

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 | 28/02/2020 16:56 |
| Date Of Accident | 28/02/2020 07:45 |
| Exact Location Of Accident | AIRPORT TERMINAL 2 DEPARTURE HALL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKV568H |
| Insured/Policyholder | |
| Name Of Registered Owner | TEO LYE CHUAN |
| NRIC No | SXXXX290I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-85695439 |
| Alternative Phone No | OFFICE-85695439 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | TOYOTA |
| Model | ESTIMA 2.4X A |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5108692829 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | TEO LYE CHUAN |
| NRIC No | SXXXX290I |
| Date Of Birth | 16/04/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/03/1999 |
| Driving Experience | 20 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85695439 |
| Fax Number | |
| Contact Number | OFFICE-85695439 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | 33 TAMPINES CENTRAL 7 #03-47 |
| Postcode | 528614 |
| 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 | SIDE SWIPE |
| 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: : - GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TAMPINES NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5871999 - FAX NO: 65871699 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20200228/2076.

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 | SJA6889P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ONG TENG HUAT |
| NRIC/Passport Number | |
| Contact Number | 97549188 |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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. 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.

X

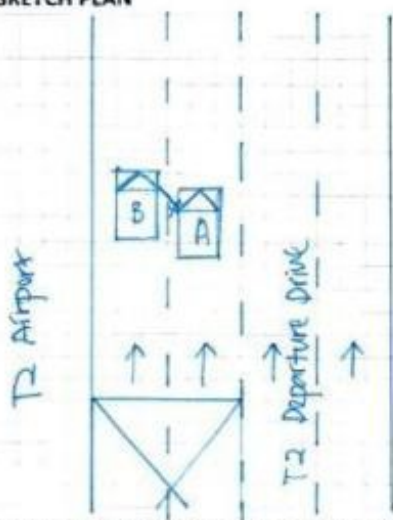
Policyholder's Signature
Date & Time:

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



Veh A: SKV568H

Velh B: SJA 6889 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20200228/2076

DECLARATION

I/We declare the foregoing particulars are true in every respect.

2

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200228/2076

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200228/2076

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 28/02/2020 15:18 | Vide Report No.: P/20200228/0006 | Station Diary No.: 87 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | |
|--|---|------------------------------|------------------------------|
| Name of Informant: TEO LYE CHUAN | Address: 33 TAMPINES CENTRAL 7 #03-47 SINGAPORE 528614 | | |
| ID Type / ID No.: NRIC NO / S79112901 | Contact No.: Home/Office: Mobile: 85695439 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Male | Age: 40 | Date of Birth: 16/04/1979 | Type of Informant: Driver |
| Race: Chinese | Language: English | | Institution / School Name: |
| Occupation: PRIVATE HIRER - GRAB | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 28/02/2020 07:40 | Type of Location: Straight Road |
| Location: AIRPORT BOULEVARD TERMINAL 2 DEPARTURE DRIVE BETWEEN GATE 1 AND GATE 2. | | | | |
| 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 - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|------------------------------|--------|---------------------|-----------------|
| SJA6889P | Car | TOYOTA | COROLLA ALTIS 1.6 AUTO | | Slightly Damaged | 2 |
| SKV568H | Car | TOYOTA | ESTIMA 2.4X A | Silver | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|------------|-------------|
| SKV568H | NTUC Income Insurance Co-Operative Limited | 5108692829 | 05/04/2019 | 27/07/2020 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20200228/2076

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200228/2076

CONTINUATION OF REPORT

Brief Details.

On 28/02/2020 at about 0740hrs, I was driving along Singapore Changi Airport Terminal 2 Boulevard in my Silver Toyota Estima (Reg No: SKV568H) with one passenger.

I was continuing driving till Terminal 2 Departure Drive and was finding a space to alight my passenger when I managed to locate the slot between Gate 1 and Gate 2. I proceeded to the said slot while driving along lane 3 out of the four lane, when suddenly a Toyota Corolla Altis Vehicle (Reg No: SJA6889P) driver opened the door and grazed on to my left passenger door.

The left passenger door sustained dents and deep scratches.

The passenger in my vehicle did not sustained any injuries and alighted to proceed for their flight.

I alighted for my vehicle to exchange particulars however the other party not willing to do so. I managed to note down his vehicle registration number before moving off.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200228/2076

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200228/2076

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 /
Staff Sgt MUHAMMAD FIRDAUS BIN MISWAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/02/2020 15:18

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

