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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	22/10/2019 13:17
Date Of Accident	20/10/2019 05:15
Exact Location Of Accident	JUNC OF ROCHOR RD & BEACH RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP1862H
Insured/Policyholder	
Name Of Registered Owner	TEO ZHI XIANG KELVIN
NRIC No	S8840782B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97631728
Alternative Phone No	OFFICE-97631728
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MPC0001544
Cover Note Number	
Driver	
Name of Driver	TEO 7HI XIANG KEI VIN

Name of Driver TEO ZHI XIANG KELVIN

NRIC No S8840782B
Date Of Birth 18/10/1988
Occupation OUTDOOR
Date Of Driving Pass 08/05/2012

Driving Experience 7 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97631728

Fax Number

Contact Number OFFICE-97631728

EMail Address NOEMAIL

Address BLK 976 JURONG WEST ST 93 #08-385

Postcode 640976

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 COLLISION - CROSS JUNCTION

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?

Passenger 1

YES

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2 NAME:

: SERENE HO

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG DIVISION HQ

Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 18007910000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT J/20191022/7018

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA8960B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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	SERENE HO	
Approximate Age		
Injuries Sustain	BODY	
Injured person in which vehicle?	SKP1862H	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	YES	
Address		
Postcode		

Accident Sketch Plan

SKETCH PLAN

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- 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 the purpose(s).
 - 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.:

Accident Sketch Plan

SKETCH PLAN		
	Beach Rd	A = SKP 1862H. B = SHA 8960(
ESCRIBE CIRCUMSTANCE	1	
Refer	to Police Report	f
ECLARATION We declare the foregoing part	iculars are true in every respect.	find
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature

NRIC/FIN No.:

Date & Time:

GIARMC StatchPlanForm_V3

POLICE REPORT





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Report No. J/20191022/7018

Vide Re	port No.		Station Diary No
Address	3		
APT BLK 976 JURONG WEST STREET 93 #08-385		ET 93 #08-385	
Contact No. Home/Office: Mobile:			
Email Address			
Sex		Date of Birth	Race
Male	31	18/10/1988	Chinese
November 1	1	7.5.1.5.1.5.5	J.IIII
Language English			
Location Of Incident			
APT BLK 976 JURONG WEST STREET 93 #08-385			
SINGAPORE 640976			
	Address APT BL SINGAF Contact Home/C Email A kelvinter Sex Male Languag English Location APT BLI	SINGAPORE 6409 Contact No. Home/Office: Email Address kelvinteozx@gmail. Sex Age Male 31 Language English Location Of Inciden APT BLK 976 JURG	Address APT BLK 976 JURONG WEST STRE SINGAPORE 640976 Contact No. Home/Office: Mobile: 97631728 Email Address kelvinteozx@gmail.com Sex Age Date of Birth Male 31 18/10/1988 Language English Location Of Incident APT BLK 976 JURONG WEST STRE

Brief details.

The incident was due to my carelessness of not giving way at the said cross junction along Rochor Road at about 5.00am. On the mentioned date, I was the driver and was making a right-turn at the cross junction. Due to the fact that my road direction is bad, I usually depend heavily on my GPS's instruction to reach my destination. As soon as the GPS instructed me to make a right-turn, I followed. I know very clearly that as a right-turning vehicle, I will need to give way to oncoming traffic, and it was due to my

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/10/2019 11:58
Officer In-Charge Of Case:	Classification Of Case:
Authoritication Stemp	

Authentication Stamp

POLICE REPORT





POLICE REPORT (NP299)

Authentication Stamp

CONTINUATION OF REPORT

Report No. J/20191022/7018

careless judgement that I resulted in this incident. My vehicle hit an oncoming Taxi. All parties did not suffer any immediate and apparent injuries and were all conscious with complete ability to stand and manoveure after the incident took place.

signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.	
ignature Of Interpreter: lot applicable	Date/Time: 22/10/2019 11:58	
Officer In-Charge Of Case:	Classification Of Case:	



Accident Photo Reserved Lots For Vehicles















