

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	11/06/2018 15:04
Date Of Accident	08/06/2018 21:00
Exact Location Of Accident	ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2919H
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Insured/Policyholder

Name Of Registered Owner	TEO KA SENG
NRIC No	S2166336J
Email Address	TEO_KA_SENG@CPE.GOV.SG
Mobile Phone No	(LOCAL) +65-98236848
Alternative Phone No	Office-98236848

Vehicle Particulars

Manufacturer	BMW
Model	320I-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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	TEO KA SENG
NRIC No	S2166336J
Date Of Birth	16/07/1957
Occupation	INDOOR
Date Of Driving Pass	20/04/1982
Driving Experience	36 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-98236848
Fax Number	
Contact Number	OFFICE-98236848
E-Mail Address	TEO_KA_SENG@CPE.GOV.SG
Address	5 BEDOK RESERVOIR VIEW #02-03
Postcode	478928
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)	2
Passenger 1	Name: : FONG LAI PENG Gender: : Female

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SLZ9019J
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)

Sketch Plan

SKETCH PLAN

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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:

11/6/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

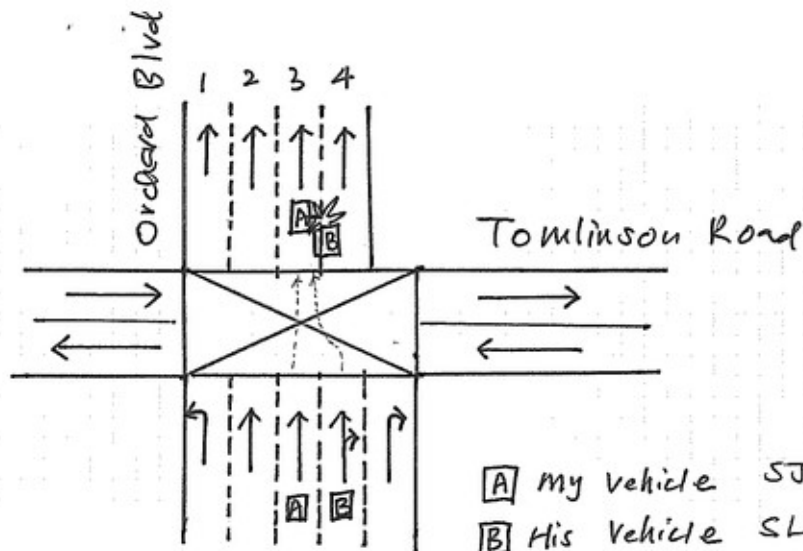
11/6/2018
2.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: <u>SJU 2919 H</u>	ACCIDENT DATE & TIME: <u>8 June 2018 9 pm.</u>
CONTACT NUMBER: <u>9823 6848</u>	E-MAIL ADDRESS: <u>teo-ka-seng@cpe.gov.sg</u>
LOCATION: <u>Orchard Boulevard</u>	
<p>On 8 Jun 2018 about 9 pm. I was driving along Orchard Boulevard on the centre lane towards the direction of Tanglin. I continued proceed according to the marking line after the yellow junction box of Orchard Boulevard and Tomlinson Road. Suddenly another car cut into my lane. As a result, two cars collided and the two right door of my car (SJU 2919 H) damaged.</p> <p>There are 5 lanes before the junction which the 1st lane from the left is the low lane / turn left. Second lane and third lane are for straight-going only. The 4th lane is proceed or turn right (This is the lane where which the other car was driving before the junction) and the 5th lane is for turning right only. After the junction, the road changes to 4 lanes (refer to the sketch plan above) → continue</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input checked="" type="checkbox"/> Claim D/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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

Policyholder's Signature

Date & Time:

11/6/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11/6/2018
2.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



(1)

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	ACCIDENT DATE & TIME:
CONTACT NUMBER:	E-MAIL ADDRESS:
LOCATION:	
<p>After the junction, the driver of other car continued driving on the second lane (when questioned, he claimed that it was right for him to continue driving on the second lane after the junction even the road is only with 4 lanes and his car should move into the correct lane which is the first lane from the right. The driver of the other car was Mr Lim Wee Ping (NRIC: S8326404G). His car number is SLZ 9019 J. A Honda Jazz in black.</p> <p>I'm lodging this report to make an insurance claim against the owner of car no. SLZ 9019 J, Mr Lim Wee Ping for the damages to my car as a result of the accident.</p> <p>I'll be sending my car to my own workshop for repair. In addition, by virtue of a right to claim the use of car during the repair period. I declare the report is factually correct and information in this report is truthful and accurate.</p>	
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<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input checked="" type="checkbox"/> Claim D/TP at other workshop <input type="checkbox"/> Reporting Only	

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Date & Time:

11/6/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11/6/2018
2.30 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



(2)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2166336J**

Name: **TEO KA SENG**

Birth Date: **16 Jul 1957**

Issue Date: **19 Mar 2003**

000315319J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2166336J

Name: **TEO KA SENG**



张嘉星

Race: **CHINESE**

Date of birth: **16-07-1957**

Sex: **M**

Country of birth: **CHINA**


LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE: **20 Apr 1982**

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: **S2166336J**

NP 428A



4876356

S2166336J

Date of issue: **27-08-2012**

Address: **5 BEDOK RESERVOIR VIEW
#02-03
SINGAPORE 478928**




Accident Photo



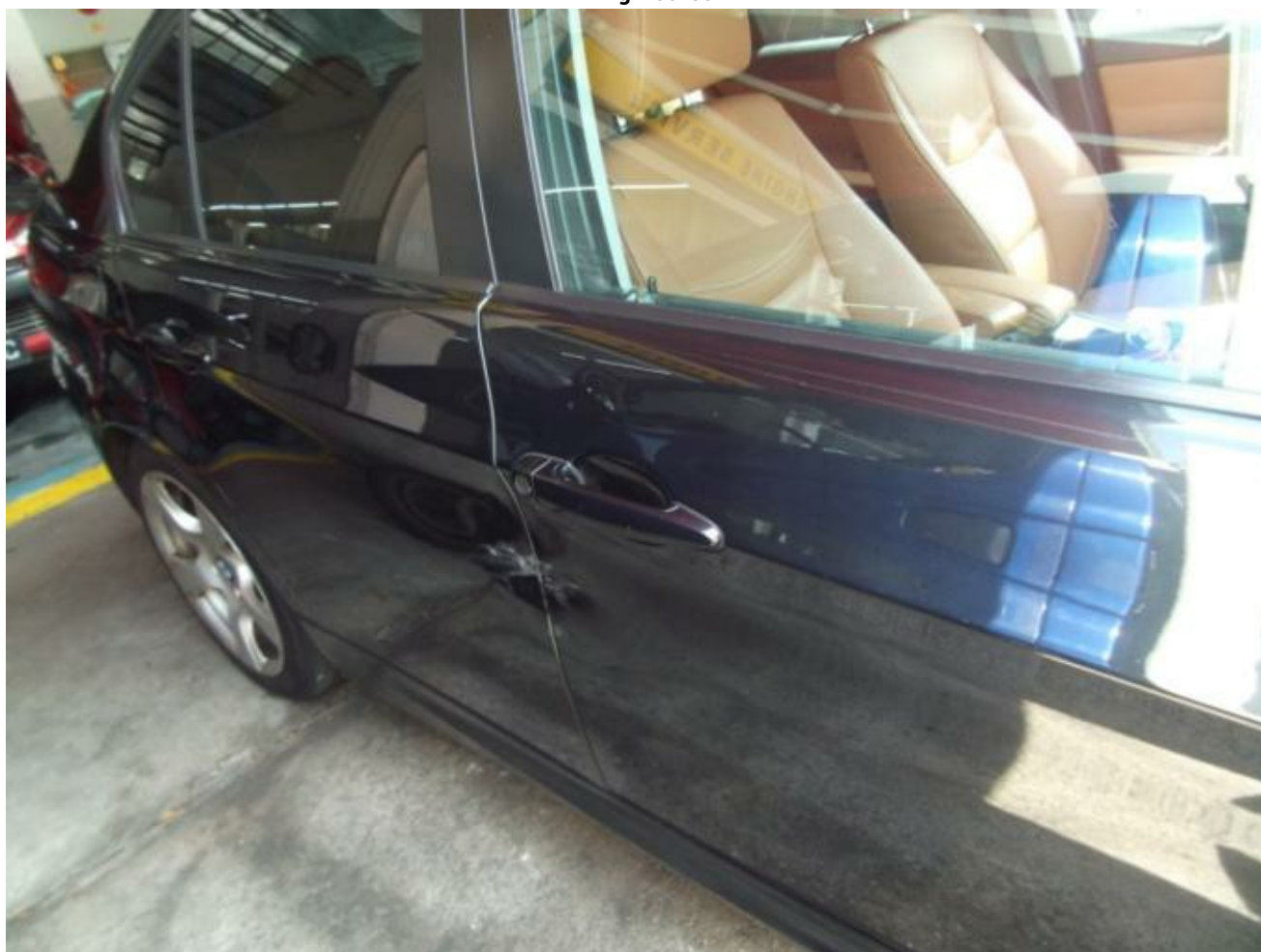
Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

