SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass Driving Experience

Gender

Mobile Number

Fax Number **Contact Number**

EMail Address

- 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 consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	11/04/2018 20:21
Date Of Accident	10/04/2018 17:50
Exact Location Of Accident	SLE TOWARDS WOODLANDS BEFORE MANDAI EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ7247B
Insured/Policyholder	
Name Of Registered Owner	TEO MENG TECK KENNETH
NRIC No	S1535785A
Email Address	KENNETHTEO@BARTLEY.ORG.SG
Mobile Phone No	(LOCAL) +65-97468002
Alternative Phone No	OTHERS-97468002
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE 1.6 GLS S
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10017716
Cover Note Number	N.A
Driver	
Name of Driver	TEO MENG TECK KENNETH
NRIC No	S1535785A
Date Of Birth	06/12/1962
Occupation	INDOOR

04/08/1994

MALE

23 YEARS AND 8 MONTHS

KENNETHTEO@BARTLEY.ORG.SG

(LOCAL) +65-97468002

OTHERS-97468002

Address HDB WOODLANDS, 670 WOODLANDS DRIVE 71 #04-33

Postcode 730670

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

-

NO

YES

2

General Information of the Accident

Type Of Accident CHAIN 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 YES

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] YISHUN NORTH NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Refer to Police Report Ref: T/20180410/2163 lodged at Yishun North NPC. On the 10/04/2018 at around 1750hrs, I was driving along the most extreme right lane of SLE heading in the direction towards Woodlands Mandai Exit. The traffic was very heavy at that point of time and the weather was clear and the road was dry as well. Somewhere along SLE before the Mandai Exit, the car SJQ798Z, travelling in front of me, came to a stop as the traffic was heavy. I stopped my car as well and my car came to a stationary point. Shortly after, there was a impact from the rear of my vehicle and apparently the car travelling behind me SLU8990L had collided into the rear of my vehicle. The impact caused my car to surge forward and collided into the rear of the vehicle SJQ798Z in front of me. We alighted from our vehicles and made a check and realized that it was actually a chain collision involving 4 vehicles in which the last car involved, SBA2829J, had collided into the rear of car, SLU8990L, behind me which caused it to surge forward and hit the rear of my car. My wife was subsequently conveyed to Khoo Teck Puat Hospital as she had sustained injury from the accident. We were informed by the Traffic Police at scene to lodge a Traffic Accident report.

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 SLU8990L

Vehicle Make/Model/Colour SUBARU IMPREZA 5D 1.5R

Details Of Properties NII

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBA2829J

Vehicle Make/Model/Colour HONDA STREAM 1.8L A

Details Of Properties NIL

Vehicle Category PRIVATE CAR

Name of Driver LIM KHENG SIANG

NRIC/Passport Number S7732378C Contact Number 90075347

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJQ798Z

Vehicle Make/Model/Colour HYUNDAI AVANTE (HD) 1.6

Details Of Properties NIL

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 LUM HOI KUM

Approximate Age Injuries Sustain

Injured person in which vehicle? SJQ7247B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authroised Driver.
 This Form must be completed by the Policyholder and/or the Authroised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
- 4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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
- 8 Consent under the Personal Data Protection Act (PDPA)

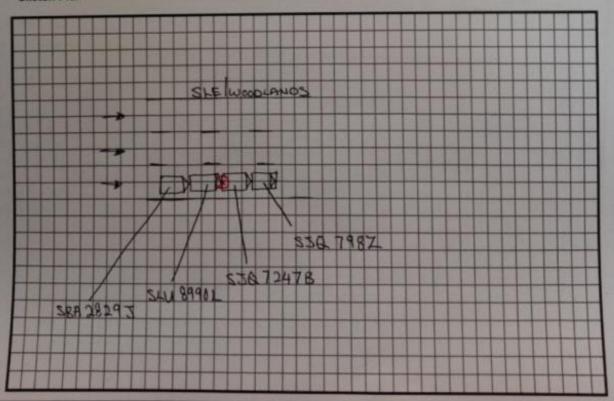
 - Lunderstand, acknowledge, agree and consent that:
 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided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

VERIFIED BY AJAX MARS REPORTING OFFICER MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Sketch Plan







Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

1 of 4 Report No. T/20180410/2163

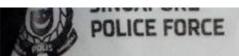
REPORT OF A TRAFFIC ACCIDENT

PASTOR

Date/Time Report Made: 10/04/2018 20:34			Vide Report No.: F/20180410/0163	Station Diary No.: 145	
Informant'	s Particul	ars			
Name of In		ENNETH	Address: APT BLK 670 WOODLANDS 730670	DRIVE 71 #04-33 SINGAPORE	
ID Type / ID No.: NRIC NO / S1535785A		15A	Contact No.: Home/Office: Mobile: 97468002		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 55	Date of Birth: 06/12/1962	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PASTOR			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 10/04/2018 00:00	Type of Location: Straight Road	
Location: Along Road 1 SELETAR EX Along Seletar	PRESSWAY Expressway towards Wood	ands Mandai E	xit		
Veather: Clear	Veather: Road			Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Heavy	
The second secon		Anyone conveyed by			

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBA2829J	Car					0
SJQ7247B	Car	HYUNDAI	HD AVANTE 1.6 A	Red	Slightly Damaged	1
SJQ798Z	Car				Slightly Damaged	0
SLU8990L	Car			Talk!	Slightly Damaged	0





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No:.1800-8529999 2 of 4 Report No. T/20180410/2163

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Insurance Company	Insurance No	Effective	Expiry Date			
AVIVA LTD	10017716	23/05/2010	22/05/2018			
	Insurance Company	Insurance Company Insurance No	Insurance Company Insurance No Effective			

etails of Person	Involved				
ny Pedestrian Inv	volved: No				
No. of Pedestrians	Injured: NIL	Use of Ped	destria	Cros	sing: NA
Driver					
Name	Lim Kheng Siang		ID No.		S7732378C
Related Vehicle	SBA2829J (Car)		Contact No.		90075347
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days gra	anted Medical Leave NIL	Degree of			
Driver		No. of the last of			
Name	TEO MENG TECK KENNETH		ID No.		S1535785A
Related Vehicle	SJQ7247B (Car)		Conta	ct No.	97468002
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
	ed Medical Leave NIL	Degree of		NIL	
Passenger			Tripuly .	TAIL	AND RESIDENCE OF THE PARTY OF T
Name	LUM HOI KUM		ID No		S1244751E
Related Vehicle	SJQ7247B (Car)		Conta	ct No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disci	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	NIL	A second
No. of Days grante	Degree of		NIL		

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Police Station Of Origin; Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

3 of 4 Report No. T/20180410/2163

CONTINUATION OF REPORT

Name .	Norzaid			ID No.		S7502120H
Related Vehicle	SJQ798Z (Car)			Conta	ct No.	96620009
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	f Injury	NIL	

Brief Details.

On the 10/04/2018 at around 1750hrs, I was driving along the most extreme right lane of SLE heading in the direction towards Woodlands Mandai Exit. The traffic was very heavy at that point of time and the weather was clear and the road was dry as well.

Somewhere along SLE before the Mandai Exit, the car SJQ 798 Z, travelling in front of me, came to a stop as the traffic was heavy. I stopped my car as well and my car came to a stationary point. Shortly after, there was a impact from the rear of my vehicle and apparently the car travelling behind me SLU 8990 L had collided into the rear of my vehicle. The impact caused my car to surge forward and collided into the rear of the vehicle SJQ 798Z in front of me. We alighted from our vehicles and made a check and realized that it was actually a Chain collision involving 4 vehicles in which the last car involved , SBA 2829 J , had collided into the rear of car , SLU 8990 L , behind me which caused it to surge forward and hit the rear of my car.

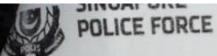
My wife was subsequently conveyed to Khoo Teck Puat Hospital as she had sustained injury from the accident. We were informed by the Traffic Police at scene to lodge a Traffic Accident report.



T/20180410/2163

4 of 4

Report No. T/20180410/2163



Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

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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.

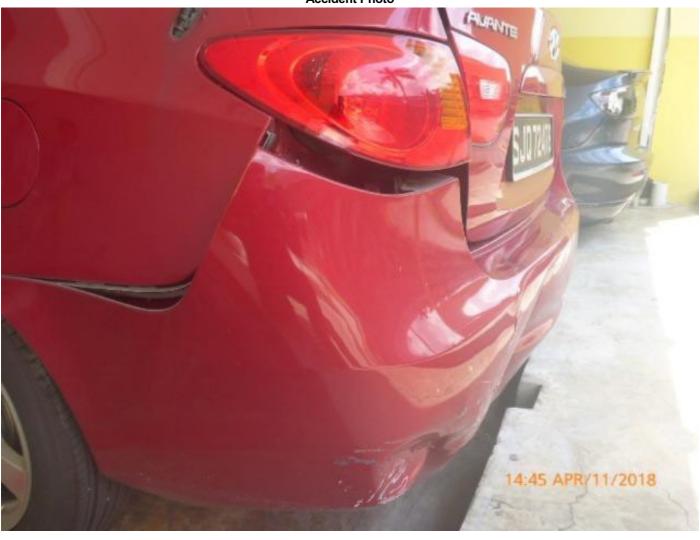
Signature Of Officer Recording The Report:	Signature O
Staff Sgt ZENG ZHIMIN, KEVIN	
Signature Of Interpreter. Not applicable	Date/Time: 10/04/2018
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classificatio
Authentication Stamp	

Signature Of Informant:	
Date/Time: 10/04/2018 20:34	
Classification Of Case:	

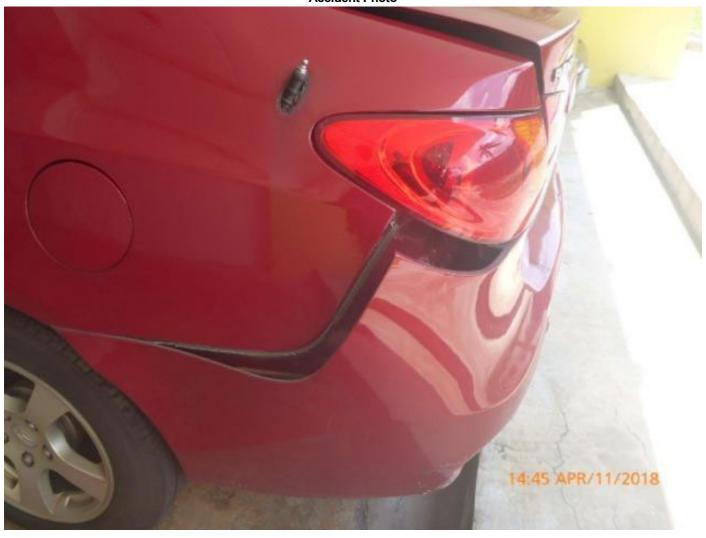




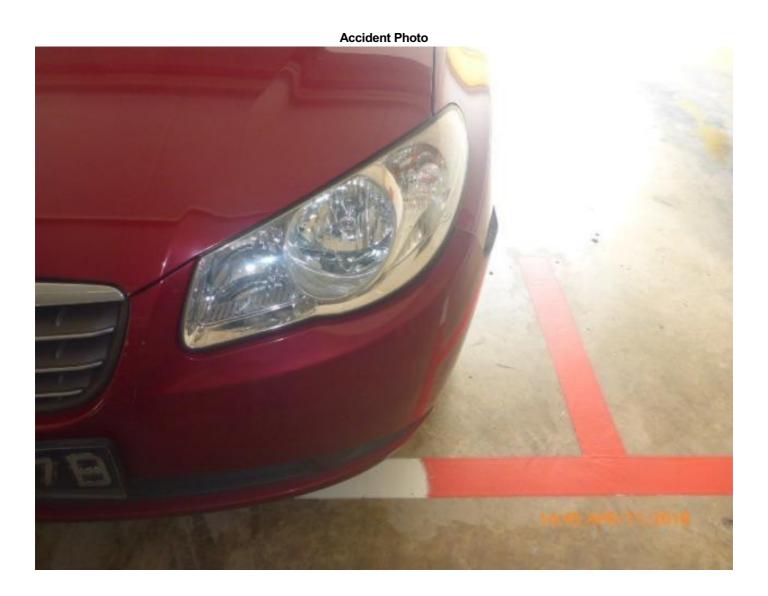


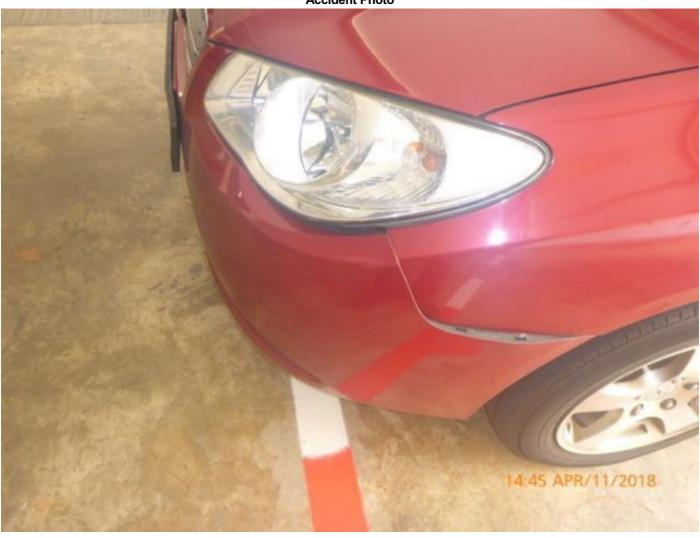


Accident Photo Accident Photo

















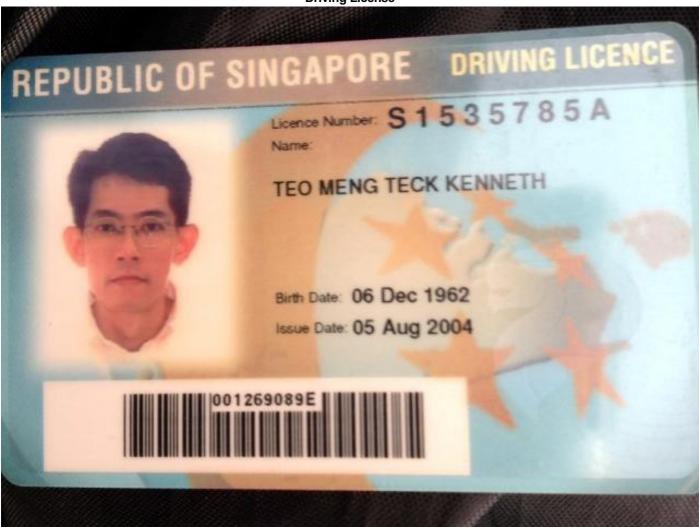








Driving License



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

PASS DATE

Class 3

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg 04 Aug 1994

NP 428A



Addendum Sheet Pg. 1



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: S66SS0020G / GST Reg. No.: M400017735

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

	AD	DENDUM
PARTICULARSOFI	PERSONMAKINGTHEAMEN	DMENTS:
Original Report No	: MBHH18048459	Vehicle Registration No: SJQ7247B
		THNRIC/FIN/Passport No: S1535785A
(*Vehicle Driver/\)	/ehicle Owner) (*) Please del	ete as appropriate
Address	:	Singapore(
Contact (Tel)	:	Mobile No. : <u>97468002</u>
Email Address	: KENNETHTEO@BARTLEY	CORG.SG
Date of Accident	: 10/04/2018	Time of Accident : _ 17:50
Place of Accident	: SLE TOWARDS WOODLA	NDS BEFORE MANDAI EXIT
Insurance Compar	y: AVIVA LTD	
	RMATION/AMENDMENTS	
Thu 12/04/2018 10:34 AM	e of SBA2829J - KIM KHENG S kennethteo@bartley.org.sg>	IANG to LIM KHENG SIANG
Hi, The driver of SBA2829J is <u>Lim</u> Kheng Thanks. Regards, Kenneth Teo	Siang. NOT KIM KHENG SIANG.	
Policyholder / Driv	er's Signature	Reporting Centre Personnel's Signature
Date:	c. Joignature	Name: Boey Loke NRIC/FIN No.:

Date: 12 Apr 2018