

## 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	31/12/2019 10:49
Date Of Accident	28/12/2019 19:35
Exact Location Of Accident	KPE TWDS TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1270A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SPT MOTORING LLP
Co Reg No	TXXXXX974B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5108483099
Cover Note Number	

### Driver

Name of Driver	TEO CHIN CHUAN
NRIC No	SXXXX412G
Date Of Birth	06/06/1984
Occupation	INDOOR
Date Of Driving Pass	20/08/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90255240
Fax Number	
Contact Number	OFFICE-90255240
EEmail Address	NOEMAIL

Address	BLK 523 BEDOK NORTH STREET 3 #02-362
Postcode	460523
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 - 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?	YES
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: : PETER YESHWANT ERNEST GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 526 BEDOK NORTH STREET 3 #01-448 , <b>POSTCODE:</b> 460526 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4429999 - <b>FAX NO:</b> 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191229/2037.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH658E
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 TEO CHIN CHUAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJZ1270A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES

Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PETER YESHWANT ERNEST  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJZ1270A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

SPT  
MOTORING  
ROC . T16LL1974

Policyholder's Signature  
Date & Time:

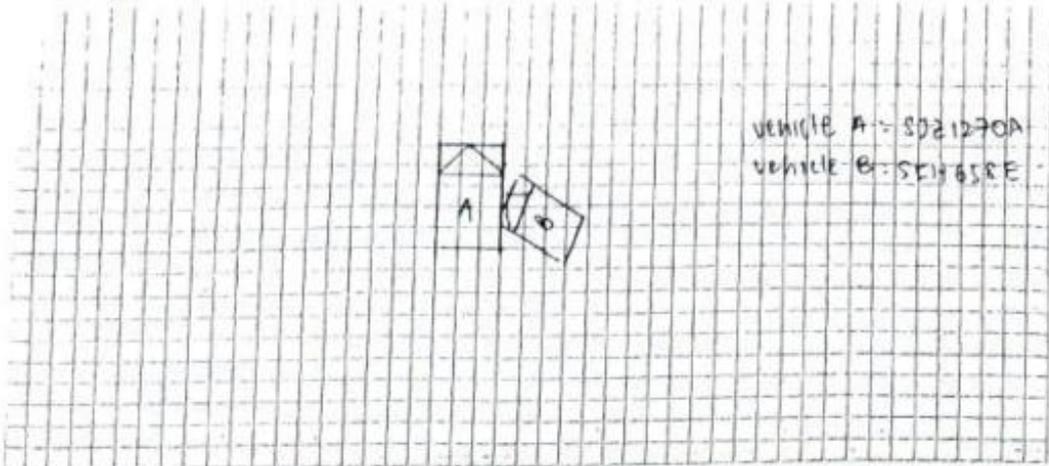
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

FORM 1 (REVISED 2014)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

We declare the foregoing particulars are true in every respect.

SPT  
MOTORING LLP  
Policyholder's Signature  
Date & Time: 11/6/1974 B

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20191229/2037

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

1 of 3  
Report No. T/20191229/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/12/2019 14:39	Video Report No.: T/20191229/2029	Station Diary No.: 17
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Informant's Particulars			
Name of Informant: TEO CHIN CHUAN		Address: APT BLK 523 BEDOK NORTH STREET 3 #02-362 SINGAPORE 460523	
ID Type / ID No.: NRIC NO / S8416412G		Contact No.: Home/Office: Mobile: 90255240	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 06/06/1984	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/12/2019 19:35	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY  TOWARDS TAMPINES EXPRESSWAY, IN THE TUNNEL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ1270A	Car	KIA		White	Seriously Damaged	1
SKH658E	Car			White		1

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

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20191229/2037

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

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Report No. T/20191229/2037

**CONTINUATION OF REPORT**

Driver			
Name	TEO CHIN CHUAN		ID No. S8416412G
Related Vehicle	SJZ1270A (Car)		Contact No. 90255240
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	28/12/2019	Date Discharge	29/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Passenger			
Name	PETER YESHWANT ERNEST		ID No. S2733991C
Related Vehicle	SJZ1270A (Car)		Contact No. -
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 29/12/2019 at 1935hrs, I was driving a white car SJZ1270A and was sending my passenger from 388 Ubi Avenue 1 to 630 Pasir Ris Dr 3. I was driving along Kallang Paya Lebar Expressway (KPE) tunnel towards Tampines Expressway (TPE). I was driving at the middle lane of a 3-lane road.

Suddenly, a white car SKH658E hit the right portion of my car. The damages occurred were dented on the right rear portion of my car, front right window was shattered, right side mirror was broken, both doors on the right side was dented, the right rear rim was dented and the rear right side of the tyre burst. I injured my neck due to the impact. My passenger also told me that she felt pain on the stomach.

My passenger called for the police. The police and ambulance came at 1940hrs. The paramedics then made a check on me and I was conveyed conscious to Sengkang General Hospital. I was admitted for one day and received 4 days of MC. I wish to state that I do not have any particulars of the other driver.

I am lodging this report for insurance claims.

Police Report



SINGAPORE  
POLICE FORCE



T/20191229/2037

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

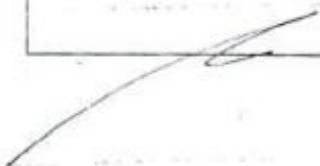
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Report No. T/20191229/2037

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: 29/12/2019 14:39
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476090	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



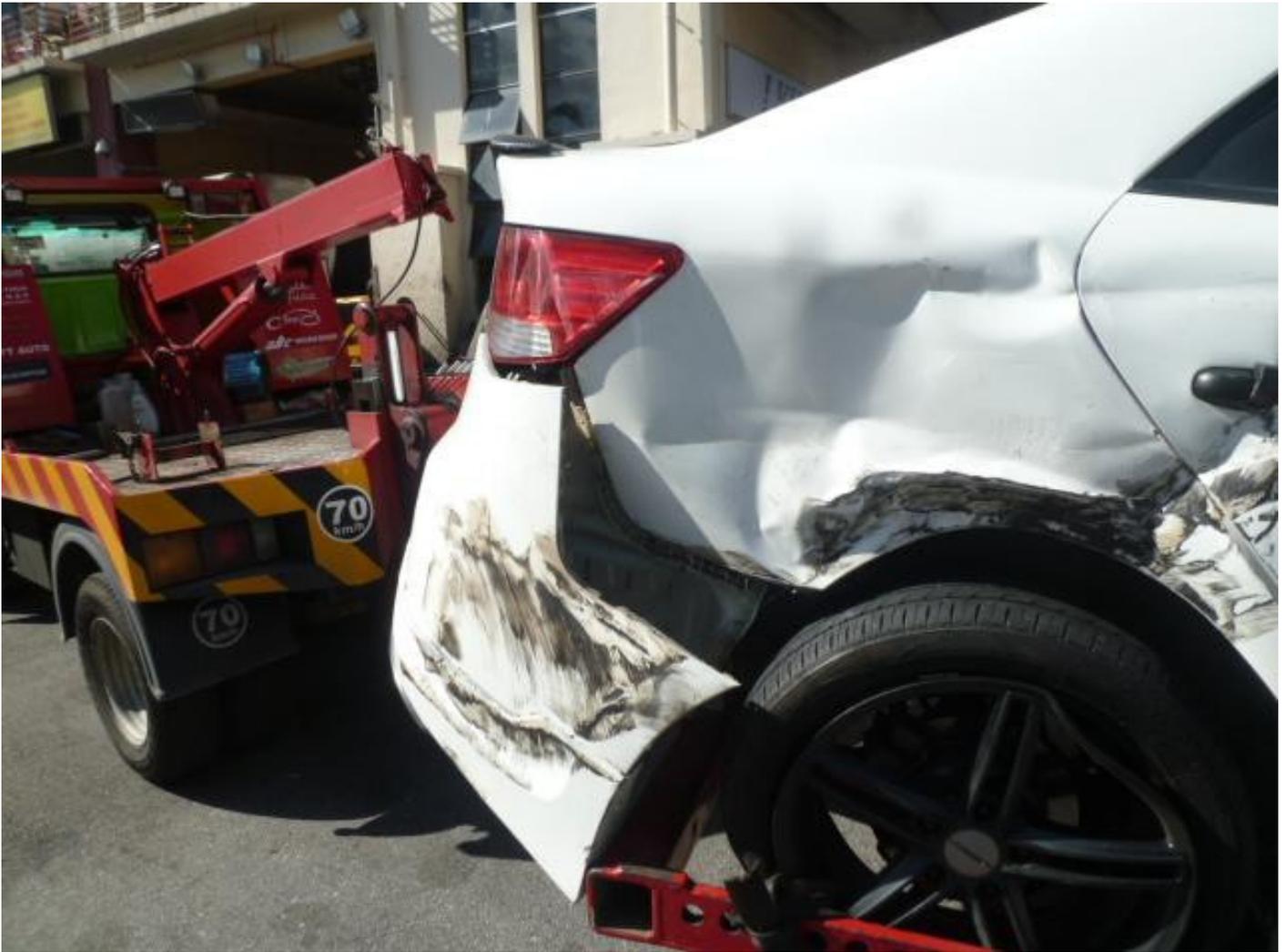
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