

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	12/02/2019 16:31
Date Of Accident	11/02/2019 18:00
Exact Location Of Accident	PIE (CHANGI) BEFORE LOR 6 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8891G
Insured/Policyholder	
Name Of Registered Owner	TEOH KANG LUN
NRIC No	S8731659I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98009349
Alternative Phone No	OFFICE-98009349

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800058977
Cover Note Number	

Driver

Name of Driver	TEOH KANG LUN
NRIC No	S8731659I
Date Of Birth	06/10/1987
Occupation	INDOOR
Date Of Driving Pass	22/04/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98009349
Fax Number	
Contact Number	OFFICE-98009349
Email Address	NOEMAIL

Address	BLK 48 BENDEMEER ROAD #11-1491
Postcode	330048
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 (including own vehicle) involved in the accident	3
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190212/2031.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ4034X
Vehicle Make/Model/Colour	VOLVO S80
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLD8377Y
Vehicle Make/Model/Colour HONDA VEZEL
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 TEOH KANG LUN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SKT8891G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

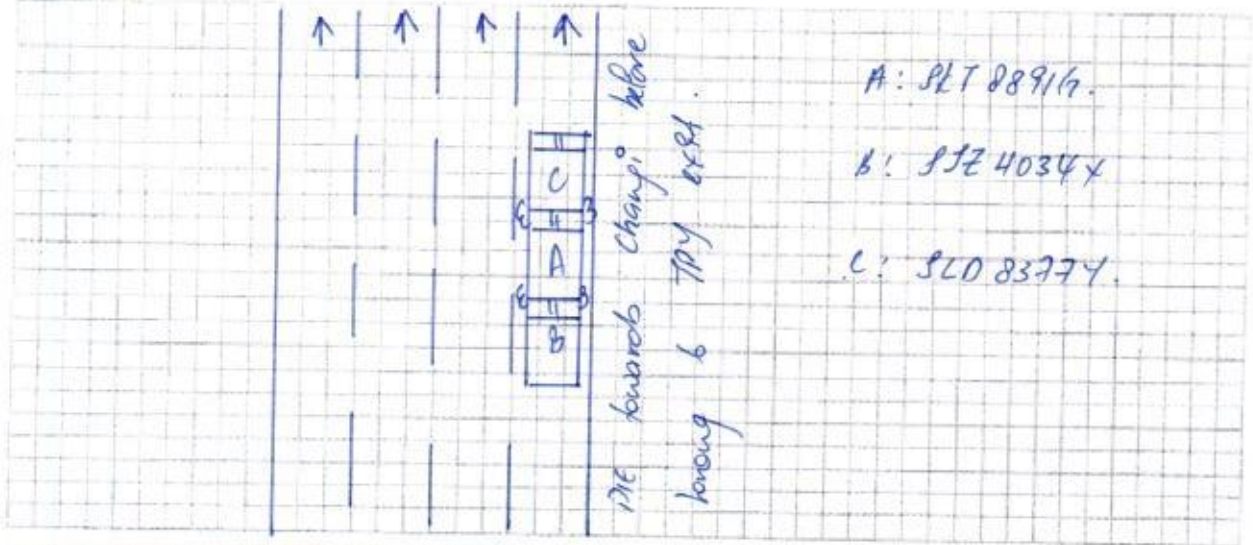
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Police Report

T / 20190212 / 2031

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 11 Feb 2018 (DD/MM/YY) Time: 1800 (HH:MM)
Exact location of accident	Pit towards Changi before Lorong 6 TPA area.

Details of vehicle

Vehicle registration number	SLT88914.
Vehicle make and model	Mercedes C180
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	AIG
Policy number	
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Teoh Kang Lun	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	88731659 I	
Contact	9800 9348.	
Address	Block H8 Bendemeer Road #11-1481 Singapore 330048	

Driver

Same as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	06 Oct 1987	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	22 Apr 2008.	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>self</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>	
No of passenger	<u>1</u>	(Inclusive of driver)

Passenger 1

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	<u>Rochor NAC</u>

Third party vehicle 1 (b)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	5JZ 4034X
Vehicle make model	Volvo S80

Third party vehicle 2 (c)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SLD 8377Y
Vehicle make model	Honda Vezel

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Teoh Kong Lun.	
Injuries sustained	Neck & Back	
Which vehicle person in?	SKT 88914.	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



SINGAPORE POLICE FORCE



T/20190212/2031

1 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190212/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2019 10:29	Vide Report No.:	Station Diary No.: 58
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Informant's Particulars

Name of Informant: TEOH KANG LUN			Address: APT BLK 48 BENDEMEER ROAD #11-1491 SINGAPORE 330048		
ID Type / ID No.: NRIC NO / S8731659I			Contact No.: Home/Office: Mobile: 98009349		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 06/10/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SAF REGULAR			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: 11/02/2019 18:00	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY Behind Toa Payoh Swimming Complex				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ4034X	Car	VOLVO	S80	Black	Seriously Damaged	1
SKT8891G	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Silver	Slightly Damaged	0
SLD8377Y	Car	HONDA	VEZEL	White	Slightly Damaged	0



Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190212/2031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT8891G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800058977	30/05/2018	29/05/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GABRIEL CHIA TONG KHIAM		ID No.	S1780000J
Related Vehicle	SJZ4034X (Car)		Contact No.	96630018
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 KANG LUN		ID No.	S8731659I
Related Vehicle	SKT8891G (Car)		Contact No.	98009349
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	HO WENG WHA		ID No.	S1615956E
Related Vehicle	SLD8377Y (Car)		Contact No.	97889535
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



**SINGAPORE
POLICE FORCE**



T/20190212/2031

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 4

Report No. T/20190212/2031

CONTINUATION OF REPORT

Brief Details.

1) On 11th Feb 2019 at about 18:00hrs, I was driving my vehicle (SKT 8891G) Silver Merc along the extreme right lane on PIE (behind Toa Payoh Swimming Complex towards Changi Airport) when vehicles started to slow down and come to a stop. There was a Honda VEZEL (SLD 8377Y) in-front of me which stopped suddenly. I was able to apply my brakes on time. As such I did not collide with the car in-front. However, the vehicle behind (SJZ4034X) Volvo S80 was unable to stop on time and collided into the rear portion of my vehicle. Due to the impact, my vehicle inched forward and collided onto the vehicle in-front.

2) All of us 3 drivers alighted from our vehicles and exchanged particulars. The rear portion of my vehicle is damaged. I managed to drive it back. I am not sure if any of the drivers involved sustained any injury. I proceeded to see the doctor as I was having head pain and neck discomfort. I was given 3 days of Medical Leave. As such I am reporting this traffic accident to the Police. I have the recordings of the incident captured in my vehicle's in car cam. That is all.



**SINGAPORE
POLICE FORCE**



T/20190212/2031

4 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190212/2031

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: A / Staff Sgt ALVIN SHAM THEYOPHOLOUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2019 10:29
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	



Singapore Police Force



SINGAPORE ARMED FORCE

IDENTITY CARD

Name

TEOH KANG LUN

NRIC No

S8731659I



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8731659I

Name:

TEOH KANG LUN
(ZHANG KANGLUN)

Birth Date: 06 Oct 1987

Issue Date: 24 Jan 2017



DEMALTDSOPJ105451980118

00090050283764

NRIC No./Colour

S8731659I/ PINK

Race

CHINESE

Date Of Birth

06/10/1987

Service Status

REGULAR

Address

Blk 48 BENDEMEER ROAD

#11-1491 SINGAPORE 330048

Blood Group

A (+)

Country Of Birth

SINGAPORE

Military Rank Status

OFFICER

Sex

M



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 22 Apr 2006

NP 428A





CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : TEOH KANG LUN
Period of Insurance : 30 May 2018 To 29 May 2019
Engine No. : 27491031365742
Chassis No. : WDD2050402R390712

Vehicle No. :
Policy No. : 1800058977
Endorsement No. : 000000000205823
Issued Date : 06 Jun 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE
Engine Capacity/Tonnage : 1,595.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TEOH KANG LUN - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Eunice Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612229

CYCLE & CARRIAGE - JACQHO
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCS2B