

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 | 23/01/2019 13:54 |
| Date Of Accident | 21/01/2019 11:50 |
| Exact Location Of Accident | PIE, ENG NEO FLYOVER |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SBV3883J |
| Insured/Policyholder | |
| Name Of Registered Owner | TEOH SHU HUI |
| NRIC No | S9607869B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98576376 |
| Alternative Phone No | OFFICE-98576376 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS 1.6 AUTO |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5100367507 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TEOH KIM CHUE |
| Work Permit No | S1264199J |
| Date Of Birth | 17/02/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/11/2012 |
| Driving Experience | 6 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90076203 |
| Fax Number | |
| Contact Number | OFFICE-90076203 |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | 10 LORONG AMPAS #19-01 |
| Postcode | 328784 |
| 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 | COLLISION - HEAD TO REAR |
| 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 | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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: : - GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | WHAMPOA NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2507999 - FAX NO: 63554314 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190122/2134.

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 | QX1176S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | GOVERNMENT |
| Name of Driver | ABDULLAH BIN ABU BAKAR BAFADHAL |
| NRIC/Passport Number | S8237453A |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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 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:



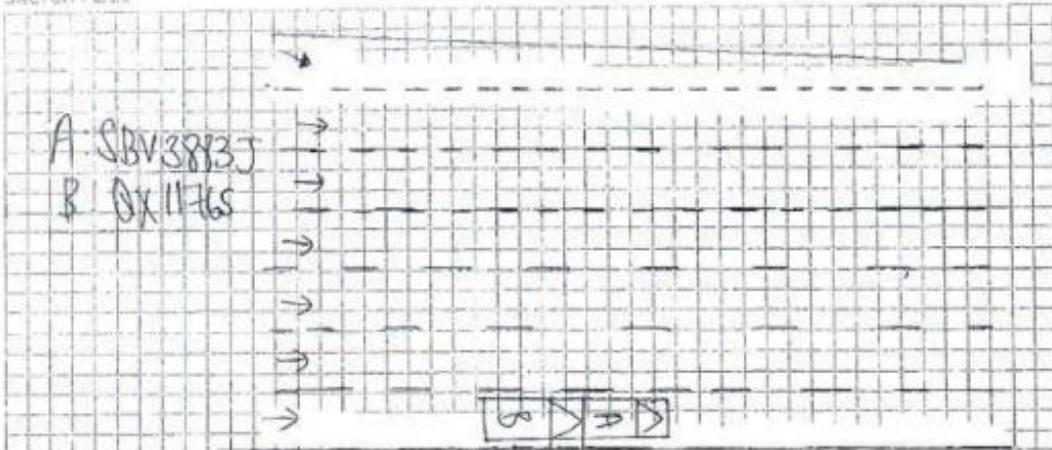
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling PIE at eng neo flyover, AS the traffic was very heavy I was traveling at a slow speed suddenly I felt an impact from the rear portion of my vehicle when I got down the car then I know that I got into a accident.

DECLARATION

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

 Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190122/2134

1 of 3

Report No. TQ20190122/2134

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
22/01/2019 18:51

Video Report No

Station Diary No.:
31

Informant's Particulars

| | | | |
|--|------------|---|------------------------------|
| Name of Informant: TEOH KIM CHUE | | Address: 10 LORONG AMPAS #19-01 SINGAPORE 328784 | |
| ID Type / ID No.: NRIC NO / S1264199J | | Contact No.: | Mobile: 90076203 |
| Nationality: SINGAPORE CITIZEN | | Home/Office: | |
| Email: | | | |
| Sex: Male | Age: 61 | Date of Birth: 17/02/1957 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: Company director | | Driving Licence Information: Class: 3A | |
| | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------------------------|--------------------|--|------------------------------------|
| Type of Accident: | Non-Injury Government Vehicle | Drink Drive: No | Date/Time of Accident: 21/01/2019 11:50 | Type of Location: Straight Road |
| Location: PAN ISLAND EXPRESSWAY | | | | |
| PIE towards Adam road near to Eng Neo Ave | | | | |
| Weather: Clear | Road Surface: Dry | | Road Speed Limit: | |
| 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 |
|-------------|------|--------|-------|---------------|------------------|-----------------|
| CX1176S | Car | FORD | | Multi-Colored | Slightly Damaged | 0 |
| SBV3883J | Car | TOYOTA | Altis | Black | Slightly Damaged | 1 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL | |

Police Report



**SINGAPORE
POLICE FORCE**



T/20190122/2134

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Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20190122/2134

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|---------------------------------|--|-----------------------------------|
| Name | ABDULLAH BIN ABU BAKAR BAFADHAL | ID No. | S8237453A |
| Related Vehicle | QX1176S (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 | TEOH KIM CHUE | ID No. | S1264199J |
| Related Vehicle | SBV3883J (Car) | Contact No. | 90076203 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle (SBV3883J) along PIE to Adam Rd near to Eng Neo Ave. I was on the flyover and was travelling on the right most lane. I wish to inform at that point in time, the traffic volume was heavy and I was travelling at a slow speed. Suddenly a SCDF car (QX1176S) hit onto the rear of my car. We stopped our vehicles near to the road shoulder to exchange particulars. The left rear bumper of my vehicle was dented in but I do not see any damage to my vehicle (SBV3883J). The SCDF car (QX1176S) is a government vehicle.

I wish to inform there were no police attended us and there were no one injured. I am lodging this report as it involved a government vehicle.

Police Report



SINGAPORE
POLICE FORCE



T/20190122/2134

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

3 of 3

Report No. T/20190122/2134

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:
E /
Sgt 2 EDMUND CHAN MAN NAM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Signature Of Informant:

Date/Time:
22/01/2019 18:51

Classification Of Case:

Authorisation Stamp
NP168 SINGAPORE POLICE FORCE

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

