

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	09/07/2018 14:22
Date Of Accident	08/07/2018 14:00
Exact Location Of Accident	ANG MO KIO AVE 3 HUB TAXI STAND / DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1651X
Insured/Policyholder	
Name Of Registered Owner	NG, CHIANG WEI
NRIC No	S7628141F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91771119
Alternative Phone No	OTHERS-97511237

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO CVT 1.5L ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MT/00455999
Cover Note Number	

Driver

Name of Driver	TEO BOON TEE
NRIC No	S0191237B
Date Of Birth	07/03/1948
Occupation	INDOOR
Date Of Driving Pass	23/12/1965
Driving Experience	52 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91771119
Fax Number	
Contact Number	OTHERS-97511237
EEmail Address	NOEMAIL

Address	BLK 830 HOUGANG CENTRAL #02-526
Postcode	530830
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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 ambulance?	NO
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: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180709/2060

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	SHA7741Z
Vehicle Make/Model/Colour	HYUNDAI I30
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOW YEO SOON
NRIC/Passport Number	S1753495E
Contact Number	
Address	

No. Of Passenger (Including Driver)

Name	TEO BOON TEE
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Injuries Sustain SLIGHT

Injured person in which vehicle?	SLX1651X
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Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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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 upon application by interested parties.
7. By the lodging 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 (a) 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:

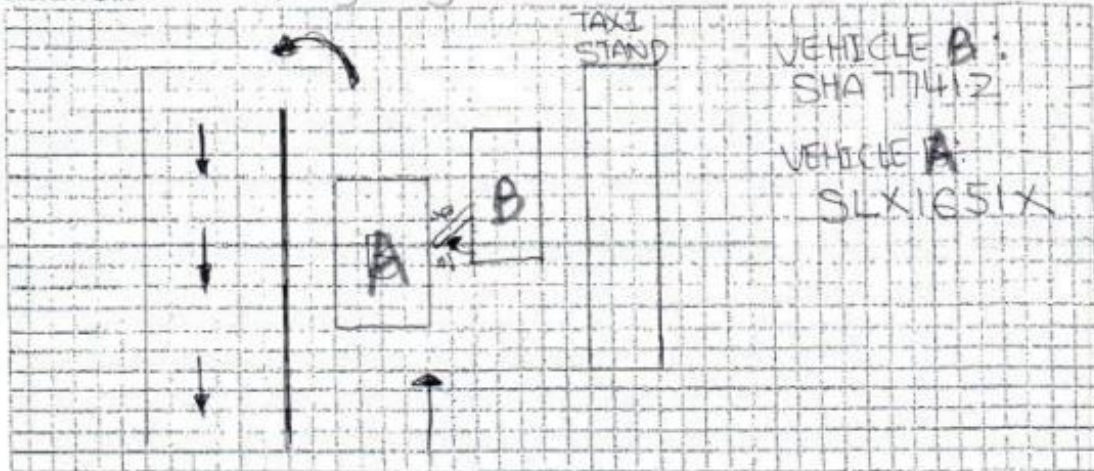
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

Along Ang Mo Kio Hub Taxi Stand



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow police report : T/20180709/2060

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/PIN No.:

9/7/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180709/2060

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180709/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW YEO SOON	ID No.	S1753495E
Related Vehicle	SHA7741Z (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
Driver			
Name	TEO BOON TEE	ID No.	S0191237B
Related Vehicle	SLX1651X (Car)	Contact No.	97511237
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/07/2018	Date Discharge	08/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 08/07/2018 at about 1400hrs, I was driving my vehicle bearing license number SLX1651X and I entered the taxi stand/drop off point of Ang Mo Kio hub. I was driving on the left lane and there was a stationary taxi on the right lane. While driving pass the taxi, the passenger in the taxi opened the door from the left hand-side of the taxi and wanted to alight. The door then hit the driver side of my vehicle. I then got out and took some photos and we decided to claim with our respective insurance companies. I wish to inform that I do not have any in-car camera.


Sketch Plan #4

7/9/2018


Taxi Stand Amk Hub - Google Maps

Google Maps

Taxi Stand Amk Hub




Map data ©2018 Google 5 m



Taxi Stand Amk Hub

3.2 ★ ★ ★ · 6 reviews


Taxi Service

 53 Ang Mo Kio Ave 3, Singapore 569933

Add missing information

Popular times

Mondays ▾



https://www.google.com/maps/place/Taxi+Stand+Amk+Hub/@1.3687797,103.8482989,21z/data=!4m5!3m4!1s0x31da16e6d23b74dd:0x289f1991...

1/2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180709/2060

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20180709/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2018 12:43		Vide Report No.:	Station Diary No.: 25
Informant's Particulars			
Name of Informant: TEO BOON TEE		Address: APT BLK 830 HOUGANG CENTRAL #02-526 SINGAPORE 530830	
ID Type / ID No.: NRIC NO / S0191237B		Contact No.: Home/Office: 97511237 Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 70	Date of Birth: 07/03/1948	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GENERAL WORKER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2018 14:00	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 3 ANG MO KIO HUB TAXI STAND/DROP OFF POINT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7741Z	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR		Slightly Damaged	3
SLX1651X	Car	NISSAN	LATIO CVT 1.5L ABS D/AIRBAG 2WD 4DR		Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20180709/2060

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180709/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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Related Vehicle	SHA7741Z (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
Driver			
Name	TEO BOON TEE	ID No.	S0191237B
Related Vehicle	SLX1651X (Car)	Contact No.	97511237
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/07/2018	Date Discharge	08/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

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Police Report



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T/20180709/2060

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20180709/2060

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:

G /

Sgt 2 CHOO YOU CHENG, EUGENE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/07/2018 12:43

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168

