

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	25/09/2019 18:48
Date Of Accident	24/09/2019 15:30
Exact Location Of Accident	CTE NEAR BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBV9688S
Insured/Policyholder	
Name Of Registered Owner	LEONG MEI CHUN
NRIC No	S1705377I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97352787
Alternative Phone No	OTHERS-97352787

Vehicle Particulars

Manufacturer	SUBARU
Model	XV 1.6I-S AWD CVT
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-004289
Cover Note Number	N.A

Driver

Name of Driver	TEO WEI LING RACHEL
NRIC No	S9903586B
Date Of Birth	07/01/1999
Occupation	INDOOR
Date Of Driving Pass	08/10/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97352787
Fax Number	
Contact Number	
Email Address	KOMSPEX@GMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: ON 24/09/2019 AT 1535HRS, I WAS DRIVING OWN CAR SBV9688S (V1) ALONG CTE TOWARDS TOWN ON THE EXTREME LEFT LANE. I WAS ONLY TRAVELLING ABOUT 60 TO 70 KM/H. SUDDENLY A LORRY GBF7140C SWERVE INTO MY LANE AT A GREAT SPEED AND CAUSING ME TO HIT ON MY JAM BRAKE. HOWEVER COULD NOT STOP IN TIME RESULTING MY CAR COLLIDING ONTO THE REAR OF THE LORRY. THE LORRY STOPPED ABOUT 5 TO 10 METRES AWAY AFTER THE COLLISION. I ASKED THE DRIVER WHY DID HE SWERVE INTO MY LANE WITHOUT SIGNALLING. HOWEVER, THE DRIVER REFUSE TO ANSWER MY QUESTION. I MANAGE TO EXCHANGE PARTICULARS WITH THE DRIVER. I WISH TO STATE LORRY WAS TRAVELLING AT A GREAT SPEED AND CAUSING ME TO JAMMED BRAKE MY VEHICLE. I AM LODGING THIS FOR TRAFFIC POLICE TO INVESTIGATE ON THIS MATTER. AFTER THE ACCIDENT I FELT PAIN ON MY CHEST, BACK AREA, NECK AND ABRASIONS ON MY CHEST AREA AS SUCH I WENT TO SEE DOCTOR AT MOUNT ALVERNIA HOSPITAL AND WAS GIVEN 5 DAYS MC FROM 24/09/2019 TILL 28/09/2019.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7140C
Vehicle Make/Model/Colour	TOYOTA / DYNA 3.0 M
Details Of Properties	N.A

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN AA ANG
NRIC/Passport Number	S6884021Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TEO WEI LING RACHEL
Approximate Age	
Injuries Sustain	PAIN ON MY CHEST, BACK AREA, NECK AND ABRASIONS ON MY CHEST AREA
Injured person in which vehicle?	SBV9688S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD FIRZA BIN IDERIS

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

Sketch Plan #2

SKETCH PLAN

CTE Near Braddell exit

A: SBV96885

B: GBF7140C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

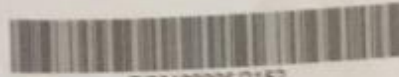
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD FIRZA BIN IDRIS

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190925/2152

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No: T/20190925/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2019 16:58	Vide Report No.:	Station Diary No.: 89
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Informant's Particulars

Name of Informant: TEO WEI LING, RACHEL			Address: 9 SIN MING WALK #16-06 SINGAPORE 575578	
ID Type / ID No.: NRIC NO / S9903586B			Contact No.: Home/Office:	Mobile: 83320171
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 20	Date of Birth: 07/01/1999	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2019 15:35	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE towards town				
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
GBF7140C	Lorry	TOYOTA	DYNA 3.0 M	Silver	No Damage	0
SBV9688S	Car	SUBARU	SUBARU XV 1.6I-S AWD CVT	White	Seriously Damaged	0

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20190925/2152

2 of 3

Report No. T/20190925/2152

CONTINUATION OF REPORT

Driver Name	TAN AA ANG	ID No.	S6884021Z
Related Vehicle	GBF7140C (Lorry)	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
Driver Name	TEO WEI LING, RACHEL	ID No.	S9903586B
Related Vehicle	SBV9688S (Car)	Contact No.	83320171
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	24/09/2019	Date Discharge	24/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 24/09/2019 at 1535hrs, I was driving own car SBV9688S (V1) along CTE towards town on the extreme left lane. I was only travelling about 60 to 70 km/h. Suddenly a lorry GBF7140C swerve into my lane at a great speed and causing me to hit on my jam brake. However could not stop in time resulting my car colliding onto the rear of the lorry. The lorry stopped about 5 to 10 metres away after the collision. I asked the driver why did he swerve into my lane without signalling. However, the driver refuse to answer my question. I manage to exchange particulars with the driver. I wish to state lorry was travelling at a great speed and causing me to jammed brake my vehicle. I am lodging this for traffic police to investigate on this matter.

After the accident I felt pain on my chest, back area, neck and abrasions on my chest area as such I went to see doctor at Mount Alvernia Hospital and was given 5days MC from 24/09/2019 till 28/09/2019.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20190925/2152

3 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190925/2152

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:

E /

Sgt 2 JEFFREY LOIS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No. 65476172

SN 061

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

25/09/2019 16:58

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



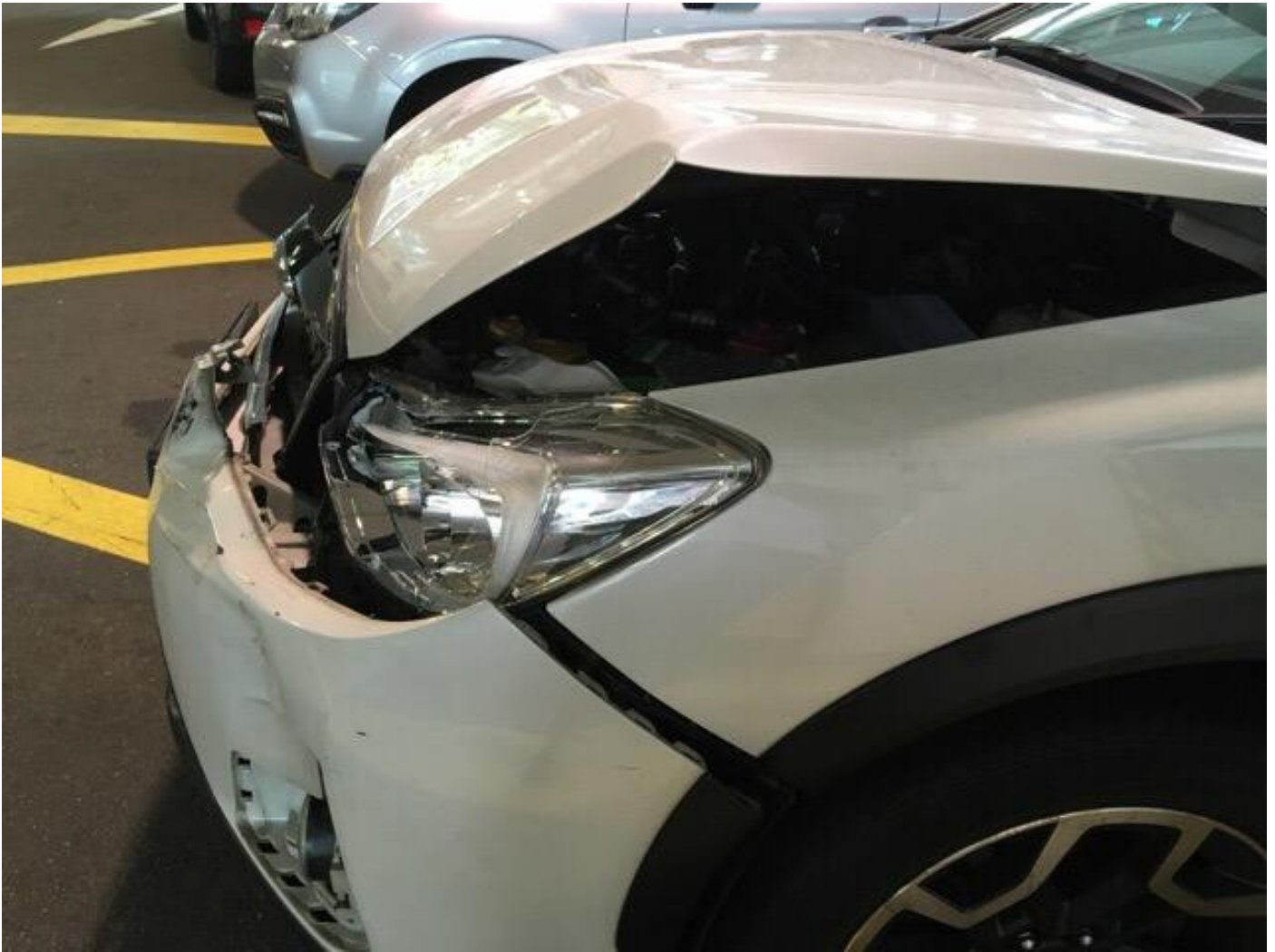
Accident Photo



Accident Photo



Accident Photo



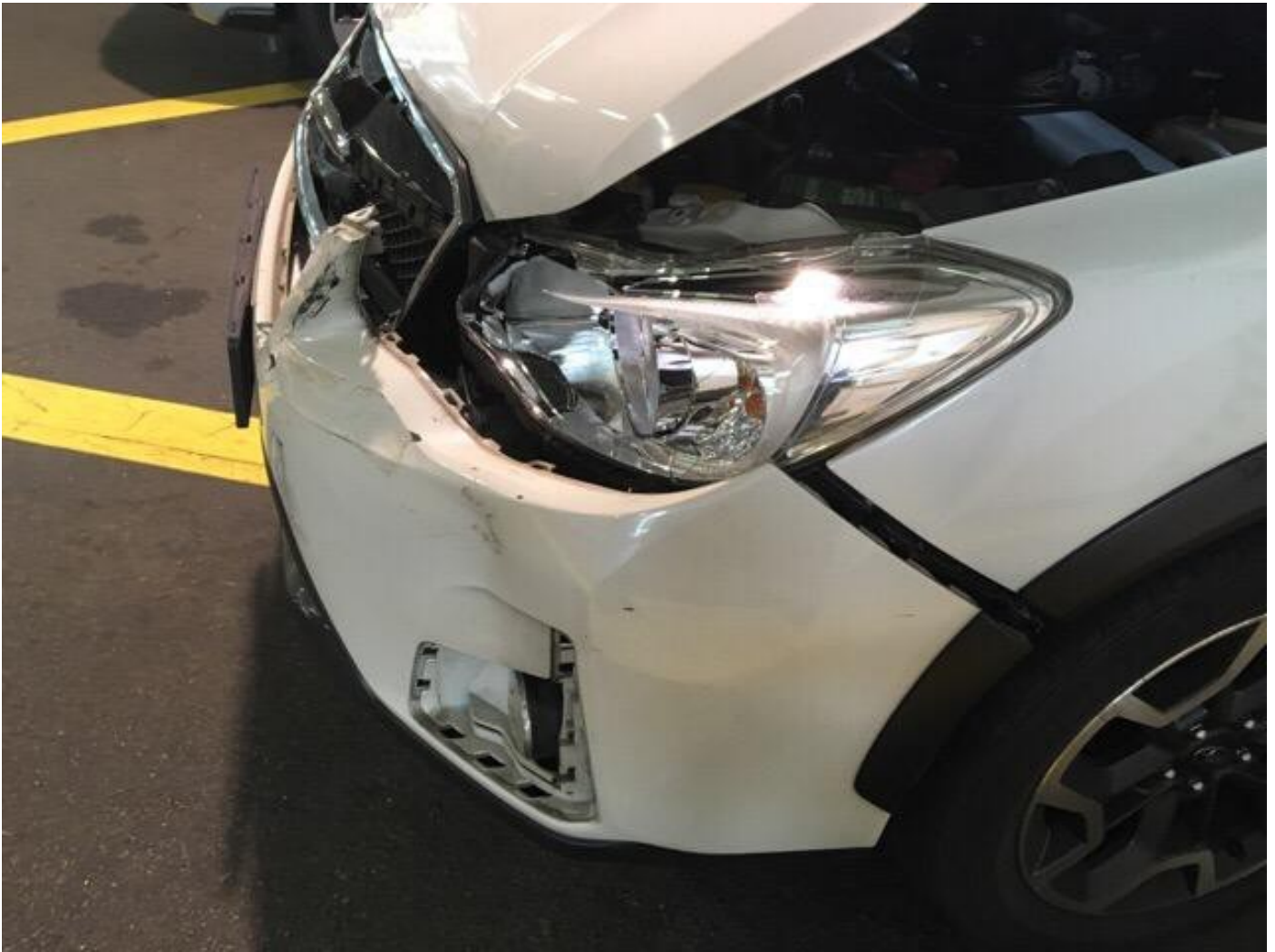
Accident Photo



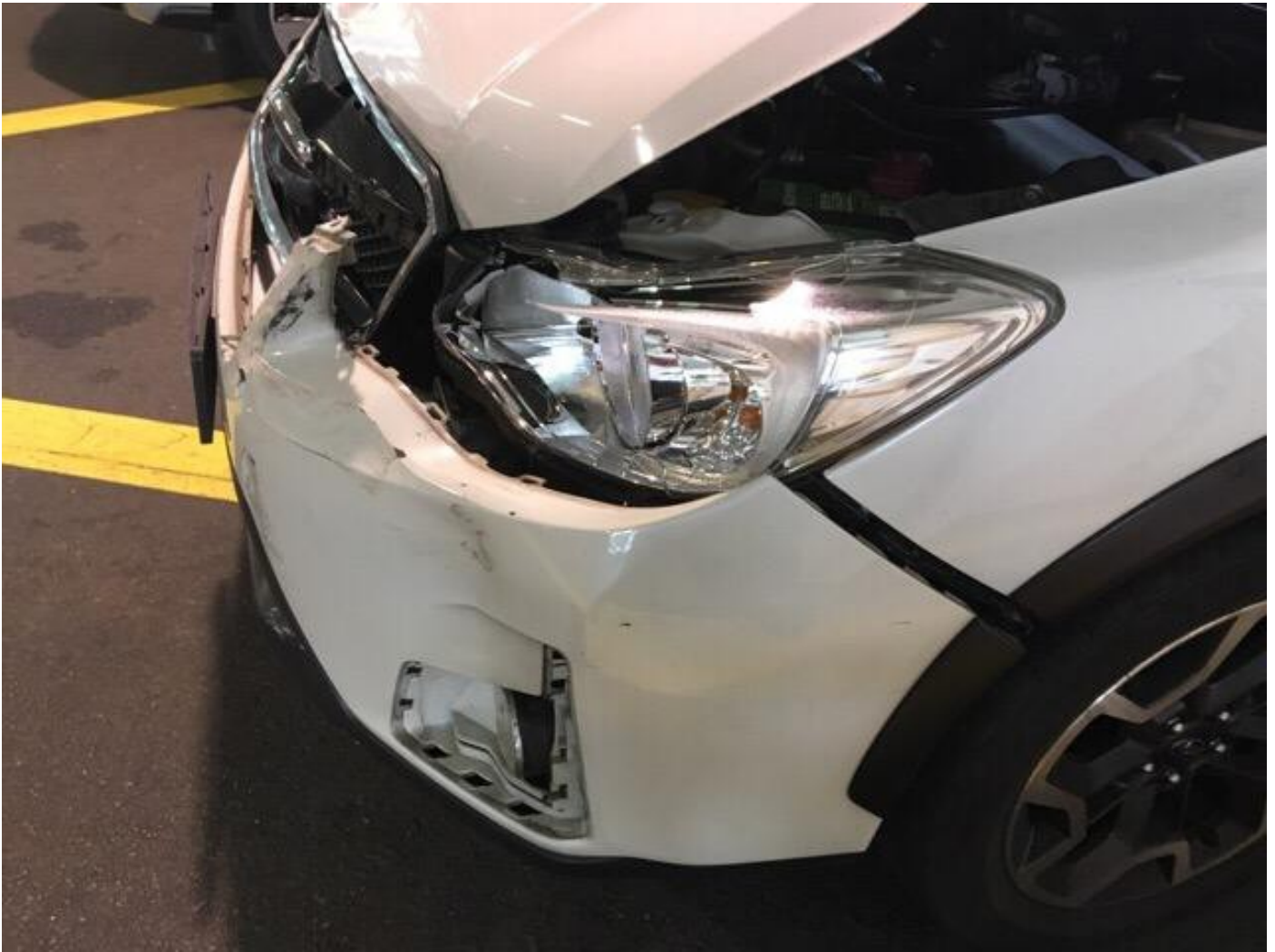
Accident Photo



Accident Photo



Accident Photo



Identification Card



Driving License

