

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	16/07/2020 13:55
Date Of Accident	15/07/2020 17:15
Exact Location Of Accident	TAMPINES AVE 7 TWDS TAMPINES ST 34
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4833L
Insured/Policyholder	
Name Of Registered Owner	TEO BOON KIAT
NRIC No	SXXXX683D
Email Address	JOETEO783@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94559886
Alternative Phone No	OFFICE-94559886

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115582221
Cover Note Number	

Driver

Name of Driver	TEO BOON KIAT
NRIC No	SXXXX683D
Date Of Birth	01/10/1953
Occupation	INDOOR
Date Of Driving Pass	19/06/1978
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94559886
Fax Number	
Contact Number	OFFICE-94559886
Email Address	JOETEO783@HOTMAIL.COM

Address	BLK 196 PASIR RIS ST 12 #10-94
Postcode	510196
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 - 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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200715/2003D

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	SFV1588C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG JUN JIE JACK
NRIC/Passport Number	
Contact Number	96601778
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

Tampines Ave 7 twds Tampines St 34

→ ————
→ - - - -
→ [A] [B]

A = SKR 4833L
B = SFV 1588C.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200715/2003D

DECLARATION

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


Policyholder's Signature
Date & Time:

(Signature of Policyholder)

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/20200715/2003D

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20200715/2003D

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2020 21:41	Vide Report No.: G/20200715/0140	Station Diary No.: 5008
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Informant's Particulars			
Name of Informant: TEO BOON KIAT		Address: APT BLK 196 PASIR RIS STREET 12 #10-94 SINGAPORE 510196	
ID Type / ID No.: NRIC NO / S0142683D		Contact No.: Home/Office: Mobile: 94559886	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 01/10/1953	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: NURSE MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/07/2020 17:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES AVENUE 7 TAMPINES STREET 34				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFV1588C	Car	HONDA	HRV		Slightly Damaged	0
SKR4833L	Car	MITSUBISHI	OUTLANDE R 2.4 CVT ABS D/AIRBAG AWD S/R	Red	No Damage	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200715/2003D

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 4

Report No. T/20200715/2003D

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR4833L	NTUC Income Insurance Co-Operative Limited	5115582221	11/02/2020	10/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG JUN JIE JACK	ID No.	NIL
Related Vehicle	SFV1588C (Car)	Contact No.	96601778
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
Driver			
Name	TEO BOON KIAT	ID No.	S0142683D
Related Vehicle	SKR4833L (Car)	Contact No.	94559886
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/07/2020 at about 5:15pm, I was driving my vehicle (SKR4833L) along Tampines Ave 7 heading towards Tampines St 34. I was ferrying my colleague to Tampines East MRT Station.

While along Tampines Ave 7, the traffic light in front was red and the traffic was on a stand still. I was safely stopped behind the vehicle in front of mine (SFV1588C). The light turned green and the vehicles started moving forward. I started moving forward as well as I assumed that the vehicle in front of mine would start moving as well. However, the vehicle in front of mine did not move forward and caused my vehicle to collide into the rear of it.

I immediately stopped my vehicle the moment I knocked into the front vehicle. The knock was light in nature and my passenger and I did not sustain any injuries. I then alighted from my vehicle and proceeded to make a check on the other driver. While I was checking on the other driving, a traffic police officer came by to assist us. I believe he was around the area as none of us called for police.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200715/2003D

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
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Tel No: 1800-5852999

3 of 4

Report No. T/20200715/2003D

CONTINUATION OF REPORT

I checked with the other driver and he informed me that he was experiencing some discomfort in his right leg. He told me that it was an old injury but it had relapsed due to the accident. He then informed that he required medical services and the police officer call for ambulance. The ambulance shortly came and the other driver was conveyed by it. I only managed to get the name and contact number of the other driver.

I managed to take some photos of the damages to the vehicles. My vehicle did not sustain any damages but the other vehicle received some dents on the right portion above the rear bumper. The traffic police gave me a case card and told me to lodge an accident report. My vehicle does not have any on board camera.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200715/2003D

Police Station Of Origin:
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1 Pasir Ris Drive 4 #01-01 SINGAPORE
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Tel No: 1800-5852999

4 of 4

Report No. T/20200715/2003D

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 2 LECK WEN HAO, DANIEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/07/2020 21:41

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

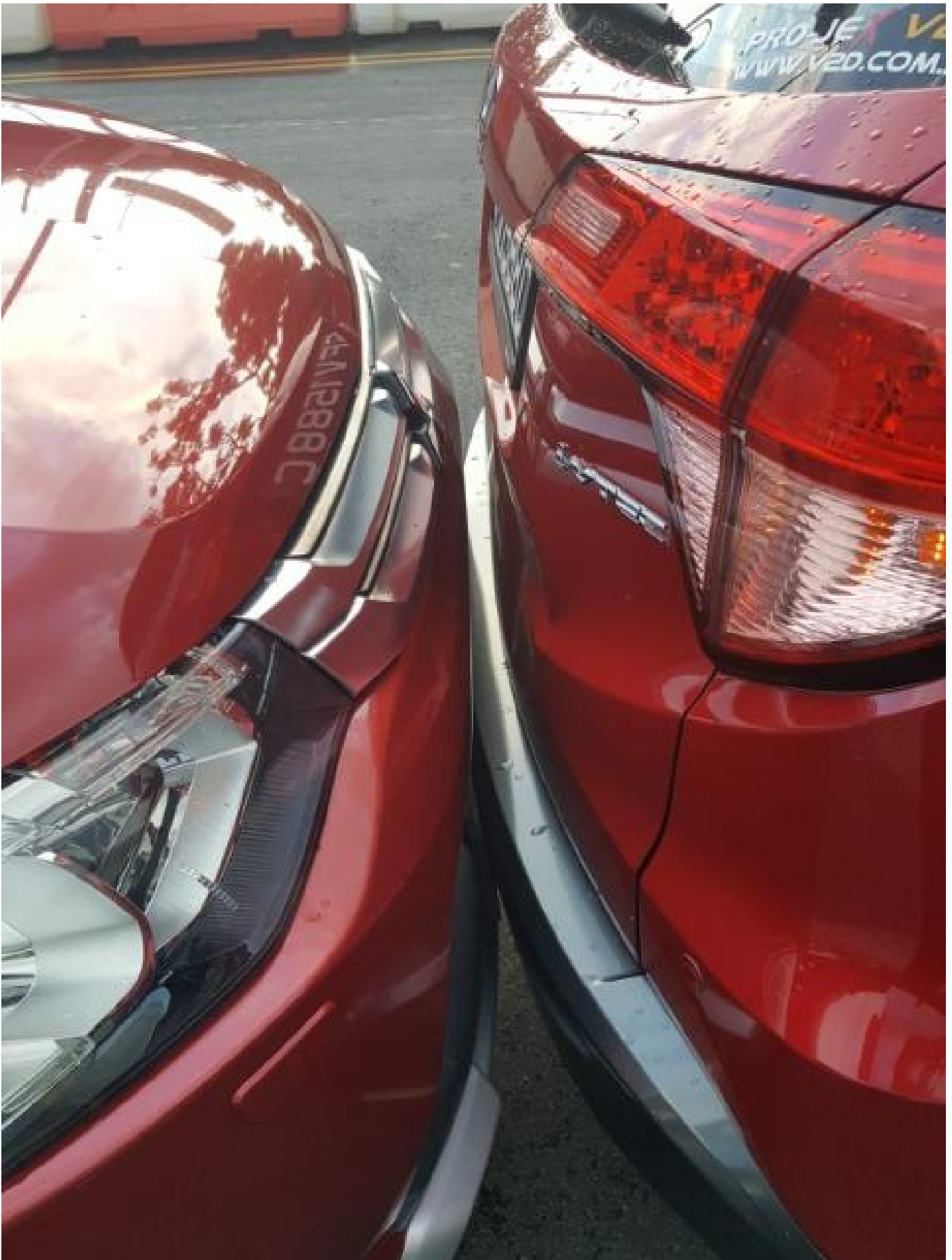


Accident Photo





Accident Photo



Accident Photo

