

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	20/12/2018 10:49
Date Of Accident	13/12/2018 01:00
Exact Location Of Accident	BAYFRONT AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1749M
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Insured/Policyholder

Name Of Registered Owner	MR TEOH HOCK MIN
NRIC No	S7069591Z
Email Address	SINSENGHONGSPRAY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91076726
Alternative Phone No	OTHERS-91076726

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L AT 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3069811800
Cover Note Number	

Driver

Name of Driver	MR TEOH HOCK MIN
NRIC No	S7069591Z
Date Of Birth	07/03/1970
Occupation	INDOOR
Date Of Driving Pass	30/08/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91076726
Fax Number	
Contact Number	OTHERS-91076726
Email Address	SINSENGHONGSPRAY@HOTMAIL.COM

Address	77 TAMPINES AVENUE 1 #07-10
Postcode	529782
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 (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : G/20181213/2022

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	SHF589S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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:

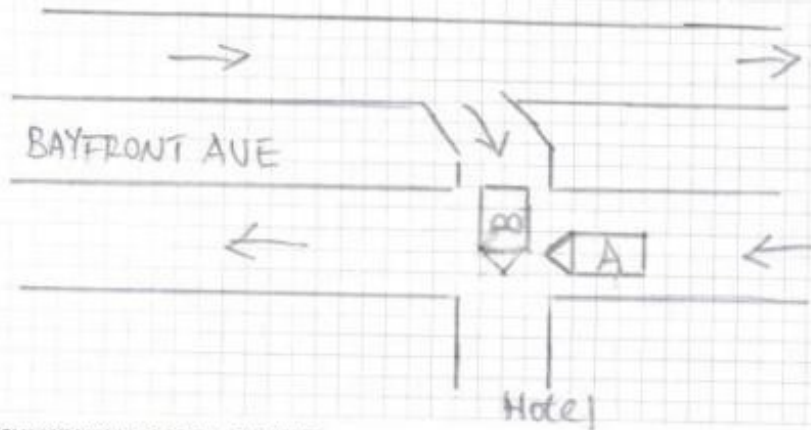

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN

A-SJU1749M
B-SHF589S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
6/2018/12/13/2022

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/FIN No.:

20/12/2018

Sketch Plan #3



SINGAPORE
POLICE FORCE



G/20181213/2022

1 of 2

POLICE REPORT (NP299)

Report No. G/20181213/2022

Police Station Of Origin
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No. 1800-5871999

Date/Time Report Made 13/12/2018 08:50		Vide Report No.		Station Diary No. 24	
Name Of Informant TEOH HOCK MIN		Address 77 TAMPINES AVENUE 1 #07-10 SINGAPORE 529782			
ID Type / ID No. NRIC NO / S7069591Z		Contact No. Home/Office		Mobile 91076726	
Nationality MALAYSIAN		Email Address			
Occupation SELF-EMPLOYED		Sex Male	Age 48	Date of Birth 07/03/1970	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 13/12/2018 01:00		Location Of Incident BAYFRONT AVENUE SINGAPORE			

Brief details.

On the 13th of December 2018 at about 0100hrs, I was travelling (SJU1749M) along Bayfront Avenue. Out of a sudden, a taxi (SHF589S) made a right turn into 1 Bayfront Avenue, without checking if it is safe to do so.

As such, my vehicle collided into his front left passenger door.

Due to the accident, his front left door dented. My car had scratches and dents on my front bumper.

Signature Of Officer Recording The Report:
G / Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/12/2018 08:50

Officer In-Charge Of Case
G / Bedok Police Divisional Investigation Branch /
Insp LIAN WEN YAO, DENNIS
Contact No. 62440000

Classification Of Case

Authentication Stamp



Sketch Plan #4



SINGAPORE
POLICE FORCE



G/20181213/2022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181213/2022

No one was injured.

The driver is namely Tan Kwee Liang, S02479¹³ (hp no. 96688824). ✓

I am lodging this report to claim insurance.

Signature Of Officer Recording The Report:

G / Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time
13/12/2018 08:50

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp LIAN WEN YAO DENNIS
Contact No. 62440000

Classification Of Case:

Authentication Stamp



Sketch Plan #5

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7069591Z



Name
TEOH HOCK MIN
张 福 洛

Race
CHINESE

Date of birth 07-03-1970 Sex M

Country of birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Card No. S7069591Z



TEOH HOCK MIN

Valid Date 07 Mar 1970
Issue Date 28 Apr 2011

00195999F

9123922

S7069591Z



Nationality
MALAYSIAN

Date of issue
27-04-2011

77 TAMPINES AVENUE 1 #07-10
SINGAPORE 529762

NRIC No: S7069591Z Date: 22/05/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 250kg

30 Aug 1999

NP 423A

Licence No: S7069591Z

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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