#### 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 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.   |   |
|--|---|
|  | ACCIDENT STATEMENT                                |
| Date Of Report   | 15/02/2020 14:57                                  |
| Date Of Accident   | 15/02/2020 11:20                                  |
| Exact Location Of Accident   | PAYA LEBAR RD (OUTSIDE PLQ FACING GUILEMARD ROAD) |
| Country/State of Loss  | SINGAPORE   |
| D  | DETAILS OF OWN VEHICLE                            |
| Vehicle Registration Number  | SKL6060T  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | TEO LYE TEE                                       |
| NRIC No  | SXXXX370E   |
| Email Address  | GERALDLZT@GMAIL.COM                               |
| Mobile Phone No  | (LOCAL) +65-98551610                              |
| Alternative Phone No   | OTHERS-98551610                                   |
| Vehicle Particulars  |   |
| Manufacturer   | AUDI  |
| Model  | A5  |
| 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                                       | THIRD PARTY                                       |
| Vehicle Category   | PRIVATE CAR                                       |
| Insurance Company  |   |
| Name of Insurance Company  | MSIG INSURANCE (SINGAPORE) PTE. LTD.              |
| Type Of Coverage   | COMPREHENSIVE                                     |
| Fleet Policy   | NO  |
| Policy Number  | A 80469286 QMY                                    |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | LOO ZHENG TENG, GERALD                            |

SXXXX085F NRIC No Date Of Birth 02/03/1991 Occupation **INDOOR Date Of Driving Pass** 20/07/2009

**Driving Experience** 10 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98551610

Fax Number

OTHERS-98551610 Contact Number

**EMail Address** GERALDLZT@GMAIL.COM Address 46 CHARLTON LANE

Postcode 539687

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 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

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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)

Passenger 1

NAME: : NG ZHENLING

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200017/7029

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHD6163H
Vehicle Make/Model/Colour TOYOTA PRIUS

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver JUNAIDI BIN SUJA'EE

NRIC/Passport Number SXXXX056I Contact Number 90611260

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

YM4065Y Vehicle Registration Number

Vehicle Make/Model/Colour **GARBAGE TRUCK** 

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

TEH BOON CHAI Name of Driver NRIC/Passport Number SXXXX089H **Contact Number** 91301778

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name LOO ZHENG TENG, GERALD

Approximate Age

Injuries Sustain SLIGHT INJURY

SKL6060T Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

### **DETAILS OF INJURED PERSON 2**

**NG ZHENLING** Name

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKL6060T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address Postcode

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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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
- 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.
- 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: 15/02/2020

2-00 pm

NRIC/FIN No.:

Reporting Centre Person

Name:

## **Accident Sketch Plan**

| SKETCH PLAN  | A-SKL6060T (Myself) B-SHD6163H (Mr Junaidi) C-YM4065Y (Mr Teh)   |
|--|--|
|  | A B C  |
| ALONES P   | toya larbor ford   |
| to two right to two green of forward as auto         | ary at the junction of Paya Lebor Rel planning to Greylang Rd while waiting for traffic light After I heard a loud Bang, I look up to my invor and felt an impact. My car did not move in hold brake was on.  The whicle to see on car B hit onto me hit onto cor B. |
|  |  |
| DECLARATION<br>I/We declare the foregoing particular | s are true in every respect.  My  Modacoo 1  |
| Policyholder's Signature<br>Date & Time:             | Driver's Signature (If driver is not the policyholder) Date & Time: 15/02/20 20  Reporting Centre Personne's Signature Work HOO NRIC/FIN No.:  |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 4 Report No. T/20200217/7029

### REPORT OF A TRAFFIC ACCIDENT

|  | Date/Time Report Made:<br>17/02/2020 19:00 |                           | Vide Report No.:                                 | Station Diary No.  |  |
|--|--|---------------------------|--|--|--|
| Informa                                      | nt's Partic                                | ulars                     |  |  |  |
| Name of Informant:<br>LOO ZHENG TENG, GERALD |  |                           | Address:<br>46 CHARLTON LANE SINGAPORE 539687    |  |  |
| ID Type<br>NRIC NO                           | / ID No.:<br>D / S91090                    | 85F                       | Contact No.:<br>Home/Office:                     | Mobile: 98551610   |  |
| National<br>SINGAP                           | ty:<br>ORE CITIZ                           | EN                        | Email:<br>geraldlzt@gmail.com                    | The state of the s |  |
| Sex:<br>Male                                 | Age:<br>28                                 | Date of Birth: 02/03/1991 | Type of Informant:<br>Driver                     |  |  |
| Race:<br>Chinese                             |  |                           | Language:<br>English                             | Institution / School Name:   |  |
| Occupation:<br>Management executive          |  | tive                      | Driving Licence Information:<br>Class: 2B,2A,2,3 | Date of Expiry:  |  |

| Type of<br>Accident:      | Injury<br>Others | Drink<br>Drive:<br>No                  | Date/Time of<br>Accident:<br>15/02/2020 11:20 | Type of Location<br>Straight Road |  |
|---------------------------|------------------|--|---|-----------------------------------|--|
| Location:<br>PAYA LEBAR   | ROAD             |  |   |                                   |  |
| Weather: Roa<br>Clear Dry |                  | Road Surface:                          |   | Road Speed Limit:<br>60 Km/h      |  |
| Clear                     |                  | Diy                                    |   | OO LUINII                         |  |
| Traffic Flow:<br>One Way  |                  | Traffic Control:<br>Traffic Light - Wo | rking   | Traffic Volume:<br>Light          |  |

| Details of V | ehicle Involv    | ed     |          | Garage March | All San Colonia |                |
|--------------|------------------|--------|----------|--------------|-----------------|----------------|
| Vehicle No.  | Туре             | Make   | Model    | Color        | Condition       | No of Passenge |
| SHD6163H     | Car              |        |          |              |                 | 0              |
| SKL6060T     | Car              | AUDI   | A5 B9 SB | White        | Slightly        | 1              |
| YM4065Y      | Garbage<br>Truck | OTHERS |          |              |                 | 0              |

| Details of Vehicle Insurance |   |               |            |             |  |
|------------------------------|---|---------------|------------|-------------|--|
| Vehicle No.                  | Insurance Company                       | Insurance No  | Effective  | Expiry Date |  |
| SKL6060T                     | MSIG INSURANCE (SINGAPORE)<br>PTE. LTD. | A80469286 QMY | 28/06/2019 | 27/06/2020  |  |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 4 Report No. T/20200217/7029

### CONTINUATION OF REPORT

| Any Pedestrian II | volved: No             |     |             |   |           |  |
|-------------------|------------------------|-----|-------------|---|-----------|--|
| No. of Pedestrian |                        |     | Use of Per  | doctriar  | Cross     | ing: NA  |
| Driver            | o injured. The         |     | 080 01 7 01 | destrial  | 101055    | ing. NA  |
| Name              | JUNAIDI BIN SUJA       | EE  |             | ID No.  |           | S7917056I  |
| Related Vehicle   | SHD6163H (Car)         |     |             | Conta   | ct No.    | NIL  |
| Hospital/Clinic   | NIL                    |     |             | Class of<br>Driving<br>Licence &<br>Expiry Date |           | Class: 2B,2A,2,3,4<br>Date of Expiry: NIL  |
| Date Treatment    | NIL                    |     | Date Disc   | harne   | NIL       |  |
|                   | ted Medical Leave      | NIL | Degree of   |   | NIL       |  |
| Driver            |                        |     | 009.000     | y   | 1316      | The state of the s |
| Name              | LOO ZHENG TENG, GERALD |     |             | ID No   |           | S9109085F  |
| Related Vehicle   | SKL6060T (Car)         |     |             | Contact No.                                     |           | 98551610   |
| Hospital/Clinic   | NIL                    |     |             | Class<br>Drivin<br>Licen<br>Expire              | g<br>ce & | Class: 2B,2A,2,3<br>Date of Expiry: NIL  |
| Date Treatment    | 17/02/2020             |     | Date Disc   | harne   | NIL       |  |
|                   | ed Medical Leave       | 03  | Degree of   |   | Slight    |  |
| Passenger         |                        |     | Dogico o    | injury  | Oligin    | William Co. of the last of   |
| Name              | NG ZHEN LING           |     |             | ID No   |           | S9106536C  |
| Related Vehicle   | SKL6060T (Car)         |     |             | Contact No.                                     |           | 98582799   |
| Hospital/Clinic   | NIL                    |     |             | Class<br>Drivin<br>Licen<br>Expire              | g         | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment    | 17/02/2020             |     | Date Disc   | harne   | NIL       |  |
|                   | Doi:                   |     |             | egree of Injury Slight                          |           |  |



T/20200217/7029

Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 4 Report No. T/20200217/7029

#### CONTINUATION OF REPORT

| Driver                                |                         |     |           | Carlot II                         | 40344   |  |
|---------------------------------------|-------------------------|-----|-----------|-----------------------------------|---------|--|
| Name                                  | TEH BOON CHAI           |     |           | ID No                             | ).      | S7485089H                                      |
| Related Vehicle                       | YM4065Y (Garbage Truck) |     |           | Conta                             | act No. | NIL  |
| Hospital/Clinic                       | NIL                     |     |           | Class<br>Drivin<br>Licen<br>Expir | g       | Class: 2B,2A,2,3,4A,4,5<br>Date of Expiry: NIL |
| Date Treatment                        | NIL Date Dis            |     |           | harge                             | NIL     |  |
| No. of Days granted Medical Leave NIL |                         | NIL | Degree of |                                   | NIL     |  |

#### Brief Details.

I was stationary on Lane 3, waiting for traffic light to give the green arrow for right turn into geylang Road.

After I heard a loud bang, I look up to my rear view mirror and immediately I feel an impact from the rear of my car. When I got down the vehicle, I noticed a taxi (SHD6163H) sandwiched between my car and a Garbage truck (YM4065Y)

After exchanging particulars and taking some photos, I went back to retrieve my in car camera footage. I understand from the footage that the taxi has been behind me stationery as well, until the Garbage truck hit the taxi and push it until it hit my car.



T/20200217/7029

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

4 of 4 Report No. T/20200217/7029

### CONTINUATION OF REPORT

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|-----|----|--------|-----|-----|
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|     |    |        |     |     |

NP168

Informant is not able to provide sketch plan

| Signature Of Officer Recording The Report:<br>Not applicable                               | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass, No signature is required. |
|--|---|
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>17/02/2020 19:00  |
| Officer In Charge Of Case:<br>TP / TPHQ /<br>YEO GEAK ENG CECILIA<br>Contact No.: 65476404 | Classification Of Case:   |
| Authentication Stamp   |   |























