

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	04/06/2018 14:59
Date Of Accident	03/06/2018 14:40
Exact Location Of Accident	CROSS JUNCTION RAFFLES AVENUE TO STAMFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW1328K
Insured/Policyholder	
Name Of Registered Owner	TENG KERWIN
NRIC No	S7000560C
Email Address	TENGERWIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81189331
Alternative Phone No	OFFICE-97995552

Vehicle Particulars

Manufacturer	BMW
Model	520I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA313484
Cover Note Number	

Driver

Name of Driver	TENG KERWIN
NRIC No	S7000560C
Date Of Birth	01/01/1970
Occupation	INDOOR
Date Of Driving Pass	07/10/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81189331
Fax Number	
Contact Number	OFFICE-97995552
Email Address	TENGERWIN@HOTMAIL.COM

Address	BLK 90 TANGLIN HALT RD #31-328
Postcode	
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : ANGELINE TOH HWEE CHEN GENDER: : FEMALE
Passenger 2	NAME: : TENG RYAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ALEXANDRA NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE9545R
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
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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: 4 June 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:



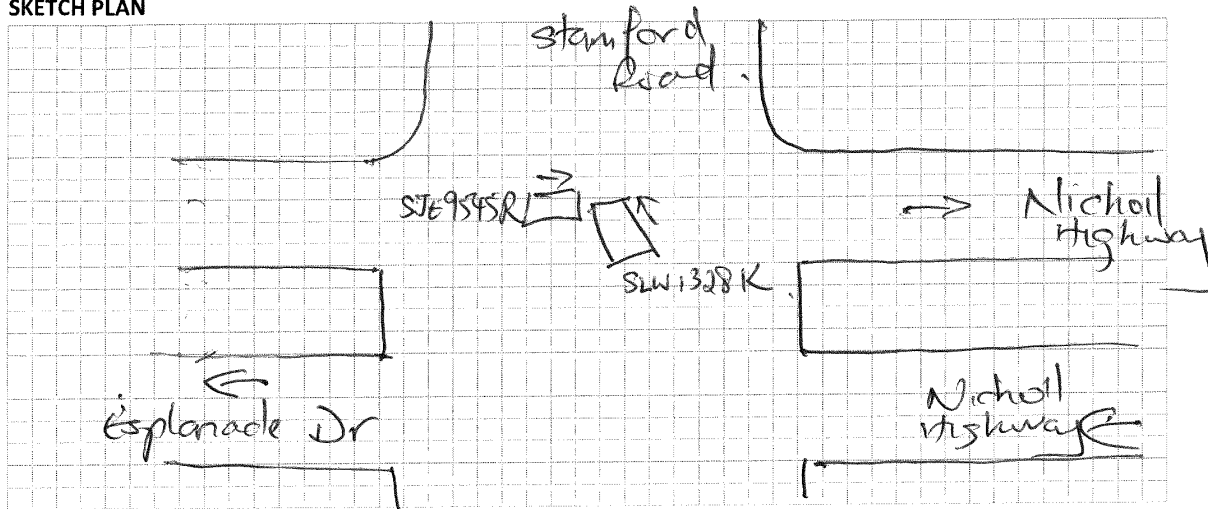
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see attached Singapore Police Report
(T/20180603/2092)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 4 June 2018

Driver's Signature

¹ (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

4/6/2018

@ 1246 W

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**SINGAPORE
POLICE FORCE**



T/20180603/2092

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Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20180603/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2018 20:23	Vide Report No.: A/20180603/0117	Station Diary No.: 41
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Informant's Particulars

Name of Informant: TENG KERWIN			Address: APT BLK 90 TANGLIN HALT ROAD #31-328 SINGAPORE 141090		
ID Type / ID No.: NRIC NO / S7000560C			Contact No.: Home/Office: Mobile: 81189331		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 01/01/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CONSULTANT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/06/2018 14:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 RAFFLES AVENUE STAMFORD ROAD Junction of Raffles Avenue/ Stamford Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
SJE9545R	Car	HONDA	Vezel	Silver	Seriously Damaged	0
SLW1328K	Car	BMW	520I LED NAV	White	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW1328K	AXA INSURANCE SINGAPORE PTE LTD	GA313484	16/01/2018	12/12/2019



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T/20180603/2092

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Tel No: 1800-4739999

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Report No. T/20180603/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TENG RYAN	ID No.	T0220726A
Related Vehicle	SLW1328K (Car)	Contact No.	81189331
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/06/2018	Date Discharge	03/06/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TENG KERWIN	ID No.	S7000560C
Related Vehicle	SLW1328K (Car)	Contact No.	81189331
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/06/2018	Date Discharge	03/06/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	ANGELINE TOH HWEE CHEN	ID No.	S7411973E
Related Vehicle	SLW1328K (Car)	Contact No.	97995552
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/06/2018	Date Discharge	03/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 03/06/18 at about 1435hrs, I was travelling in my vehicle together with my wife and son SLW1328K along junction of Raffles Avenue and Stamford Road. I was at the junction waiting to make a turn to Stamford Road, there were 5 lanes for the opposite traffic and the extreme left lane was to only for vehicles to turn left, I checked the traffic to be clear however there was one vehicle bearing SJE9545R on the opposite extreme right lane turning left.

I proceeded to make the right turn and suddenly, the vehicle move straight instead of turning left and as a result the said vehicle collided to the front left of my vehicle. After the accident, both parties got down and



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T/20180603/2092

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Report No. T/20180603/2092

CONTINUATION OF REPORT

access damages to our vehicle. I called for ambulance.

Ambulance arrived and conveyed the driver of the said vehicle to hospital. Subsequently TP arrived and advised me to lodge a report regarding the accident, ref A/20180603/0117, IO RIZWAN, 65476185. I wish to state that I brought my family to Gleneagles Hospital and my wife was given 3 days of MC. I also wish to further state that I did not exchange particulars with the said driver.



**SINGAPORE
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T/20180603/2092

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Report No. T/20180603/2092

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: D / Sgt 2 DYLAN CHIA CHOON KIAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2018 20:23
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168 SINGAPORE POLICE FORCE SN 47 SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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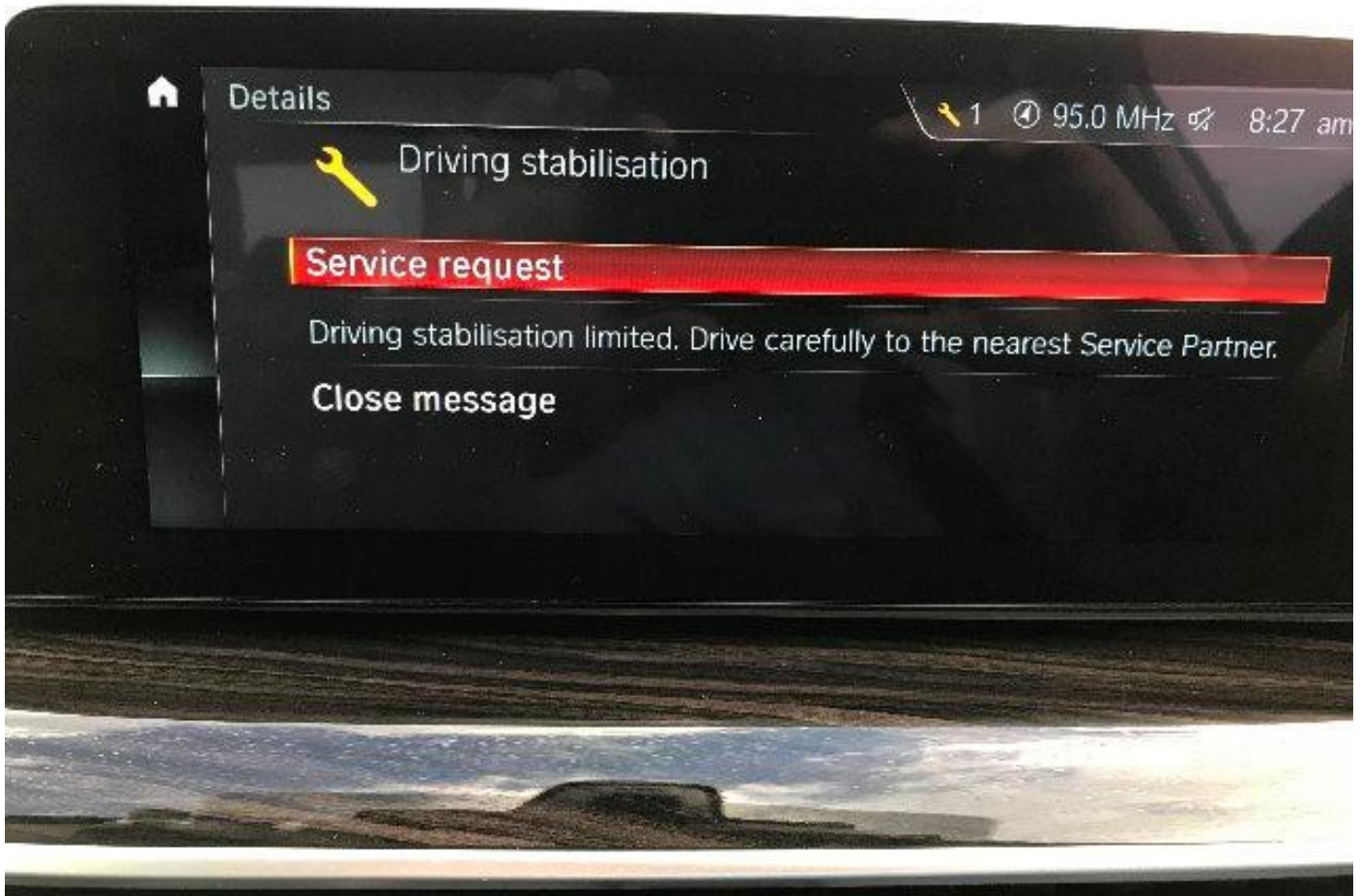
Accident Photo



Accident Photo



Accident Photo



AYERISCHE MOTOREN WERKE A
VBAJA12060BE45237
2200 kg
4290 kg
1- 1045 kg
2- 1250 kg

Accident Photo



Accident Photo



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