

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	23/08/2018 17:49
Date Of Accident	23/08/2018 07:00
Exact Location Of Accident	TPE TOWARDS CHANGI BEFORE EXIT 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8427S
Insured/Policyholder	
Name Of Registered Owner	TEOH BENG TECK
NRIC No.	S7034813F
Email Address	TEOH.THOMAS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96796398
Alternative Phone No	OFFICE-96796398

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6A SX
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10835122
Cover Note Number	

Driver

Name of Driver	TEOH BENG TECK
NRIC No	S7034813F
Date Of Birth	30/09/1970
Occupation	INDOOR
Date Of Driving Pass	14/01/1995
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96796398
Fax Number	
Contact Number	OFFICE-96796398
Email Address	TEOH.THOMAS@GMAIL.COM

Address	APT BLK 321C ANGCHORVALE DRIVE #13-24 SINGAPORE 543321
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	CHAIN COLLISION
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: : TEOH XINN HUII
	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

I WAS DRIVING ALONG TPE TOWARDS CHANGI. VEHICLE INFRONT OF ME SUDDENLY MAKE A JAM BRAKE AND I CAN STOP IN TIME , BUT VEHICLE B AT REAR OF ME CANT STOP IN TIME AND COLLIED ONTO MY REAR OF MY VEHICLE. INJURIES INVOLVED AND 3 VEHICLE INVOLVED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD INTO FILEZILLA ONCE INSURED SEND
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8931A
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEW
NRIC/Passport Number	S7316783C
Contact Number	84822444
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJG7835G
Vehicle Make/Model/Colour	TOYOTA/VIOS E AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KING KHIONG
NRIC/Passport Number	S1532043E
Contact Number	90012947

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TEOH BENG TECK
------	----------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?	SLC8427S
----------------------------------	----------

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The false and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the QIA 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 application by interested parties.
7. By the completion 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) 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.

Bjfel

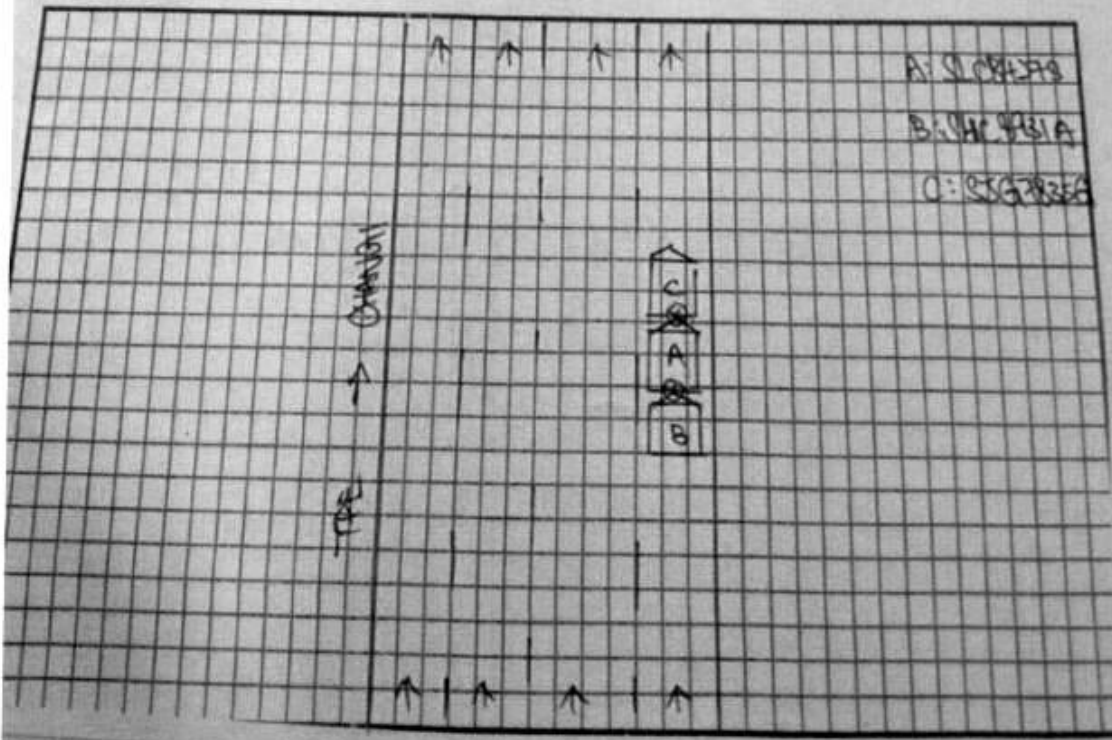
VERIFIED BY AJAX MARS
REPORTING OFFICER
Jun Keat

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG TPE TOWARDS CHANGI. VEHICLE INFRONT OF ME SUDDENLY MAKE A JAM BRAKE AND I CAN STOP IN TIME , BUT VEHICLE B AT REAR OF ME CANT STOP IN TIME AND COLLIED ONTO MY REAR OF MY VEHICILE. INJURIE INVOLVE AND 3 VEHICLE INVOLVE.

Taxi Voucher No:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time:

23 August 2018 12:23 pm

Date/Time:

23 August 2018 12:23 pm



SINGAPORE POLICE FORCE



T/20180823/7021

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No: T/20180823/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2018 19:39	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: TEOH BENG TECK			Address: APT BLK 321C ANCHORVALE DRIVE #13-24 SINGAPORE 543321		
ID Type / ID No.: NRIC NO / S7034813F			Contact No.: Home/Office: Mobile: 96796398		
Nationality: SINGAPORE CITIZEN			Email: teoh.thomas@gmail.com		
Sex: Male	Age: 47	Date of Birth: 28/09/1970	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Working proprietor (transport, storage and courier)			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: 23/08/2018 07:00	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Slightly wet as rained the night before		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHC8913A	Car	HYUNDAI	i40	Blue		1
SJG7835G	Car	TOYOTA	Vios	Black		1
SLC8427S	Car	KIA	FORTE+K3+ 1.6A+SX	Grey	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180823/7021

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20180823/7021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHC8913A	NTUC Income Insurance Co-Operative Limited			
SJG7835G	NTUC Income Insurance Co-Operative Limited			
SLC8427S	AVIVA LTD	10835122	27/05/2018	26/05/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEOH BENG TECK	ID No.	S7034813F
Related Vehicle	SLC8427S (Car)	Contact No.	96796398
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/08/2018	Date Discharge	23/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	Teoh Xinn-Hui Gladys	ID No.	T0426108E
Related Vehicle	SLC8427S (Car)	Contact No.	96796398
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.

Travelling along TPE heading towards Changi Airport. I was driving on outermost right lane on constant speed when the car in front of me SJG7835G jammed brake. As I was keeping a safety distance, I also managed to brake on time but the taxi behind me SHC8931A rammed hard into me. The big impact caused my car to bang into the rear of SJG7835G. The drivers of all 3 cars alighted to check on injury, take photos of damages to vehicles and exchange contact details. I understand from the taxi driver that he was rushing to send a passenger to the airport.



**SINGAPORE
POLICE FORCE**



T/20180823/7021

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20180823/7021

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180823/7021

4 of 4

Report No. T/20180823/7021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
23/08/2018 19:39

Classification Of Case: