

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	09/06/2019 23:10
Date Of Accident	09/06/2019 11:10
Exact Location Of Accident	ALONG PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV8828C
Insured/Policyholder	
Name Of Registered Owner	TEO PEI FERN
NRIC No	S1768693C
Email Address	JEANNE168@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96276551
Alternative Phone No	Others-96276551

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD-2.4 MOONROOF CVT (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	29109955
Cover Note Number	

Driver

Name of Driver	TEO PEI FERN
NRIC No	S1768693C
Date Of Birth	30/06/1966
Occupation	INDOOR
Date Of Driving Pass	25/11/1988
Driving Experience	30 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96276551

Fax Number	
Contact Number	OTHERS-96276551
EEmail Address	JEANNE168@HOTMAIL.COM
Address	130 BRADDELL ROAD
Postcode	359918
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	5
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	Name: : NOT APPLICABLE Gender: : Male
Passenger 2	Name: : NOT APPLICABLE Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20190609/2108

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	SJZ1789X
Vehicle Make/Model/Colour	TOYOTA / ALTIS

Details Of Properties	VEH B
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGQ1003M
Vehicle Make/Model/Colour	MITSUBISHI / BLACK
Details Of Properties	VEH C
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XE1410H
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	VEH D
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	FBB5997G
Vehicle Make/Model/Colour	
Details Of Properties	VEH E
Vehicle Category	MOTORCYCLE
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 DRIVER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJZ1789X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name FEMALE PARAMEDIC
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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:

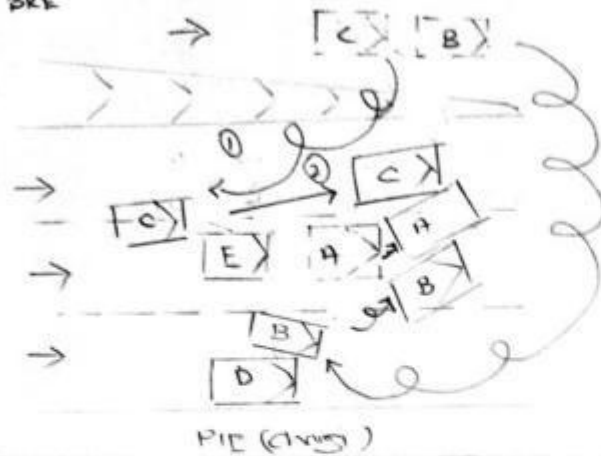
Driver's Signature
(If driver is not the policyholder)
Date & Time:

SHV 8828 C

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

SKETCH PLAN

SKF



Von A: SGV 8828 C
B: SJ 1789 X
C: SGQ 1003 11
D: XE 14104
E: FBB 5997 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20190609/2108

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature Teo Pei Fern
(If driver is not the policyholder)

Date & Time: 517686930

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190609/2108

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3

Report No. T/20190609/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2019 19:44	Vide Report No.:	Station Diary No.: 60
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Informant's Particulars

Name of Informant: TEO PEI FERN	Address: 130 BRADDELL ROAD SINGAPORE 359918		
ID Type / ID No.: NRIC NO / S1768693C	Contact No.: Home/Office: Mobile: 96276551		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 52	Date of Birth: 30/06/1966	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Company director	Driving Licence Information: Class: 3 Date of Expiry:		

General information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/06/2019 11:10	Type of Location:
Location: PAN ISLAND EXPRESSWAY Towards Changi near to lamp post number 1122#2 (near to BKE entry point into PIE) <i>km 36 mark</i>				
Weather:	Road Surface:	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGQ1003M						0
SGV8828C	Car					0
SJZ1789X						0
XE1410H	Lorry					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190609/2108

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel.No: 1800-4880999

2 of 3

Report No. T/20190609/2108

CONTINUATION OF REPORT

Brief Details.

On the 09/06/2019 at about 1110hrs, I was involved in 2 accidents that included my vehicle SGV8828C (V1), XE1410H (V2), SJZ1789X (V3) and SGQ1003M (V4) along PIE towards Changi near to lamp post number 1122#2.

I was travelling along PIE towards Changi near to lamp post number 1122#2 before BKE entry point into PIE and V2 was stopped on the extreme right side of the road for some works. Suddenly V3 came out from the BKE entry point and hit onto V2 and it swift in circle direction and the front left of V3 hit onto the right of my vehicle. While I was still in my vehicle I was able to see V3 and its driver discovered that the driver of V3 was unwell and I called for ambulance and police. Shortly, the police and ambulance came and was attending to V3 driver near to my vehicle left rear area and I was waiting in my vehicle, suddenly there was a vehicle V4 drove out from BKE entry point into all the paramedics and traffic police that is attending to the first collision.

After the second collision, traffic police came to me and took my in car camera memory card and my vehicle was towed away by traffic police.

The incident number is F/20190609/0109.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190609/2108

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3


Report No. T/20190609/2108

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: F / Sgt 3 LIM HAQ JIE		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 09/06/2019 19:44	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MA JUNXIANG Contact No.: 65476251		Classification Of Case:	

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1768693C





Name

TEO PEI FERN

張佩汾

Race

CHINESE

Date of Birth

30-06-1966

Sex

F

Country of Birth

SINGAPORE



1849674



NRIC No. S1768693C



Blood Group

A+

Date of issue

02-04-1994

130 BRADDELL ROAD

SINGAPORE 359918

NRIC No: S1768693C

Date: 25/10/2009

No: 6271976

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: S1768693C



Name:

TEO PEI FERN

Birth Date: 30 Jun 1966

Issue Date: 25 Mar 2003

1000325843A





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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Nov 1988

Licence No: S1768693C



NP 428A

Addendum Sheet

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SGV 8828C
Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 09.06.2019 Time of Accident : 1110 HRS
Place of Accident : ALONG PIE (CHANGI)
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend action taken from "Third Party" to "Own Damage"

Policyholder / Driver's Signature
Date:

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