (from 8am till 5pm): 91550570

HP: _____

7 Vehicle

Make, type: BMW 535I

8 Insurance company: AXA C TPFT TPO

Does the policy cover damage to vehicle A? No Yes

Policy No.: GA19207511

9 Driver Same as Owner

Name: _____ (capital letters)

NRIC / Passport no.: _____

Class of licence: 3

HP: _____

Gender: Male Female

12 CIRCUMSTANCES

Please circle (X) in each of the relevant boxes applicable to your vehicle

- Chain Collision
- Collided into Bicycle
- Collided into Motorcyclist
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Junction
- Collision - Head-on Collision
- Collision - Head to Rear
- Collision - Major/Minor Rd
- Collision - Opening Door of Vehicle
- Collision - Roundabout
- Collision - U-Turn
- Drink Driving / Drug Influence
- Fire, Expl. or Explosion
- Flood
- Hit and Run / Vanishing / Damaged whilst Parked
- Hit by Falling Tree / Other Objects
- Hit Collision
- Side Swipe
- Theft

13 State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SLD 7190A

6 Insured / policyholder (see insurance cert.)

Name: _____ (capital letters)

Address: _____

NRIC / Passport no.: _____

Tel no. (from 8am till 5pm): _____

HP: _____

7 Vehicle

Make, type: _____

8 Insurance company: C TPFT TPO

Does the policy cover damage to vehicle B? No Yes

Policy No. (if available): _____

9 Driver (See driving licence) (if different from insured B above)

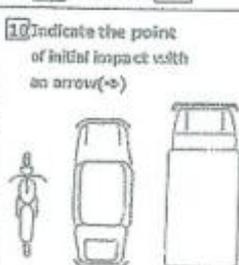
Name: _____ (capital letters)

NRIC / Passport no.: _____

Class of licence: _____

HP: _____

Gender: Male Female



11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B _____

14 My remarks

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For Insured's Individual Statement (Part II) see overleaf →

Individual Statement Pg. 1

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II) Own Workshop Email / Fax (If any) claims@teamworkgarage.com
 To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all) _____ Email: _____					
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	2 Vehicle registration no. <u>SK543X</u>		C.C. _____	If commercial vehicle, state permissible carrying capacity _____		
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, State Relationship of Driver with owner _____	state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____		
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____					
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present <u>Workshop</u> Tel no. _____					
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)					
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?	
	<u>05/11/1996</u>	<u>Indoor / Outdoor</u>	<u>24/07/2009</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____					
	9 Full details of all driving convictions including pending prosecutions in the last 36 months					
		Date	Offence	Penalty		
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
	<u>Teo Ee Lynn</u>		<u>Body (preparations)</u>	<u>SK543X</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	<u>Teo Zhengyi, Jaimy</u>		<u>Body</u>	<u>SK543X</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage		Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____					
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom? <u>kebun Baru NPP</u>					
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____					
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____					
	16 Speed of vehicles A _____ km/hr B _____ km/hr					
	17 What warnings were given by driver or other party? _____					
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____					
20 If your vehicle is commercial, state weight of load carried at time of accident _____						
21 State how accident happened, width of roads, speed limits, etc (Refer to attached)						
22 State number of Passengers (Including Driver) <u>2</u> <u>Pax (P)</u>						
Declaration	I/We declare the foregoing particulars are true in every respect					
	Policyholder's signature _____			Date _____		
	Driver's signature (if driver is not the policyholder) _____			Date _____		

Owner IC & LIC Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9041479H**

Name:
TEO ZHENGYI, JAIMY

Birth Date: **05 Nov 1990**
Issue Date: **25 Feb 2013**

002154619B



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9041479H**



Name
TEO ZHENGYI, JAIMY

張正義

Race
CHINESE

Date of birth **05-11-1990** Sex **M** **S9041479H**

Country of birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	13 Jan 2011
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	24 Jul 2009

NP 428A

Licence No: **S9041479H**



3793167



NRIC No: **S9041479H**



Date of Issue
08-11-2005

Address
**43 SHANGRILA WALK
SINGAPORE 568214**

NRIC No: **S9041479H** Date: **12/01/2012** No: **5632623**



**SINGAPORE
POLICE FORCE**



T/20180401/2080

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

1 of 4

Report No. T/20180401/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2018 21:13	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars			
Name of Informant: TEO ZHENGYI, JAIMY		Address: 43 SHANGRILA WALK SINGAPORE 568214	
ID Type / ID No.: NRIC NO / S9041479H		Contact No.: Home/Office: Mobile: 91550570	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 05/11/1990	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Sales and marketing manager		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/04/2018-15:35	Type of Location: Car Park
Location: Along Road 1 ANCHORVALE ROAD OPEN SPACE CAR PARK AT SENGKANG SWIMMING COMPLEX				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS43X	Car	BMW	535I A	Black	Seriously Damaged	1
SLD7190A	Car	TOYOTA			Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKS43X	AXA INSURANCE SINGAPORE PTE LTD	GA192075	26/10/2017	19/05/2018



**SINGAPORE
POLICE FORCE**



T/20180401/2080

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

2 of 4

Report No. T/20180401/2080

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO ZHENGYI, JAIMY	ID No.	S9041479H
Related Vehicle	SKS43X (Car)	Contact No.	91550570
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	TEO EE LYNN	ID No.	S8817970F
Related Vehicle	SKS43X (Car)	Contact No.	91282403
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/04/2018	Date Discharge	01/04/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the 01/04/2018 at about 1535hrs, I was at the open space car park of Sengkang Swimming Complex. At that point of time I was with my wife in my vehicle (SKS43X). I then made a checked and was sure there was no incoming traffic I then slowly edged out of the car park lot. As I was edging out, all of the sudden there was a vehicle (SLD7190A) travelling at quite a high speed and was in the middle of the two way traffic and the car right side bang on to my left side of my vehicle. *on the wrong side of the lane*

Before I managed to get down, the said car (SLD7190A) was reversing. I then got down to speak to the driver however the female driver refused to provide particulars hence I called for police. I then got to know from the driver's husband that the vehicle (SLD7190A) was a rental car.

Subsequently ambulance came down before Traffic police arrival and my wife was conveyed to KK hospital. After which the police advice me to lodged a police report . My vehicle in car camera captured the whole incident.

The left side of my vehicle was damaged due to the accident.

The officer in charge is IO Zayid



**SINGAPORE
POLICE FORCE**



T/20180401/2080

Police Station Of Origin:
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Tel No: 1800-4589999

3 of 4

Report No. T/20180401/2080

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20180401/2080

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111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

4 of 4

Report No. T/20180401/2080

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 F / Sgt 2 CHUA GUAN WAH, JONATHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2018 21:13
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case: SN 085

Authentication Stamp
NP168



Signature

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



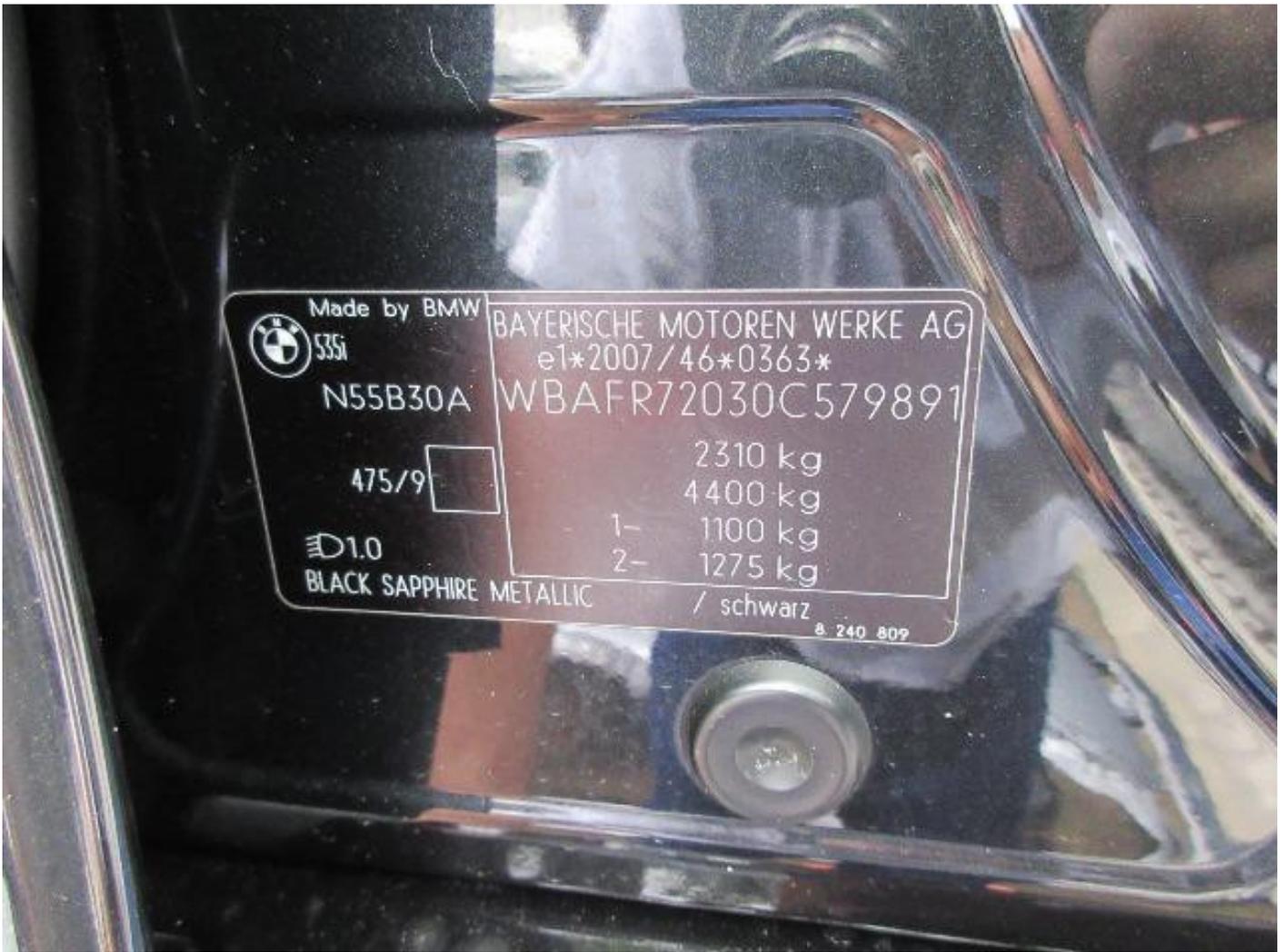
Accident Photo



Accident Photo



Accident Photo



Accident Photo

