





## 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	17/06/2019 14:06
Date Of Accident	14/06/2019 19:45
Exact Location Of Accident	AYE TWDS TUAS EXIT TO CLEMENTI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA20G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO ZHEN JIE
NRIC No	S8610970J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90301343
Alternative Phone No	OFFICE-90301343

### Vehicle Particulars

Manufacturer	BMW
Model	316I
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106270281
Cover Note Number	-

### Driver

Name of Driver	TEO ZHEN JIE
NRIC No	S8610970J
Date Of Birth	19/04/1986
Occupation	INDOOR
Date Of Driving Pass	22/03/2007
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90301343
Fax Number	
Contact Number	OFFICE-90301343
Email Address	NOEMAIL

Address	BLK 381 CLEMENTI AVE 5 #10-402
Postcode	120381
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	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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SJV2487G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GODOY ARMIJO CAROLINA ANDREA
NRIC/Passport Number	G5360886N
Contact Number	90294694
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

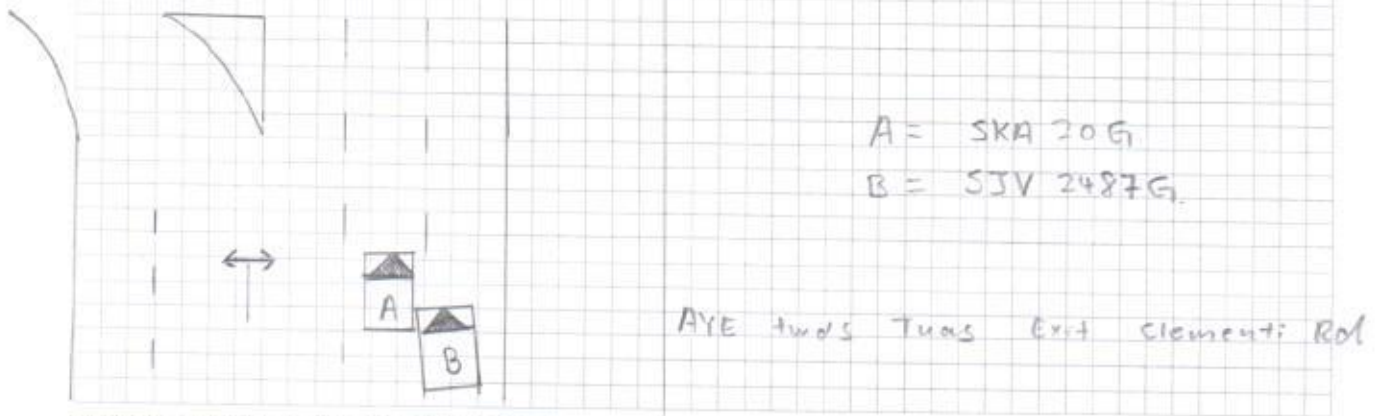
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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 POLICE FORCE



T/20190615/2001

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20190615/2001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/06/2019 00:13	Vide Report No.:	Station Diary No.: 1
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<b>Informant's Particulars</b>			
Name of Informant: TEO ZHEN JIE		Address: APT BLK 381 CLEMENTI AVENUE 5 #10-402 SINGAPORE 120381	
ID Type / ID No.: NRIC NO / S8610970J		Contact No.: Home/Office: Mobile: 90304341	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 19/04/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Banking		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/06/2019 19:45	Type of Location: Flyover
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE towards Tuas. Deceleration lane Exit 9 Clementi Rd Junction before turning into Clementi Rd				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV2487G	Car	HYUNDAI	CM SANTA FE 2.4L ABS D/AB SR 2WD 5DR	Grey	Slightly Damaged	0
SKA20G	Car	BMW	316I 1.6 AT D/AB 4DR ABS HID	Brown	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20190615/2001

2 of 3

Report No. T/20190615/2001

Police Station Of Origin:  
Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA20G	NTUC Income Insurance Co-Operative Limited	5106270281	13/12/2018	12/12/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TEO ZHEN JIE	ID No.	S8610970J	
Related Vehicle	NIL	Contact No.	90304341	
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	NIL	
Driver				
Name	GODOY ARMIJO CAROLINA ANDREA	ID No.	G5360886N	
Related Vehicle	NIL	Contact No.	90294694	
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	NIL	

**Brief Details.**

On 14/06/19 at about 1945hrs, I was driving my vehicle SKA20G, BMW brown in color, along the deceleration lane of Exit 9 Clementi Rd of Ayer-Rajah Expressway (AYE) towards Tuas when subsequently another vehicle plated SJV2487G Hyundai grey in color, side swipe my vehicle from right rear. Resulted both our vehicles to be slightly damaged with scratches. At that point of time no one was injured therefore no medical assistance required. We exchanged particulars and left the scene.

Lodging this report is for insurance claimant purpose.





**SINGAPORE  
POLICE FORCE**



T/20190615/2001

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20190615/2001

**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:  
D /  
Sgt 1 WONG JUN LI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:  
15/06/2019 00:13

Classification Of Case:



14/06/19

I, Godoy Armijo Carolina Andrea,  
G5360886N of car SJV24876, have  
bumped into the car of Tes Zhen Jie,  
SF610970J of car SKA206 and  
agree to all insurance claims made for  
the car repair, pertinent to this car accident.

Godoy Armijo  
Carolina Andrea


G5360886N

Tes Zhen Jie

SF610970J




**REPUBLIC OF SINGAPORE · DRIVING LICENCE**



Licence Number: **S8610970J**  
 Name: **TEO ZHEN JIE (ZHANG ZHENJIE)**  
 Birth Date: **19 Apr 1986**  
 Issue Date: **22 Mar 2007**

001487501A



**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S8610970J**



Name

**TEO ZHEN JIE (ZHANG ZHENJIE)**

**張鎮杰**

Race

**CHINESE**

Date of birth

**19-04-1986**

Sex

**M**

Country/Place of birth

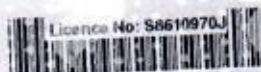
**SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

PASS DATE

**22 Mar 2007**

**Class 3 Motor Cars ≤ 2000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2000kg**



Licence No: **S8610970J**

NP 428A

5729898



NRIC No. **S8610970J**



Date of issue

**17-04-2017**

Address

**APT BLK 381 CLEMENTI AVENUE 5  
 #10-402  
 SINGAPORE 120381**

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/06/2019 13:56"/>
Vehicle No.(For Motor)	<input type="text" value="SKA20G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106270281		TEO ZHEN JIE	S8610970J	GPC	drive CLASSIC	SKA20G	SKA20G	13/12/2018	12/12/2019



## Claim Handling

Accident MT/1049357

Policy No.	S106270281	Vehicle No.	SKA20G	GST Registration No.	
Certificate No.					
Policyholder Name	TEO ZHEN JIE	Cover Type	drive CLASSIC	Policyholder NRIC	S8610970J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90301343	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	17/06/2019 16:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	14/06/2019	Time of Accident hh:mm	19:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWDS TUAS EXIT TO CLEMENTI RD				

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 381 #10-402	Address 2	CLEMENTI AVENUE 5	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	12038
Unit No.		Related Policy Number	S106270281		

## OI Driver Info

Driver Name	TEO ZHEN JIE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8610970J	Driver DOB	19/04/
Register Date of Driver License	22/03/2007	Driver Age	33	Driving Experience	12
Contact No.(Mobile)	90301343	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 381 #10-402	Address 2	CLEMENTI AVENUE 5	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	12038
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TEO ZHEN JIE
Contact No.(Mobile)	90301343	Contact No. (Home)	67777343
Email Address	tickteo@hotmail.com	OT Vehicle Number	SKA20G
Claim Description	SKA20G / SJV2487G ON 14 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			
		17/06/2019 16:45	Claim Close Date
		LIEW SHAN HUI	

Save Submit

## Attachment

Accident No. MT/1049357 Claim No. 001

Last Doc. Received

Yes No

Upload Date

17/06/2019 16:47

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category \*  
Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

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Clear Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:47	SAS	Normal	SAS 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:47	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:47	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:47	Photos	Normal	Photos 2019-6-17
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:47	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:47	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:46	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:46	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:46	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:46	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:46	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 16:46	Photos	Normal	Photos 2019-6-17

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading