

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	05/08/2019 15:59
Date Of Accident	04/08/2019 12:45
Exact Location Of Accident	BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ9779Z
Insured/Policyholder	
Name Of Registered Owner	TEO KIM SOON
NRIC No	S7125468B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81880218
Alternative Phone No	OTHERS-81880218

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E (AUTO)
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	VPA/P2092730
Cover Note Number	

Driver

Name of Driver	TEO KIM SOON
NRIC No	S7125468B
Date Of Birth	08/01/1971
Occupation	INDOOR
Date Of Driving Pass	22/04/1991
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81880218
Fax Number	
Contact Number	OTHERS-81880218
Email Address	NOEMAIL

Address 774 BEDOK RESERVOIR VIEW #14-103 SPORE 470774

Postcode

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 3

Was any body injured in the Accident? NO

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) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

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 SHB4837X

Vehicle Make/Model/Colour TOYOTA / PRIUS 5DR HATCHBACK (AUTO)

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJV2126Z

Vehicle Make/Model/Colour

TOYOTA / COROLLA ALTIS 1.6 AUTO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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:

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

Sketch Plan #2

SKETCH PLAN



Vehicle A: SL2 9779 Z
 Vehicle B: SHB 4837 X
 Vehicle C: SJV 2126 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/8/2019 at 12:46 p.m., I was travelling along Baden Reservoir Road. In front of my vehicle stopped and make a right turn. My vehicle follow suit and slow down and stop. Suddenly, vehicle B (SHB 4837 X) collided my 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: L. G. M.
 NRIC/TIN No.:



SINGAPORE POLICE FORCE



T/20190805/2090

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190805/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2019 15:50	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars			
Name of Informant: TEO KIM SOON		Address: APT BLK 774 BEDOK RESERVOIR VIEW #14-103 SINGAPORE 470774	
ID Type / ID No.: NRIC NO / S7125468B		Contact No.: Home/Office: Mobile: 81880218	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 08/01/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: CARGO DRIVER		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2019 12:45	Type of Location: Straight Road
Location: Along Road 1 BEDOK RESERVOIR ROAD				
Turning into HDB after Damai Secondary School				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4837X	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Yellow	Seriously Damaged	1
SJV2126Z	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White	Slightly Damaged	1
SLZ9779Z	Car	TOYOTA	VIOS E (AUTO)	Red	Seriously Damaged	1



Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190805/2090

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ9779Z	AXA INSURANCE SINGAPORE PTE LTD	P2092730	26/03/2018	25/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ANTHONY NG KIM SIANG		ID No.	S1550247I
Related Vehicle	SHB4837X (Car)		Contact No.	NIL
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	CHEW BENG CHYE (ZHOU MIANCAI)		ID No.	S7521184H
Related Vehicle	SJV2126Z (Car)		Contact No.	NIL
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	TEO KIM SOON		ID No.	S7125468B
Related Vehicle	SLZ9779Z (Car)		Contact No.	81880218
Hospital/Clinic	SINGHEALTH POLYCLINICS - BEDOK		Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	05/08/2019		Date Discharge	05/08/2019
No. of Days granted Medical Leave		05	Degree of Injury	Serious



Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20190805/2090

CONTINUATION OF REPORT

Brief Details.

On 4/8/2019 at around 1245hrs, I was driving along Bedok Reservoir Road towards Tampines. I was driving on the left most and as that was a SBS bus in front of me, I changed into the right lane. After I passed by Damai Secondary School, there was a vehicle in front of me bearing registration number: (SLN936J), the vehicle came to a stop before making a right turn into the HDB. I then follow suit and came to a stop. It was then a taxi bearing registration number: SHB4837X, collided into the rear of my vehicle. Subsequently, another vehicle bearing registration number: SJV2126Z collided into the rear of the taxi.

Damages to my vehicle as follows:

- 1) rear bumper dropped off
- 2) rear trunk unable to close
- 3) misalignment of rear portion

At the point of accident, I did not feel any discomfort. I only felt the discomfort at night and decided to visit the doctor on 5/8/2019.

I was informed by the doctor that I had sprained my neck, and was given 5 days MC by SINGHEALTH POLYCLINIC- Bedok. MC number: GEM2019376374.



**SINGAPORE
POLICE FORCE**



T/20190805/2090

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Report No. T/20190805/2090

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Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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 /

Sgt 3 TAN MENG LIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

05/08/2019 15:50

Classification Of Case:

Authentication Stamp

NP168