

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	23/09/2019 11:54
Date Of Accident	21/09/2019 23:00
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV2589G
Insured/Policyholder	
Name Of Registered Owner	AIRBREEZXE GALLERY PTE LTD
Co Reg No	201622360N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93620726
Alternative Phone No	OFFICE-93620726

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA TSI-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3021601900
Cover Note Number	

Driver

Name of Driver	TENG ZHI XIANG (DENG ZHIXIANG)
NRIC No	S8309311J
Date Of Birth	24/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	16/11/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93620726
Fax Number	
Contact Number	OTHERS-93620726
EEmail Address	NOEMAIL

Address	33 ENG KONG CRESCENT #04-03
Postcode	599426
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	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: : NGUYEN THI MY NHUNG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT7000G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS5401B
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 ZHI XIANG (DENG ZHIXIANG)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SGV2589G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NGUYEN THI MY NHUNG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SGV2589G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.
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. 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.

CO
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.: 

Accident Sketch Plan

SKETCH PLAN

Pick towards Abang Airport

A
B
C

(A) SKV 25896

(B) SLT 70006

(C) SLS 5401B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: 7/20190922/2044

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 Person's Signature
Name:
NRIC/FIN No.:

DATE/TIME: 23/09/2019 10:00 AM

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190922/2044

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

1 of 4
Report No. T/20190922/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2019 12:52	Vide Report No.: E/20190921/0196	Station Diary No.: 12
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: TENG ZHI XIANG		Address: 33 ENG KONG CRESCENT #04-03 SINGAPORE 599426	
ID Type / ID No.: NRIC NO / S8309311J		Contact No.: Home/Office: Mobile: 93620726	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 24/03/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 21/09/2019 23:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Changi				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV2589G	Car				Seriously Damaged	1
SLS5401B	Car				Seriously Damaged	0
SLT7000G	Car				Seriously Damaged	1

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

Scanned with CamScanner

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No. 1800-4689999



T/20190922/2044

2 of 4

Report No. T/20190922/2044

CONTINUATION OF REPORT

Driver			
Name	TENG ZHI XIANG	ID No.	S8309311J
Related Vehicle	SGV2589G (Car)	Contact No.	93620726
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	22/09/2019	Date Discharge	22/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NGUYEN THI MY NHUNG	ID No.	G1052763K
Related Vehicle	SGV2589G (Car)	Contact No.	86441884
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/09/2019	Date Discharge	22/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 21/09/2019 at about 2300hrs, I was driving my car bearing registration number SGV2589G (Car A) along PIE towards Changi - 18.5km. I was on the 2nd lane of the highway. As there was roadworks on the 1st lane, the traffic begins to build up.

Suddenly, I felt an impact at the back of my vehicle. My car came to a stop and did not hit any other vehicle in front. The vehicle that hit me was bearing registration number SLT7000G (Car B).

Thereafter, another vehicle bearing registration number SLS5401B (Car C) hit onto Car B causing it to swerve to the left. Car C also ended up hitting the back of my car.

I got out of my vehicle and discovered it was a chained collision involving 3 cars including mine. I had one passenger with me and felt pain from the collision. Traffic Police also arrived at our scene. Ambulance also conveyed some of the parties involved.

My vehicle has no in car camera. I was then advised by Traffic Police to lodge a traffic accident report and was given a case card.

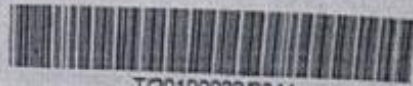
I went to Mount Alvernia Hospital with my passenger and I was given 3 days Medical Certificate. My passenger namely Nguyen Thi My Nhung, on the other hand was given 5 days Medical Certificate.

Scanned with CamScanner

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190922/2044

Police Station Of Origin:
Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999





3 of 4

Report No. T/20190922/2044

CONTINUATION OF REPORT

Scanned with CamScanner

POLICE REPORT

 SINGAPORE POLICE FORCE		 T/20190922/2044	
Police Station Of Origin: Bukit Timah NPP 1 Teh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999		4 of 4 Report No. T/20190922/2044	
CONTINUATION OF REPORT			
Sketch Plan Informant is not able to provide sketch plan			
<p>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 <u>report number</u> as reference.</p>			
Signature Of Officer Recording The Report: D / Sgt 2 KHAIRUL ANWAR LLOVIDO BIN JOHARI		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 22/09/2019 12:52	
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185		Classification Of Case:	
Authentication Stamp NP168  SIGNATURE		SN 38	

Scanned with CamScanner

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

