

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	08/03/2019 14:29
Date Of Accident	07/03/2019 08:30
Exact Location Of Accident	ALONG CTE TOWARDS PIE BEFORE ERP GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3330Y
Insured/Policyholder	
Name Of Registered Owner	TEO SHU FEN TIFFANIE
NRIC No	S8529996D
Email Address	TIFFANIE.TEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91553118
Alternative Phone No	OTHERS-91553118

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA137626/1
Cover Note Number	01/3/2019 - 29/02/2020

Driver

Name of Driver	TEO SHU FEN TIFFANIE
NRIC No	S8529996D
Date Of Birth	01/10/1985
Occupation	INDOOR
Date Of Driving Pass	30/06/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91553118
Fax Number	
Contact Number	OTHERS-91553118
Email Address	TIFFANIE.TEO@GMAIL.COM

Address	8D GERALD CRESCENT
Postcode	799707
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	4
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.	YES
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TO OWN WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV6282D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG BOON CHWEE
NRIC/Passport Number	S8338656H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKL9282A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LOH CHOON HUA
NRIC/Passport Number S7402699J
Contact Number 93873852
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKT8050S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHNG KEON LEONG
NRIC/Passport Number S8183921B
Contact Number 97686788
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TEO SHU FEN TIFFANIE
Approximate Age
Injuries Sustain NECK & HEAD PAIN
Injured person in which vehicle? SJG3330Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

VEHICLE NO.: SJG 3330Y
INSURER : AXA
DATE & TIME: 07/03/2019 @ 0830

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

Heo
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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim ODP/TP at other workshop Cheng Hoe Motor Btl
 email: chmannk@singnet.com



**SINGAPORE
POLICE FORCE**



T/20190307/2094

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190307/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2019 16:01	Vide Report No.:	Station Diary No.: 66
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Informant's Particulars

Name of Informant: TIFFANIE TEO SHU FEN			Address: 8D GERALD CRESCENT SINGAPORE 799707	
ID Type / ID No.: NRIC NO / S8529996D			Contact No.: Home/Office:	Mobile: 91553118
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 33	Date of Birth: 01/10/1985	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DOCTOR			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2019 08:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards PIE before first ERP gantry.				
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
SJG3330Y	Car	TOYOTA	VIOS E AUTO	Blue	Slightly Damaged	0
SJV6282D	Car					0
SKL9282A	Car					0
SKT8050S	Car					0



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T/20190307/2094

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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190307/2094

CONTINUATION OF REPORT

Driver			
Name	Chng Keon Leong		ID No. S8183921B
Related Vehicle	SKT8050S (Car)		Contact No. 97686788
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

Brief Details.

On 07/03/2019 at about 0830hrs, I was travelling along CTE towards PIE. I was on the second lane during this time and was travelling at a speed of about 70KM/H. As the traffic was heavy as I approached near the Braddell exit, I slowed down and came to a complete stop. Suddenly, I felt an impact to the rear of my vehicle. The impact had caused me to surge forward and hit onto the vehicle (SKT8050S) that was in front of me. I came out of the vehicle subsequently and made a check if everyone was okay. We then took photos of the incident and had exchanged particulars as well. Around the time, there was an unknown person that came to render assistance. He was namely Ben Lim from '96MOTORSPORTS PTE LTED'. He was also issuing his name card to us which was something I found to be weird at that point.

I wish to inform that I had seen the doctor at Sengkang General Hospital. I have been awarded a total of nine days hospitalization leave due to pains at the neck and head areas.

As of now, I am unsure the cost of damage. I will be reporting the matter to my insurance company as well thereafter.



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T/20190307/2094

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Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190307/2094

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG3330Y	AXA INSURANCE SINGAPORE PTE LTD	GA137626	01/03/2019	29/02/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TIFFANIE TEO SHU FEN		ID No.	S8529996D
Related Vehicle	SJG3330Y (Car)		Contact No.	91553118
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/03/2019		Date Discharge	07/03/2019
No. of Days granted Medical Leave	09		Degree of Injury	Slight
Driver				
Name	Ng Boon Chwee		ID No.	S8338656H
Related Vehicle	SJV6282D (Car)		Contact No.	97973898
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	Loh Choon Hua		ID No.	S7402699J
Related Vehicle	SKL9282A (Car)		Contact No.	93873852
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



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Report No. T/20190307/2094

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: F / Sgt 2 ASHLEY ANDREW	Signature Of Informant: Heo
Signature Of Interpreter: Not applicable	Date/Time: 07/03/2019 16:01
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp
NP168