

## 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	03/05/2019 14:29
Date Of Accident	30/04/2019 21:30
Exact Location Of Accident	LORONG 2 TOA PAYOH SLIP RD TWDS PIE CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5664T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO TRUST LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994248
Cover Note Number	

### Driver

Name of Driver	TENG JING YAO
NRIC No	S8930690F
Date Of Birth	02/09/1989
Occupation	INDOOR
Date Of Driving Pass	23/02/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81810099
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 843 JURONG WEST ST 81 #03-167
Postcode	640843
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 - 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?	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: : MATTHEW PHUA ZHENG WEN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <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/20190430/7023

#### 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	GW2459T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 TENG JING YAO  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJQ5664T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name MATTHEW PHUA ZHENG WEN  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJQ5664T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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:

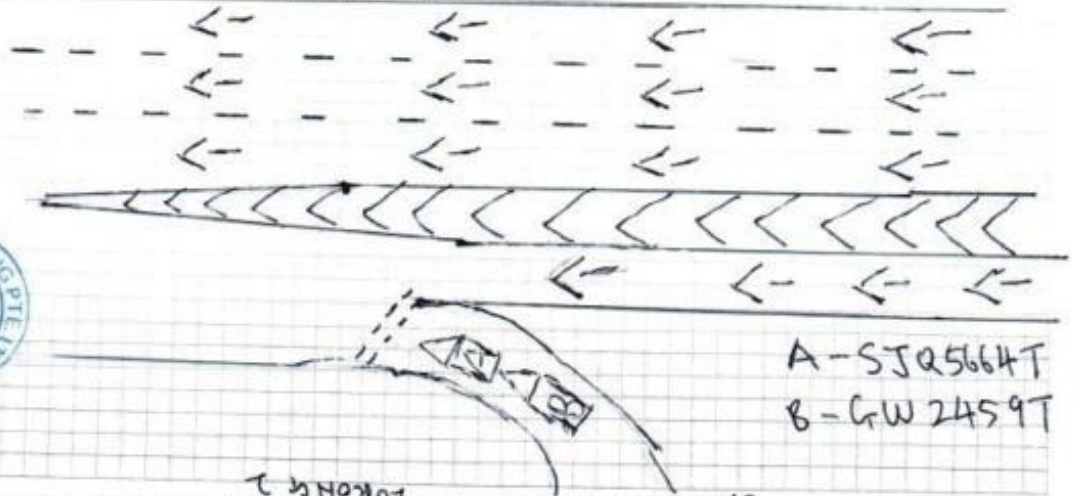
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

SKETCH PLAN

PIE (CHANGE)



A-SJQ5664T  
B-GW2459T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, 1 vehicle A was stationary at the stated venue. Suddenly vehicle B hit onto my stationary vehicle rear portion.



## 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.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190430/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190430/7023

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Matthew phua zheng wen	ID No.	S9333882J
Related Vehicle	SJQ5664T (Car)	Contact No.	96420365
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2019	Date Discharge	30/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	TENG JING YAO	ID No.	S8930690F
Related Vehicle	SJQ5664T (Car)	Contact No.	81810099
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/04/2019	Date Discharge	30/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On the above mention date, time and location I was travelling in my vehicle (A) along slip road of toa payoh lorong 2 entering PIE(CHANGI) upon reaching the five-way stop line I came to a complete stop to give way to the incoming vehicle. Suddenly I heard a loud bang and when I alighted from my vehicle I realised it was vehicle(B) that collided onto the rear portion of my vehicle(A) causing damage to my vehicle (A).

I would like to state that I have 1 passenger at the point of time.

I and my passenger felt unwell after the accident and we went to mount alvernia hospital to seek consultation and was given 5days medical leaves

I am lodging this report for insurance claims purposes.

Vehicle (A)- sjq5664t

Vehicle (B)- gw2459t

Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190430/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190430/7023

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2019 22:48		Vide Report No.:		Station Diary No.	
<b>Informant's Particulars</b>					
Name of Informant: TENG JING YAO			Address: APT BLK 843 JURONG WEST STREET 81 #03-167 SINGAPORE 640843		
ID Type / ID No.: NRIC NO / S8930690F			Contact No.: Home/Office: Mobile: 91810099		
Nationality: SINGAPORE CITIZEN			Email: sylvester_07@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 02/09/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/04/2019 21:30	Type of Location: Slip road from toa payoh toward psj(changi)
Location:  LORONG 2 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GW2459T	Van				Slightly Damaged	0
SJQ5864T	Car				Seriously Damaged	1

## Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



1/20190430/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408855  
Tel No: 65470000

2 of 3

Report No. 1/20190430/7023

## CONTINUATION OF REPORT

Passenger			
Name	Matthew phua zheng wen	ID No.	S8333882J
Related Vehicle	SJQ5684T (Car)	Contact No.	98420365
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2019	Date Discharge	30/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TENG JING YAO	ID No.	S8830890F
Related Vehicle	SJQ5684T (Car)	Contact No.	81910088
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/04/2019	Date Discharge	30/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details

On the above mention date, time and location I was travelling in my vehicle (A) along slip road of too payoh lorong 2 entering PIE(CHANGI) upon reaching the five-way stop line I came to a complete stop to give way to the incoming vehicle. Suddenly I heard a loud bang and when I alighted from my vehicle I realised it was vehicle(B) that collided onto the rear portion of my vehicle(A) causing damage to my vehicle (A).

I would like to state that I have 1 passenger at the point of time.

I and my passenger felt unwell after the accident and we went to mount alvernia hospital to seek consultation and was given 5days medical leaves.

I am lodging this report for insurance claims purposes.

Vehicle (A)- sjq5684t

Vehicle (B)- gw2458t

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180430/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408885  
Tel No: 65470000

3 of 3

Report No. T/20180430/7023

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/04/2019 22:48

Officer In Charge Of Case:  
TP / TPHQ /  
SHARIFAH NOR FARIZAN BINTE SYED MOHD  
SAID  
Contact No: 65476172

Classification Of Case:

Authentication Stamp

NP:03

Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8930690F



Name

TENG JING YAO

郑景耀

Race

CHINESE

Date of birth

02-09-1989

Sex

M

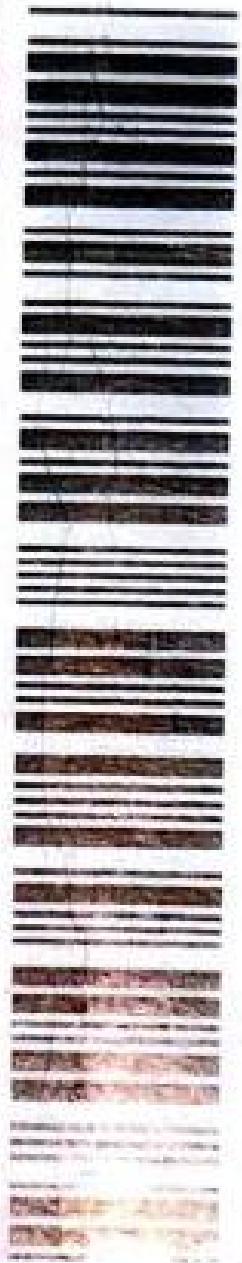
Country of birth

SINGAPORE





Identification Card



20041118



NRIC No. **S8930690F**

Date of issue

**09-09-2004**

Address

**APT BLK 843 JURONG WEST STREET 81  
#03-167  
SINGAPORE 640843**



# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 893 0690 F**

Name:

**TENG JING YAO**

Birth Date: **02 Sep 1989**

Issue Date: **24 Mar 2008**



001584577D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle Class	Pass Date
Class 2B	Motorcycles =< 200 CC	24 Mar 2008
Class 2A	Motorcycles between 201 CC and 400 CC	24 Aug 2010
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	23 Feb 2012

S / No. 9000152781

P 428A

Licence No: S89306640

