

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	23/04/2018 20:05
Date Of Accident	20/04/2018 19:00
Exact Location Of Accident	AIRPORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH7778H
Insured/Policyholder	
Name Of Registered Owner	U-SAVE F & B EQUIPMENT PTE LTD
Co Reg No	200001525G
Email Address	ALVIN@U-SAVE.COM.SG
Mobile Phone No	(LOCAL) +65-96829652
Alternative Phone No	OFFICE-83994789

Vehicle Particulars

Manufacturer	BMW
Model	318I-2.0 (A)
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	GA242383
Cover Note Number	

Driver

Name of Driver	TEO YOON KIANG, ALVIN
NRIC No	S8336320G
Date Of Birth	22/11/1983
Occupation	INDOOR
Date Of Driving Pass	28/01/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96829652
Fax Number	
Contact Number	
Email Address	ALVIN@U-SAVE.COM.SG

Address	BLK 416B FERNVALE LINK # 20 - 92
Postcode	792416
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACH STATEMENT & SKETCH PLAN

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	SJR6294R
Vehicle Make/Model/Colour	
Details Of Properties	SECOND VEHICLE
Vehicle Category	PRIVATE CAR
Name of Driver	MA BIN
NRIC/Passport Number	S2701254Z
Contact Number	96542266
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDY6677D
Vehicle Make/Model/Colour	
Details Of Properties	3RD VEHICLE
Vehicle Category	PRIVATE CAR
Name of Driver	LIW SIANG WEE
NRIC/Passport Number	S1813725I
Contact Number	90042376
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180420/2153

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

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Report No. T/20180420/2153

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO YOON KIANG, ALVIN	ID No.	S8336320G
Related Vehicle	NIL	Contact No.	96829652
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION

I WAS TRAVELLING ALONG AIRPORT ROAD. I WAS GOING STRAIGHT AND THEN I FELT A HARD BANG ON MY REAR, I STOP THE VEHICLE AND I CAME DOWN. I SAW THAT THE CAR BEHIND MY CAR KNOCK ONTO MY CAR. I EXCHANGE PARTICULARS WITH ALL OF THEM. I HELPED THE OTHER VEHICLE OWNER CALLED THE AMBULANCE. AMBULANCE NUMBER IS 212D CONVEYED TO CGH. HE WAS CONSCIOUS AND NO VISIBLE INJURY.

Accident Sketch Plan



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Tel No: 65470000

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Report No. T/20180420/2153

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:
TP /
NG JIN SHENG

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
20/04/2018 20:41

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232



**SINGAPORE
POLICE FORCE**

Classification Of Case:

Authentication Stamp
NP168

Signature: _____

Accident Sketch Plan

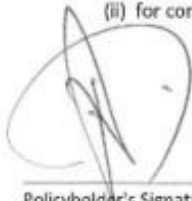
SKETCH PLAN

IMPORTANT NOTICE

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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:

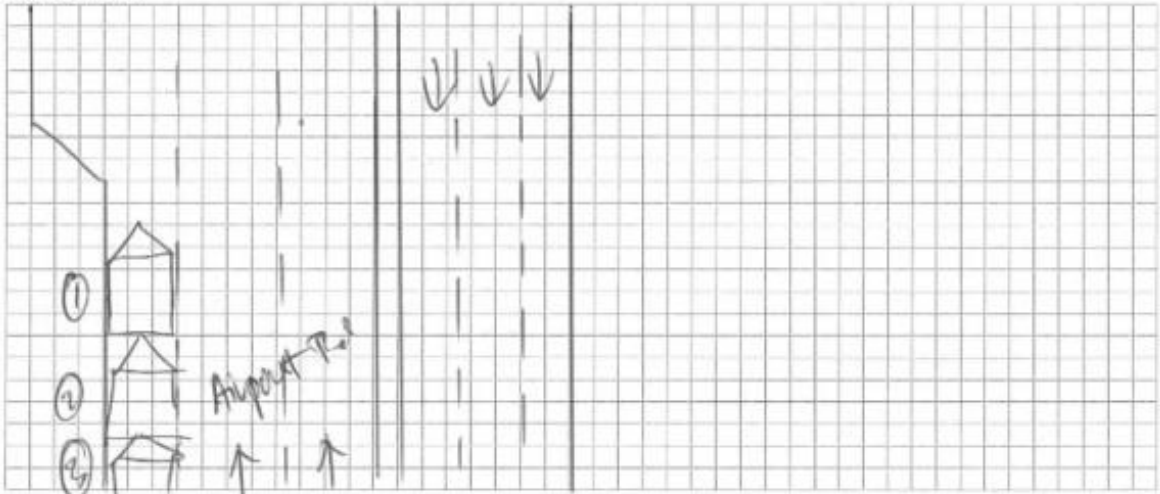


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

LPE-7PE

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the indicated date, time and location, I was driving along the extreme left lane of the road when I suddenly felt a hard bang at my rear. I came down from the car and saw that another vehicle had collided with my rear. That is all.

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.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180420/2153

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

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Report No. T/20180420/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2018 20:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TEO YOON KIANG, ALVIN			Address: APT BLK 416B FERNVALE LINK #20-92 SINGAPORE 792416		
ID Type / ID No.: NRIC NO / S8336320G			Contact No.: Home/Office: Mobile: 96829652		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 22/11/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/04/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 AIRPORT ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
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: Yes		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDY6677D	Car	BMW	535i A	White	Slightly Damaged	0
SJH7778H	Car	BMW	Primary Color Secondary Color Road Tax	Grey	Slightly Damaged	0
SJR6294R	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	White	Slightly Damaged	0

Accident Photo



Accident Photo



Accident Photo



Accident Photo

