

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 liability.
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	30/11/2018 12:53
Date Of Accident	29/11/2018 19:10
Exact Location Of Accident	ORCHARD BLVD TO PATERSON RD BESIDE ION ORCHARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5707Z
Insured/Policyholder	
Name Of Registered Owner	TENG KAH SENG (DING JIASHENG)
NRIC No	S9120691I
Email Address	TENGKAHSENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98156827
Alternative Phone No	OTHERS-98156827

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE KOUP-1.6 SX ABS D/AB SR (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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800024618
Cover Note Number	

Driver

Name of Driver	TENG KAH SENG (DING JIASHENG)
NRIC No	S9120691I
Date Of Birth	11/06/1991
Occupation	INDOOR
Date Of Driving Pass	31/12/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98156827
Fax Number	
Contact Number	OTHERS-98156827
EMail Address	TENGKAHSENG@GMAIL.COM

Address	BLK 120 BUKIT BATOK CENTRAL #08-351 SINGAPORE
Postcode	650120
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	WET

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?	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: : DUANGDAW TENG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT979M
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 TENG KAH SENG (DING JIASHENG)
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLW5707Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Address
Postcode

DETAILS OF INJURED PERSON 2

Name DUANGDAW TENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLW5707Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Address
Postcode

Sketch Plan

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 Authorised 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 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. 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 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:

30/11/18
12:50pm

Driver's Signature

(if driver is not the policyholder)

Date & Time:

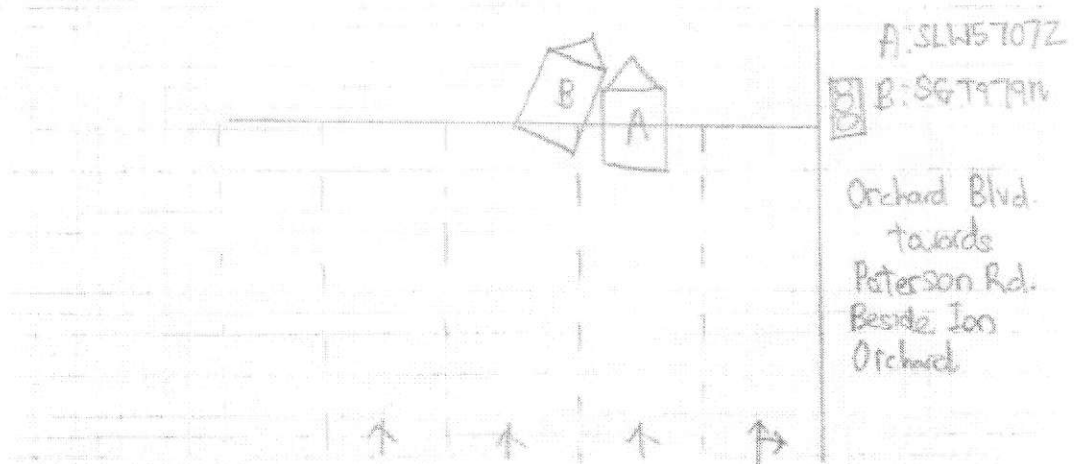
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

potman

ETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

I/We declare the foregoing information to be true in every respect.

Policyholder's Signature _____

Date & Time:

Figure 1

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

[illegible]

Figure 1

POLICE REPORT PAGE 1 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181130/7002

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

1 of 3

Report No. T/20181130/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2018 11:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TENG KAH SENG			Address: APT BLK 120 BUKIT BATOK CENTRAL #08-351 SINGAPORE 650120		
ID Type / ID No.: NRIC NO / S9120691I			Contact No.: Home/Office: Mobile: 98156827		
Nationality: SINGAPORE CITIZEN			Email: TENGAHSENG@GMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 11/06/1991	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Tutor			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/11/2018 19:10	Type of Location: Straight Road
Location: ORCHARD BOULEVARD				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT979M	Car	KIA				0
SLW5707Z	Car	KIA	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR	White		0



**SINGAPORE
POLICE FORCE**



T/20181130/7002

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

2 of 3

Report No. T/20181130/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW5707Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800024618	12/03/2018	11/03/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Duangdaw Teng	ID No.	G1680608R
Related Vehicle	SLW5707Z (Car)	Contact No.	97265965
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/11/2018	Date Discharge	30/11/2018
No. of Days granted Medical Leave	02	Degree of Injury	Serious
Driver			
Name	TENG KAH SENG	ID No.	S9120891I
Related Vehicle	SLW5707Z (Car)	Contact No.	98156827
Hospital/Clinic	STREET 21 CLINIC (TAMPINES)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/11/2018	Date Discharge	30/11/2018
No. of Days granted Medical Leave	02	Degree of Injury	Serious

Brief Details.

My vehicle SLW5707Z was stopped behind the traffic light waiting for the traffic light to turn green. When the traffic light turn green, Vehicle SGT979M cut into my lane of travel and hit the front left portion of my vehicle. After the collision, Vehicle SGT979M sped off, turn left into Paterson Road and left the scene. My wife Duangdaw Teng G1680608R and myself suffered from neck and back pain after the incident.

POLICE REPORT PAGE 3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181130/7002

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

3 of 3

Report No. T/20181130/7002

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 / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

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:
30/11/2018 11:38

Classification Of Case: