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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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 witholding 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.

- 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 ladgement 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.

THE PURPLE OF STREET,	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
Notice of the second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA20G
Insured/Policyholder	
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	3161
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	THE RESERVE THE PROPERTY OF THE PARTY OF THE
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
	BEACH SERVICE A SERVICE AND A

MALE

NOEMAIL

(LOCAL) +65-90301343

OFFICE-90301343

Address

BLK 381 CLEMENTI AVE 5 #10-402

Postcode

120381

OWNER

Was driver an employee of the Insured's Company NO

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

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)

2

involved in the accident

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

PRIVATE CAR

Vehicle Category Name of Driver

GODOY ARMIJO CAROLINA ANDREA

NRIC/Passport Number

G5360886N

Contact Number

Address

90294694

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

#### SKETCH PLAN

## **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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.
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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

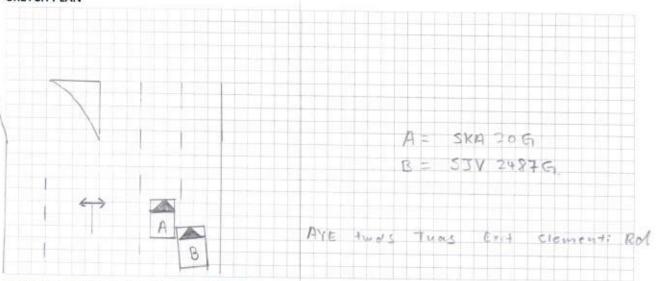
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Newse	Refer	+.	Police	Report
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	/			

## 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.:





T/20190615/2001

1 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

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2019 00:13		Made:	Vide Report No.;	Station Diary No.:
Informa	nt's Partic	ulars	DESCRIPTION OF STREET	
Name of TEO ZH	f Informant: EN JIE		Address: APT BLK 381 CLEMENTI A 120381	AVENUE 5 #10-402 SINGAPORE
	/ ID No.: O / S86109	70J	Contact No.: Home/Office:	Mobile: 90304341
National SINGAP	ity: ORE CITIZ	EN	Email:	1110010.0004041
Sex: Male	Age:	Date of Birth: 19/04/1986	Type of Informant: Driver	25 10
Race: Chinese			Language:	Institution / School Name:
Occupat Banking	ion:		Driving Licence Information Class: 3	: Date of Expiry:

General Inform	mation of the Accident			
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/06/2019 19:	Type of Location Flyover
AYE towards	EXPRESSWAY  Tuas. Deceleration lane E	xit 9 Clementi R	851	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collisi Between Movi	on: ng Vehicles - Side Swipe	- Same Direction	1	Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	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





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

2 of 3 Report No. T/20190615/2001

CONTINUATION OF REPORT

Details of V	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 Perso	n Involved			
Any Pedestrian I				
No. of Pedestriar	ns Injured: NIL	Use of Pe	edestrian Cr	rossing: NA
Driver	The state of the s			
Name	TEO ZHEN JIE		ID No.	S8610970J
Related Vehicle	NIL		Contact 1	No. 90304341
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Da	Date of Expiry: NIL
Date Treatment	NIL	Date Dis		C-1005
No. of Days gran	ted Medical Leave NIL	Degree o		
Driver				
Name	GODOY ARMIJO CAROLINA	ANDREA	ID No.	G5360886N
Related Vehicle	NIL		Contact N	No. 90294694
Hospital/Clinic	NIL	j.	Class of Driving Licence & Expiry Da	Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge N	IL
No. of Days gran	ted Medical Leave NIL	Degree o	f Injury NI	IL:

## 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.





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.

1600
0ate/Time: 5/06/2019 00:13
lassification Of Case:

SINGAPORE POLICE FO



14/06/19 I, Godoy Arnis Carolina Andrea, 65360886N of car SJV24876, Lave surped into the cor of Tes 2her Jie, Sf610970J of our SKA206 and agree to all insurance claim made for the car repair, partnert to this our accident. Godoy Armijo Carolina Andrea Tes then The G J360886N 586109705









TEO ZHEN JIE (ZHANG ZHENJIE)

張 鎮

Name

CHINESE Date of birth 19-04-1986

Country/Place of birth SINGAPORE

5729898

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

PASS DATE

Motor Cars=< 3000kg with <<7 passengers, exclusive 22 Mar 2007 of the driver; and other motor vehicles << 2000kg

17-04-2017

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

NP 428A

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 14/06/2019 13:56 Vehicle No.(For Motor) SKA20G Certificate Number Search Policyholder Name Certificate Number Policyholder NRIC Select Policy No. Commence Date Vehicle Insured Product Cover Type Expiry Date No. Object TEO ZHEN JIE drivo CLASSIC 5106270281 586109703 GPC SKA20G SKA20G 13/12/2018 12/12/2019 Continue

#### 6/17/2019 Claim Handling(accident reporting Claim Task ) Claim Handling Accident MT/1049357 Policy No. 5106270281 Vehicle No. SKA20G GST Registration No. Certificate No. Policyholder Name TEO ZHEN JIE Policyholder NRIC \$8610 Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading 0 Contact No. (Mobile) 90301343 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No \* + No Yes TCA - No Yes eCode Reason NCD Protection No NCD Entitlement(%) Private Hire No Accident Details Report Date 17/06/2019 16:37 Accident Report Within 24 hrs Yes Collisio Accident Type Date of Accident 14/06/2019 Time of Accident hh:mm 19:45 Country of Accident Singap-Reporting Centre Orange Force ICM No. Accident Location AYE TWDS TUAS EXIT TO CLEMENTI RD v 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 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 S Address 3 SINGAL Address 4 Address Type Singapore address Post Code 12038 Unit No. Related Policy Number 5106270281 Driver Name TEO ZHEN JIE Driver Type Main Driver Unnamed driver Name Driver NRIC \$86109703 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 SINGA Address 4 Address Type Singapore address Post Code 12038 Unit No. Does he own a Singapore Yes = No Driver Vehicle No. Registered car? Driver Insurer Company Declaration Breathalyser or Blood Test Reading? Any injury? Yes . No Modification History Claim 001 New Claim Type .\* Insured Name OD-MX TEO ZHEN JIE Contact Contact No.(Mobile) 90301343 No. (Home) 67777343 10 Email Address tickteo@hotmail.com Vehicle SKA20G Claim Description SKA20G / SJV2487G ON 14 Jun 2019 Insured Liability Not at Fault Preferered Repair Preferred Workshop, Nar Option Preferred Workshop Benuare No. Finalisation Preferred Workshop, Name unknown report Received Date Registered 17/06/2019 16:45 Report Taken By LIEW SHAN HUI Print AK letter

Save Submit

001

Claim No.

https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

MT/1049357

Attachment

Accident No.

Yes No.

Upload Date

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