

## 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	16/02/2019 09:15
Date Of Accident	05/02/2019 16:00
Exact Location Of Accident	BLK 164 BEDOK SOUTH ROAD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW9689A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO SIN HUAT HENG
Co Reg No	-
Email Address	RICHARD.TNH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93362488
Alternative Phone No	OFFICE-93362488

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-18092330MCVP
Cover Note Number	

### Driver

Name of Driver	TEO NGUANG HWEE
NRIC No	S1613220I
Date Of Birth	14/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1993
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93362488
Fax Number	
Contact Number	OTHERS-93362488
Email Address	RICHARD.TNH@GMAIL.COM

Address	BLK 201D TAMPINES STREET 21 #01-1141
Postcode	524201
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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: : PASSENGER GENDER: : MALE

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	SLW6006G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. ONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Accident 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:

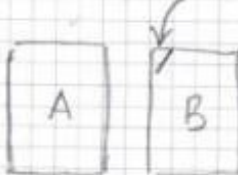
Reporting Centre Personnel's Signature  
Name: Rashid Amir  
NRIC/FIN No.: 16601/2019

# Accident Sketch Plan

## SKETCH PLAN

A: GW 9689A

B: SLW 6006G



BLK 164, Car Park

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Bedok South

I am the owner of vehicle A, GW 9689A. On the 5th of Feb 2019, I reached BLK 164, Bedok South Road and decided to park my vehicle. And I reversed it, without my intention, I had accidentally scrapped on the vehicle B, causes some scratches on the bumper and the left head light. waiting for half an hour, nobody came down. As such I leave a note for the vehicle owner, SLW 6006G to called me. This is how the whole accident happened.

## DECLARATION

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

TEO SIN HUAT HENG

BLK 271-B 201-1141

TAMPINES STREET 21

Policyholder's Signature: 21201

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



LETTER

**MS FirstCapital**

MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9  
6 Raffles Quay #21-00 Singapore 048580  
Tel: (65) 6222 2311 Fax: (65) 6222 3547  
Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877  
Tel: (65) 6507 3848 Fax: (65) 6507 3849  
www.msfirstcapital.com.sg

Your Ref : GW9689A  
Our Ref : D19/947M/PTE/SG

Date : 12.2.2019

**NOTIFICATION OF NON REPORT  
REGISTERED & NORMAL MAIL**

**MR TEO SIN HUAT HENG**  
Blk 201D, Tampines St 21  
#01-1141  
Singapore 524201

Dear Sirs

**ALLEGED ACCIDENT INVOLVING BETWEEN GW9689A & SLW6006G ON 05.02.2019  
(LOCATION - BLK164 BEDOK SOUTH ROAD CARPARK)**

We refer to the above captioned accident and write to inform that we are in receipt of a PRI / SURVEY request by third party.

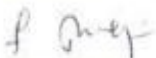
From our record, we cannot trace having received the accident report from you and / or your driver. This is tantamount to a breach of the policy terms and conditions which require the accident report to be made within 24 hours.

To enable us to investigate further, please arrange to e-file the accident report at any of the Premier Workshops (list available in our website: [www.msfirstcapital.com.sg](http://www.msfirstcapital.com.sg)) or IDAC Centres within the next 7 days together with your explanation for your failure to make the required report.

In the meantime, all our rights under the policy are reserved.

Thank you.

Yours Faithfully,



For Ms Sithara G S  
Motor Claims Department  
([sithara@msfirstcapital.com.sg](mailto:sithara@msfirstcapital.com.sg))

cc:  
MR TEO CHEK KWONG  
Blk 737, Tampines St 72  
#10-40, Singapore 524201

ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1613220I



Wearer

TEO NGUANG HWEE

張元輝

Race

CHINESE

Date of birth

14-03-1963

Sex

M



Country/Place of birth  
SINGAPORE

6076407



NRIC No. S1613220I



Date of issue

03-12-2018

Address

APT BLK 2010 TAMPINES STREET 21  
#01-1141  
SINGAPORE 524201

ID





Accident Photo



Accident Photo



Accident Photo



Accident Photo





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