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 <u>truthful and accurate</u> 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.
- 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.

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		ACCIDENT STATEMENT
	Date Of Report	02/09/2019 09:25
	Date Of Accident	30/08/2019 19:00
	Exact Location Of Accident	MCE TUNNEL TOWARDS CHANGI
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SKQ5553T
	Insured/Policyholder	
	Name Of Registered Owner	TEO SIN TIONG (ZHANG XINZHONG)
	NRIC No	S7110305F
	Email Address	SHAUN.TEO@MEINHARDTGROUP.COM
	Mobile Phone No	(LOCAL) +65-97252433
	Alternative Phone No	OTHERS-97252433
	Vehicle Particulars	
	Manufacturer	MERCEDES-BENZ
	Model	E250
	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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
	Type Of Coverage	COMPREHENSIVE
	Fleet Policy	NO
	Policy Number	DMPCSN3023421900
	Cover Note Number	
	Driver	
	Name of Driver	TEO SIN TIONG (ZHANG XINZHONG)

Name of Driver TEO SIN TIONG (ZHANG XINZHONG)

 NRIC No
 S7110305F

 Date Of Birth
 23/03/1971

 Occupation
 INDOOR

 Date Of Driving Pass
 03/02/1996

Driving Experience 23 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97252433

Fax Number

Contact Number OTHERS-97252433

EMail Address SHAUN.TEO@MEINHARDTGROUP.COM

BLK 55 TELOK BLANGAH DRIVE Address

#04-70 100055

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

4

NO

2

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : WIFE

> **GENDER:** : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name TELOK BLANGAH NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 51 TELOK BLANGAH DRIVE, POSTCODE: 100051, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-2729999 - FAX NO: 63772526 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190831/2064

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGX2610S

HONDA STREAM Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver CHENG KIAN MENG

S7816440I 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 SHC8813

Vehicle Make/Model/Colour NOT ACCURATE

Details Of Properties

Vehicle Category TAXI

Name of Driver ER TZE BENG
NRIC/Passport Number S7303035H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: :

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC5286Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver CHUA BOON HENG

NRIC/Passport Number S0192783C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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.
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- 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: 02 08 1

09:35

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN	MCE TYNNING T	howARDS (cutanuci	
		â		
A) SKQ 55537		B		
B) 594 2610S				
C) stc 8813 (yccurath)	C		
D) stc 52862		0		
DESCRIBE CIRCUMSTANCES O				
RAFAR 70	Polich Rupol	7 T >dse	\$31/2064	7
		×		
DECLARATION I/We declare the foregoing particul	ars are true in every respect			1
Mam	and a second section		al	odog/2019
Policyholder's Signature Date & Time: 02/09/13	Driver's Signature (If driver is not the policy) Date & Time:	holder)	Reporting Centre F Name: NRIC/FIN No.:	rersonnel's signature to the





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999 1 of 4 Report No. T/20190831/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2019 12:57			Vide Report No.:	Station Diary No.: 24			
Informa	Informant's Particulars						
Name of Informant: TEO SIN TIONG ID Type / ID No.: NRIC NO / S7110305F			Address: APT BLK 55 TELOK BLANGAH DRIVE #04-70 SINGAPORE 100055				
			Contact No.: Home/Office: Mobile: 97252433				
Nationality: SINGAPORE CITIZEN		EN .	Email:				
Sex: Male	Age:	Date of Birth: 23/03/1971	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupat	tion: NG DESIGN	IER	Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:			Date/Time of Accident: 30/08/2019 19:00	Type of Location EXPRESSWAY TUNNEL	
		RECTION OF AIRPOR	T ON THE 4TH LANE	Road Speed Limit:	
Weather: Clear		Dry		80 Km/h	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
One Way				Anyone conveyed by	

Details of Vo	ehicle Invo	ived	4			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGX2610S	Car	HONDA		Black	Slightly Damaged	0
SHC5286Z	Car			Red	Seriously Damaged	1
SHC8813 (Not Accurate)	Car			Blue	Slightly Damaged	1
SKQ5553T	Car	MERCEDES BENZ	E250 SEDAN (R18)	Grey	Slightly Damaged	1





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

2 of 4 Report No. T/20190831/2064

CONTINUATION OF REPORT

Details of V	ehicle Insurance	Land Bridge		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ5553T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30234219 00	29/03/2019	

Details of Perso	n Involved	TEL TOTAL TOTAL	Mesies Is			A DOMESTICAL CO.
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Driver		Negligitation				
Name	CHENG KIAN MEN	IG		ID No.		S7816440I
Related Vehicle	SGX2610S (Car)	(8)		Contact No.		NIL '
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc			0.00
No. of Days gran	ted Medical Leave	NIL	Degree of			
Driver		48.00			not have	AND DESCRIPTION OF THE PARTY OF
Name	CHUA BOON HENG			ID No.		S0192783C
Related Vehicle	SHC5286Z (Car)			Contact No.		NIL
Hospital/Clinic	nic NIL			Class Drivin Licend Expire	g	Class; NIL Date of Expiry: NIL
Date Treatment	NIL -		Date Disch	charge NIL		
	ted Medical Leave	NIL	Degree of			
Driver				Marie .	611/51	STATE AND DESCRIPTIONS
Name -	ER TZE BENG			ID No.		S7303035H
Related Vehicle	SHC8813 (Car)			Contact No.		NIL
Hospital/Clinic	pital/Clinic NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	5
	ed Medical Leave	NIL	Degree of		NIL	



T/20190831/2064

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Report No. T/20190831/2064

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

CONTINUATION OF REPORT

Driver						Miles Brook Lander
Name	TEO SIN TIONG			ID No.	100	S7110305F
Related Vehicle	SKQ5553T (Car)			Contact No.		97252433
Hospital/Clinic	NIL			Class of Driving Licence 8 Expiry Da		Class: 3 Date of Expiry: NIL
Date Treatment				Date Discharge NIL		
No. of Days granted Medical Leave		NIL	Degree of Injury		NIL	

Brief Details.

On the 30/08/2019 at about 7.00pm I was driving along my car (V1) with my wife onboard as passenger along MCE towards the direction of Airport. Inside MCE tunnel at the 2km mark there was heavy traffic and my car came to a stop for about 10 second. While the traffic came to a stopped I heard a loud sound coming from the back and suddenly I felt an impact coming from the back.

I exited my car to make a check and realized it was a chain collision accident involving 4 cars. All driver exchanged particulars and nobody was injured at that point of time. No ambulance and no traffic police came to the scene.

V1: SKQ5553T (Mercedes E250, Grey colour, 1 passenger)

V2: SGX2610S (Honda, Black colour)

V3: SHC8813 (Comfort Delgo Taxi, Blue colour, 1 passenger) V4: SHC5286Z (TransCab Taxi, Red colour, 1 passenger)





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

4 of 4 Report No. T/20190831/2064

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 ONG JING WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/08/2019 12:57
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	



















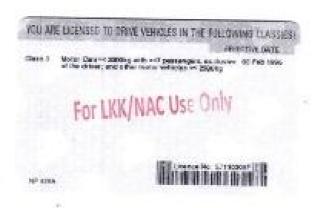






Driving License





Identification Card



