

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	07/07/2018 10:59
Date Of Accident	06/07/2018 17:35
Exact Location Of Accident	FILTER LANE FROM AYE EXIT 11 TWDS CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1288E
Insured/Policyholder	
Name Of Registered Owner	TEO SONG CHOW
NRIC No	S1721192G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98431085
Alternative Phone No	OTHERS-98428840

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M496809
Cover Note Number	

Driver

Name of Driver	TEO SI MIN, CHARMAINE
NRIC No	S9413839F
Date Of Birth	11/04/1994
Occupation	INDOOR
Date Of Driving Pass	15/12/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98428840
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 506 HOUGANG AVENUE 8 #12-682
Postcode	530506
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

MY VEHICLE WAS STATIONARY BEHIND THE GIVE WAY LINE IN THE FILTER LANE FROM AYE EXIT 11 WAITING TO GO INTO PANDAN FLYOVER (GOING TOWARDS CLEMENTI AVE 6). WHEN SUDDENLY, VEHICLE B BEARING REGN NO. SLW1312E CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEHICLE. THAT'S ALL. PLEASE REFER TO POLICE REPORT NO. T/20180708/2070.

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	SLW1312E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN BIN
NRIC/Passport Number	S8363935J
Contact Number	
Address	
Postcode	

Sketch Plan

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:

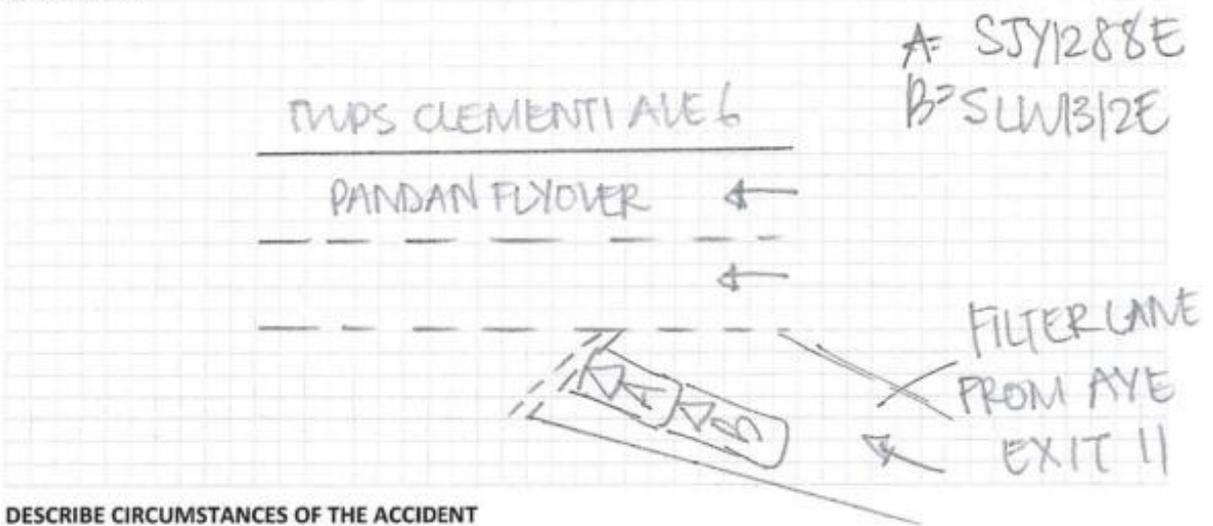
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement

DECLARATION

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

Policyholder's Signature
Date & Time:

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


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T201007082070

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T201007082070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2018 17:52		Vide Report No.:		Station Diary No.:	
				157	
Informant's Particulars					
Name of Informant: TEO SI MIN, CHARMAINE			Address: APT BLK 506 HOUGANG AVENUE 8 #12-682 SINGAPORE 530506		
ID Type / ID No.:			Contact No.:		
NRIC NO / S9413839F			Home/Office: Mobile: 98428840		
Nationality: SINGAPORE CITIZEN			Email:		
Sex:	Age:	Date of Birth:	Type of Informant:		
Female	24	11/04/1994	Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: QUALITY ASSURANCE SPECIALIST			Driving Licence Information: Class: 2B,3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2018 17:40	Type of Location: Filter lane
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE Exit 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJY1288E	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4&T	Blue	Slightly Damaged	0
SLW1312E	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Grey		1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180708/2070

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20180708/2070

CONTINUATION OF REPORT

Driver			
Name	TEO SI MIN, CHARMAINE	ID No.	S9413835F
Related Vehicle	SJY1288E (Car)	Contact No.	98428840
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	CHEN BIN	ID No.	S8383935J
Related Vehicle	SLW1312E (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

Brief Details.

On 08/07/2018 at around 1740hrs, I stationary my vehicle (SJY1288E) behind the give way line in the filter lane from AYE ext 11 waiting to go into Pandan Flyover towards Clementi Ave 6.

Suddenly a vehicle (SLW1312E) hit onto my rear of my vehicle. We alighted of the vehicle and the other party requested for my NRIC so we exchange our particular took some photo and left the scene. At that point, no one was injure. I made a check on my vehicle my car plate drop off and also the rear bumper was damage.

On 08/07/2018, I can feel that my back and my neck area was in pain as such when to Mount Alvernia Hospital to seek treatment. I was given 7 days of medical leaves.

I have a camera installed inside of my vehicle however the footages has been over write.

Police Report



SINGAPORE
POLICE FORCE



T/20180709/2070

3 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180709/2070

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 CHUA ZI HUA	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No. : 65478220	
Authentication Stamp NP188	

Signature Of Informant:
Date/Time: 08/07/2018 17:52
Classification Of Case:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MJHK18087508 Vehicle Registration No: SJY1288E
Name (as shown in NRIC): Teo Si Min, Charmaine NRIC/FIN/Passport No: S9413839F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: Singapore ()
Contact (Tel): Mobile No.: 98428510
Email Address:
Date of Accident: 06/09/2018 Time of Accident: 1735hrs
Place of Accident: Filter lane from AYE Exit 11 towards Clementi Ave 6
Insurance Company: Indig International

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1. Attach police report no. T/20180708/2090.
2. Include injured person

Charmaine
Policyholder / Driver's Signature
Date: 09 Jul 18.

JOO HAK KEE
Reporting-Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: