

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	17/09/2019 15:11
Date Of Accident	15/09/2019 20:55
Exact Location Of Accident	CARPARK OF BLK 133 BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4296J
Insured/Policyholder	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103424803
Cover Note Number	-

Driver

Name of Driver	TENG HEONG CHEONG
NRIC No	S1398313E
Date Of Birth	13/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90286198
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 636 BEDOK RESERVOIR RD #13-27
Postcode	410636
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON 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	2
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)	5
Passenger 1	NAME: : XIN YI GENDER: : FEMALE
Passenger 2	NAME: : YAP MOI KAI GENDER: : FEMALE
Passenger 3	NAME: : XIN RU GENDER: : FEMALE
Passenger 4	NAME: : XIN HUI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190916/2127

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB9970M
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	TENG HEONG CHEONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLB4296J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	XIN YI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLB4296J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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.
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.:

A = SLB 4296 J
B = SLB 9970 M

BIK 133 Bedok Reservoir Rd Carpa

BIK 133 Bedok Reservoir Rd Carpark

Refer to Police Report T/20190916/2127

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





SINGAPORE POLICE FORCE



T/20190916/2127

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

1 of 4

Report No. T/20190916/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2019 17:21		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: TENG HEONG CHEONG			Address: APT BLK 636 BEDOK RESERVOIR ROAD #13-27 SINGAPORE 410636		
ID Type / ID No.: NRIC NO / S1398313E			Contact No.: Home/Office: Mobile: 90286198		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 13/11/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/09/2019 20:55	Type of Location: Bend
Location: Along Road 1 BEDOK RESERVOIR ROAD				
Carpark of Blk 133 Bedok Reservoir Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB4296J	Car	TOYOTA		Silver	Seriously Damaged	4
SLB9970M	Car	NISSAN		Silver	No Damage	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190916/2127

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

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Report No. T/20190916/2127

CONTINUATION OF REPORT

Passenger			
Name	XIN RU		ID No. S9936659A
Related Vehicle	SLB4296J (Car)		Contact No. 90919908
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
Passenger			
Name	XIN HUI		ID No. S9728509H
Related Vehicle	SLB4296J (Car)		Contact No. 93212397
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	TENG HEONG CHEONG		ID No. S1398313E
Related Vehicle	SLB4296J (Car)		Contact No. 90286198
Hospital/Clinic	ACCORD MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	16/09/2019		Date Discharge 16/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	XIN YI		ID No. S9545274D
Related Vehicle	SLB4296J (Car)		Contact No. 83281108
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



**SINGAPORE
POLICE FORCE**



T/20190916/2127

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

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Report No. T/20190916/2127

CONTINUATION OF REPORT

Passenger			
Name	YAP MOI KAI	ID No.	S2596846H
Related Vehicle	SLB4296J (Car)	Contact No.	96936863
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.

On 15/09/2019 at 2055hrs I was driving my car SLB4296J at the vicinity of Blk 133 Bedok Reservoir Road. As I wanted to exit the carpark, a car SLB9970M came in to make a right turn. I managed to stop however, the said car hit the front of my car and the plate number of my car dropped out. I was not able to get the particulars.

I wish to state that I made a check on my back as I felt uneasy and I received 3 days of my MC. My passenger which is my daughter namely Xin Yi suffered a headache and pain on the neck. She is going to see the doctor. My wife and my other 2 children who were the passenger on my car did not sustained any injury. I wish to also state that I have an in car camera installed and the accident was recorded.

I am lodging this report for record purposes.



**SINGAPORE
POLICE FORCE**



T/20190916/2127

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

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Report No. T/20190916/2127

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 1 NORISHAM BIN KAMIZAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/09/2019 17:21

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5103424803

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SLB4296J**
Chassis Number : **NRE1610011364**
2. Name of Policyholder : **NEO AUTO LEASING PTE LTD**
3. Effective Date of Insurance : **25 Sep 2018**
4. Expiry Date of Insurance : **24 Sep 2019**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)
Date of Issue : 30 Aug 2018 07:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1062809

Policy No.	5103424803	Vehicle No.	SLB4296J	GST Registration No.	
Certificate No.					
Policyholder Name	NEO AUTO LEASING PTE LTD			Policyholder NRIC	201814915N
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91449265	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	17/09/2019 15:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	15/09/2019	Time of Accident h:mm	20:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CARPARK OF BLK 133 BEDOK RESERVOIR RD				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 31 #17-204	Address 2	EUNOS CRESCENT	Address 3	EUNOS COURT
Address 4	SINGAPORE 400031	Address Type	Singapore address	Post Code	400031
Unit No.	17-204	Related Policy Number	5104798553		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/11/1959
Unnamed driver Name	TENG HEONG CHEONG	Driver NRIC	S1398313E	Driving Experience	40
Register Date of Driver License	11/10/1978	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	90286198	Contact No.(Office)		Address 3	EUNOS TENAGA VILLE
Address 1	BLK 636 #13-27	Address 2	BEDOK RESERVOIR ROAD	Post Code	410636
Address 4	SINGAPORE 410636	Address Type	Singapore address		
Unit No.	13-27				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NEO AUTO LEASING PTE LTD	Insured NRIC	201814915N
Contact No.(Mobile)	81332853	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLB4296J	TP Vehicle Number	SLB9970M
Claim Description	SLB4296J / SLB9970M ON 15 Sept 2019			Name of Preferred Workshop	0
Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Liability	Not at Fault		
Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered		Claim Close Date	17/09/2019 15:50	Date Received	17/09/2019
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1062809	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/09/2019 15:51
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Sep 2019 15:51	NRIC/ Driving License	Normal
		Description	NRIC/ Driving License 2019-9-17



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
17 Sep 2019 15:51

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Normal

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17 Sep 2019 15:51

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17 Sep 2019 15:50

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Photos 2019-9-17

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading