

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	11/11/2019 13:40
Date Of Accident	09/11/2019 16:55
Exact Location Of Accident	CTE SLIP RD TWDS PIE(CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2039B
Insured/Policyholder	
Name Of Registered Owner	TEO TENG SIU FRANCIS
NRIC No	S1121785J
Email Address	FRANCISTEOTENGSIU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98180079
Alternative Phone No	OFFICE-98180079

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SLK 200
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05024577
Cover Note Number	

Driver

Name of Driver	TEO SHENG ALEXANDER (ZHANG SHENG)
NRIC No	S9822124G
Date Of Birth	05/07/1998
Occupation	INDOOR
Date Of Driving Pass	03/01/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-93827768
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 898A TAMPINES ST 81 #03-778
Postcode	521898
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 - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SMF9943J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG ZHI RUI
NRIC/Passport Number	S8005990F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Alexander Teo Sheng, authorised driver of SMD2039 B.
on 9/11/2019, an accident took place at 4.56pm at CTE Slip Road South bound towards PIE (Changi Airport). ("Slip Road")

As I was driving along the Slip Road, a vehicle bearing the number plate SMF 9943J, driven by Ang Zhi Rui ("Ang") suddenly stopped. I jammed on the brakes immediately but still collided with the rear of his vehicle; my front bumper touched his rear bumper. The weather was dry and clear.


Parties came down to inspect vehicles and no visible damage was seen on both vehicles at the time. However, Ang sent me photos via WhatsApp to show his car has some minor cracks, left and right sides, on the next day, Sunday, 10/11/2019.

Subject to final settlement, the parties have in-principle agreed to settle privately.

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

PRIVATE SETTLEMENT FORM

Private settlement for motor accidents

When involved in a motor accident, you are required to report accident (whether claiming under own policy or not) with accident vehicle (whether damage or not) to our reporting centres within 24 hours or the next working day after the accident. Failure to report or late reporting of accident will result in insured's NCD reduction, upon the next renewal of your motor policy.

You can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under a private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

Income policyholders should send the signed form to Fax No. 6338 1500 or email attachment to motor@income.com.sg. Income will then take up the case on your behalf should the other party decide to lodge a claim subsequently. Your NCD will be protected even if we have to pay the claim.

Income collects, uses and discloses the information in this claim form for insurance and claims administration purposes. For more details about Income's Privacy Policy, please visit www.income.com.sg/others/privacy.asp

Private settlement

1. Details of Accident:

Date (dd/mm/yyyy) / Time : 09/11/2019 16:56 Location : CTE slip road Southbound towards PIE Changi.

2a. Motor-vehicle registration no. SMF 9945J driven by ANG ZHI RUI S8005990F (Name & NRIC no)

and owned by ANG ZHI RUI S8005990F (Name & NRIC no).

2b. Motor-vehicle registration no. SMD 2039B driven by ALEXANDER TEO SHENG S9822124G (Name & NRIC no)

and owned by FRANCIS TEO TENG SIU S1121785J (Name & NRIC no).

3. There are no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows: *delete a) or b) as applicable.

*a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

*b. Without any admission of liability, (party paying compensation) has paid a sum of \$ 1,150.00 which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties have not and will not make a police report of this accident.

6. We understand that the information collected on this private settlement form will be kept and used by Income for investigating and administering claims, fraud detection and underwriting future insurance applications.

Name (paying party): FRANCIS TEO TENG SIU

Tel: 9318 0079 Fax:

NRIC / Passport no: S1121785J

Signature: 

Name (owner receiving compensation): ANG ZHI RUI

Tel: 97765847 Fax:

NRIC / Passport no: S8005990F

Signature: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA119148943 Vehicle Registration No: SMD2039B
Name (as shown in NRIC) : TEO TENG SIU FRANCIS NRIC/FIN/Passport No : S1121785J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98180079
Email Address : _____
Date of Accident : 09/11/2019 Time of Accident : 16:55
Place of Accident : CTE SLIP RD TWDS PIE(CHANGI)
Insurance Company : Lonpac

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND ADD IN PRIVATE SETTLEMENT FORM.

Policyholder / Driver's Signature
Date:



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