

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	20/08/2019 17:14
Date Of Accident	17/08/2019 16:30
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN8618J
Insured/Policyholder	
Name Of Registered Owner	TEOW KHEK SOO
NRIC No	S0649541I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97376819
Alternative Phone No	OFFICE-97376819

Vehicle Particulars

Manufacturer	AUDI
Model	Q5-2.0 TFSI QUATTRO (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800137600
Cover Note Number	

Driver

Name of Driver	TEOW KHEK SOO
NRIC No	S0649541I
Date Of Birth	06/12/1946
Occupation	INDOOR
Date Of Driving Pass	04/12/1967
Driving Experience	51 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-97376819
Fax Number	
Contact Number	OFFICE-97376819
EEmail Address	NOEMAIL

Address	760 JURONG WEST ST 74 #12-02
Postcode	2264
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?	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: : ALICIA TIEW GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT. REASON FOR LATE REPORTING, DRIVER IS INJURED UNABLE TO DO REPORTING WITHIN TIME FRAME.

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	SJK5576X
Vehicle Make/Model/Colour	
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJY7678Z

Vehicle Make/Model/Colour

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)

DETAILS OF INJURED PERSON 1

Name TEOW KHEK SOO

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

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:



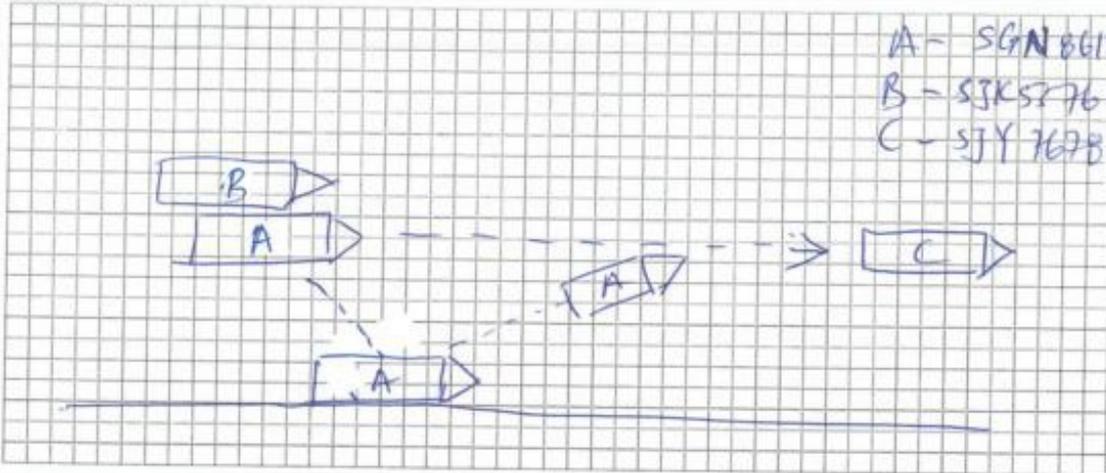
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report
Reason for late reporting: Driver is injured unable to do reporting within time frame

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.:

police report



**SINGAPORE
POLICE FORCE**



T/20190902/2033

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 4

Report No. T/20190902/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2019 10:37		Vide Report No.: T/20190819/2158	Station Diary No.: 143
Informant's Particulars			
Name of Informant: TEOW KHEK SOO		Address: APT BLK 760 JURONG WEST STREET 74 #12-02 SINGAPORE 640760	
ID Type / ID No.: NRIC NO / S0649541I		Contact No.:	Mobile: 97376819
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 72	Date of Birth: 06/12/1946	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2019 16:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Tuas After Eng Neo Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SGN8618J	Car	AUDI	Q5	Silver	Slightly Damaged	2
SJK5576X	Car	HONDA		Black	Slightly Damaged	1
SJY7678Z	Car	BMW		Black		2

police report



**SINGAPORE
POLICE FORCE**



T/20190902/2033

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 4

Report No. T/20190902/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEOW KHEK SOO	ID No.	S06495411
Related Vehicle	SGN8618J (Car)	Contact No.	97376819
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	17/08/2019	Date Discharge	17/08/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SJK5576X (Car)	Contact No.	96794939
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	Haryatee Binte Abdul Rahman Mrs Schmid	ID No.	S6840667F
Related Vehicle	SJY7678Z (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

Brief Details.

I was driving on lane 2 from the right of 5 lanes along PIE Heading towards the direction of Tuas. I was travelling at an average speed of 60 to 70km. Along the way, I was having a conversation with my daughter. Somewhere near the speed camera while talking to my daughter, I did not notice my vehicle swayed to the right side. My vehicle on the right side slight grazed against the center guardrail way. I panic and pull the steering too hard and it rub against the vehicle SJK5576X's back mud guard on lane 3. I quickly pull my steering wheel back and become more panic and wrongfully stepped on the accelerator instead of the brakes. My vehicle moved forward and collided against the rear portion of another vehicle SJY7678Z.

police report



**SINGAPORE
POLICE FORCE**



T/20190902/2033

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 4

Report No. T/20190902/2033

CONTINUATION OF REPORT

I'm lodging this report as I want wanted to make changes to my previous report::T/20190819/2158, as I have viewed the Car Camera footage and realized what actually happened.

police report



SINGAPORE
POLICE FORCE



T/20190902/2033

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

4 of 4

Report No. T/20190902/2033

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: J / SHAO QIANKANG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	

Signature Of Informant:	
Date/Time:	02/09/2019 10:37
Classification Of Case:	

Authentication Stamp
NP168

Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo



Accident Photo



UNDERTAKING FORM

UNDERTAKING

I, Teow Chek Soo (NRIC No. 506 49541 I), hereby confirm that the Singapore Accident Statement lodged by me on 19/8/19 at 1100LW hours pertaining to the accident involving motor car Reg. No: SGM 8618J, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : 
Name of Insured / Driver : Teow Chek Soo
Nric No. : 506 49541 I
Date : 19/8/19

Signature : 
Name of Policyholder : Teow Chek Soo
Nric No. : 506 49541 I
Date : 19/8/19

INTERVIEW FORM



AIG Asia Pacific Insurance (Pty) Ltd
AIG Building
28 Market Way
007-00

MOTOR ACCIDENT INTERVIEW FORM

NAME : Teow Chee Seng
VEHICLE NUMBER : S06495411
DATE/ TIME OF ACCIDENT : 17/8/19 1620hrs
PLACE OF ACCIDENT : Along PIE towards Tanjong Pagar
THIRD PARTY VEHICLE (IF ANY) :

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Start from Aljunied sending relative home and going back home

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Oblique collision
Damage front portion, left by right portion

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Driver injured
Name of Hospital: NUH
No traffic police investigation

NAME: TERENCE TEOW (SON)

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : WPA 119109573 Vehicle Registration No: SGN 861BJ
Name(as shown in NRIC): Teow Khek soo NRIC/FIN/Passport No : S0649541I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore()
Contact (Tel) : 97376819 Mobile No. :
Email Address :
Date of Accident : 17/8/19 Time of Accident : 1630hrs.
Place of Accident : Along Pie Towards Tuas
Insurance Company: AIG Asia Pacific Insurance Pte Ltd.

(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:

1 Amended on Police report.

[Empty lines for additional amendments]

[Signature of Policyholder/Driver]

Policyholder / Driver's Signature
Date:

[Signature of Reporting Centre Personnel]

Reporting Centre Personnel's Signature
Name: Brian
NRIC/FIN No.: S880526G
Date: 5/9