

## 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	15/04/2019 13:05
Date Of Accident	14/04/2019 11:30
Exact Location Of Accident	CAIRNHILL RD JUST AFT CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8443J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5104798553
Cover Note Number	

### Driver

Name of Driver	TEO WOON TECK
NRIC No	S8607615B
Date Of Birth	19/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	09/12/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93391439
Fax Number	
Contact Number	
E Mail Address	EDTWT86@GMAIL.COM

Address	BLK 331A ANCHORVALE STREET #11-551
Postcode	541331
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	<b>ROAD:</b> 300 MARINE PARADE ROAD , <b>POSTCODE:</b> 449296 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190415/2039

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG1614L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEN YAO
NRIC/Passport Number	G6814340W
Contact Number	97510242

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TEO WOON TECK

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLE8443J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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.



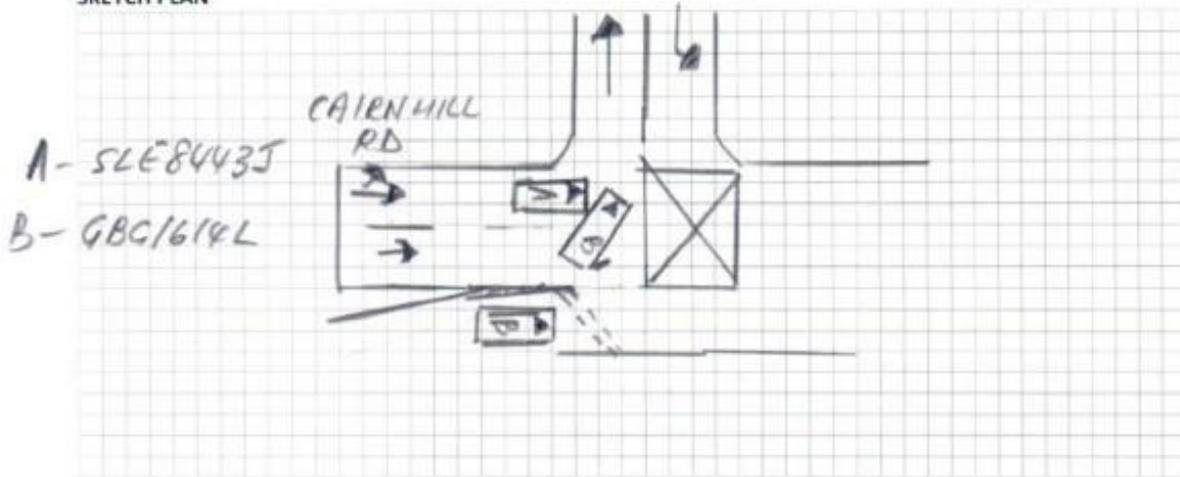
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/1/19

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*pls refer to the police report: T/20190415/2039*

DECLARATION

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

Policyholder's Name:   
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/4/19

 15/4/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190415/2039

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

2 of 3

Report No. T/20190415/2039

CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHEN YAO	ID No.	G6814340W
Related Vehicle	GBG1614L (Van)	Contact No.	97510242
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
<b>Driver</b>			
Name	TEO WOON TECK	ID No.	S8607615B
Related Vehicle	SLE8443J (Car)	Contact No.	93391439
Hospital/Clinic	InSync Medical	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/04/2019	Date Discharge	15/04/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On the abovementioned date, time and location, I was driving along Cairnhill Road on the last lane when a van which just exited from a small road on the right cut into my lane which caused me to hit his van. I could not brake in time when he swerved into my lane. We exchanged particulars at scene and drove off. I went to see the doctor the next day as my body was aching. I was given 4 days of mc.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

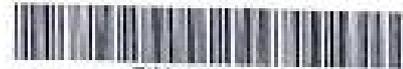




**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190415/2039

Police Station Of Origin:  
Marina Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No: T/20190415/2039

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Date Treatment	NIL	Date Discharge	NIL
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<b>Driver</b>			
Name	TEO WOON TECK	ID No.	S8807615B
Related Vehicle	SLE8443J (Car)	Contact No.	93391439
Hospital/Clinic	InSync Medical	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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Police Report



SINGAPORE  
POLICE FORCE



T201804152039

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T201804152039

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: G / Staff Sgt NUR SAKINAH BINTE ABRAHIM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2019 11:44
Officer In Charge Of Case: TP / ABIT / SI ANG YI TING, STEPHANIE Contact No: 65476414	Classification Of Case:
Authentication Stamp NP108 	

Other

15/04/2019

**InSync Medical**

Lit Doctors Pty Ltd  
Co Reg No: 311629342M  
194 East Coast Rd S(428890)  
Tel: 5636 2561 Fax: 8626 2982



Patient: **TEO WOON TECK**  
NRIC: S80000100  
IC: 00000

Date: 13 Apr 2019  
MO: #266

**Medical Certificate**

This is to certify that the patient is unfit for work from 13 April 2019 to 16 April 2019 for 4 days.

A handwritten signature in black ink, appearing to read "Jessherin", written over a horizontal line.

DR JESSHERIN KAUR SIDHU  
M7491C

Note: This medical certificate is not valid for absences from court.

DR JESSHERIN SIDHU  
MBBS (AUS)  
M7491C

InSync Medical  
194 East Coast Rd S(428890)