

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	27/06/2018 17:38
Date Of Accident	01/05/2018 19:05
Exact Location Of Accident	ALONG CLEMENTI ROAD BEFORE PASIR PANJANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL2564S
Insured/Policyholder	
Name Of Registered Owner	TEO SOON BOO
NRIC No	S1465118G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96806167
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FK617MSJRDEC-7.5 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCPHQ17-006380
Cover Note Number	

Driver

Name of Driver	TEO SOON BOO
NRIC No	S1465118G
Date Of Birth	11/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1981
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96806167
Fax Number	
Contact Number	OFFICE-88888888
Email Address	NOEMAIL

Address	BLK 476 SEMBAWANG DRIVE #11-303
Postcode	750776
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	SIDE SWIPE
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER POLICE REPORT T/20180624/2027

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2079E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA KENG SOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

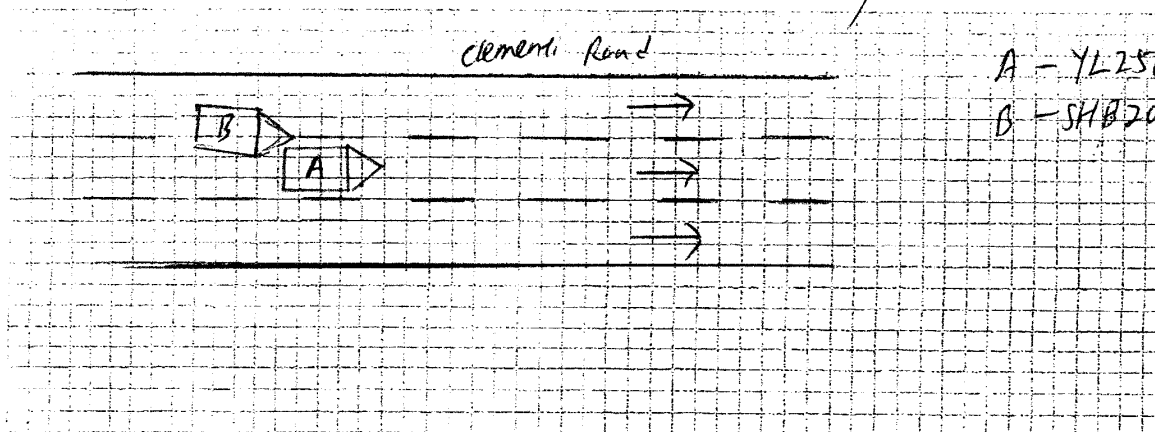
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
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.

27.06.18 / 1700
TEO SOON BOO

27.06.18 / 1700
TEO SOON BOO

[Signature]
Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

please refer to Police Report : T/20180624/2027

Declaration

We declare the foregoing particulars are true in every respect.

TEO SOON BOO
27-06-18 / 1700

Policyholder's Signature / Date & Time

TEO SOON BOO
27-06-18 / 1700

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20180624/2027

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

1 of 3

Report No. T/20180624/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2018 11:30		Vide Report No.:		Station Diary No.: 56
Name of Informant: TEO SOON BOO		Address: APT BLK 476 SEMBAWANG DRIVE #11-303 SINGAPORE 750476		
ID Type / ID No.: NRIC NO / S1465118G		Contact No.: Home/Office: Mobile: 96806167		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 58	Date of Birth: 11/04/1960	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/05/2018 19:05	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Vehicle No.	Vehicle Type	Make	Model	Color	Damage	Damage Cost
SHB2079E	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Yellow	Slightly Damaged	0
YL2564S	Lorry	MITSUBISHI	FK617MSJR DEC	White	No Damage	0

Details of the Insurance Company		Insurance No.		Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

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



T/20180624/2027

2 of 3

Report No. T/20180624/2027

CONTINUATION OF REPORT

YL2564S	EQ INSURANCE COMPANY LTD.	DMCPHQ17-006380	21/11/2017	20/11/2018
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Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Chua keng Soon	ID No.	NIL
Related Vehicle	SHB2079E (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	TEO SOON BOO	ID No.	S1465118G
Related Vehicle	YL2564S (Lorry)	Contact No.	96806167
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/05/2018, at 1905hrs, I was driving my lorry, bearing vehicle registration number YL2564S, along clementi road. My vehicle was travelling straight when suddenly a taxi, bearing vehicle registration number SHB2679E, attempted to change to my lane from the left. As a result, the right side of his mirror hit the left side of my lorry. We came down to exchange particulars and I decided not lodge any insurance claim against him as my vehicle did not suffer any damages. I wish to state that at the point of incident, the taxi driver did not state that he was injured and his taxi vehicle only suffered damage on the right side mirror.



**SINGAPORE
POLICE FORCE**

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



T/20180624/2027

3 of 3




Report No. T/20180624/2027

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 LOW WEI DE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2018 11:30
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case: 

Authentication Stamp
NP168

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

