

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	17/08/2020 20:33
Date Of Accident	14/08/2020 23:20
Exact Location Of Accident	RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8864D
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	2XXXXX055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86881311

Vehicle Particulars

Manufacturer	RENAULT
Model	GRAND SCENIC IV-1.5 DCI EU6 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M0014729
Cover Note Number	

Driver

Name of Driver	TEO HONG ANN
NRIC No	SXXXX088A
Date Of Birth	04/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2012
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98112112
Fax Number	
Contact Number	
EEmail Address	ALTEOHA9595@GMAIL.COM

Address	57 TEBAN GARDENS #26-469
Postcode	600057
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 - 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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	6
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : FEMALE
Passenger 5	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20200816/2066

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF9359H
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 HONG ANN
Approximate Age
Injuries Sustain 5 DAYS MEDICAL LEAVE
Injured person in which vehicle? SML8864D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MOHD ADU BIN MOHAMAD
Approximate Age
Injuries Sustain 2 DAYS MEDICAL LEAVE
Injured person in which vehicle? SML8864D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name IFFAH ATHIRAH KAMSANI
Approximate Age
Injuries Sustain 3 DAYS MEDICAL LEAVE
Injured person in which vehicle? SML8864D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 4

Name NUR IRYANA BINTE ANWAR
Approximate Age
Injuries Sustain 3 DAYS MEDICAL LEAVE
Injured person in which vehicle? SML8864D

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

SKETCH PLAN

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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.

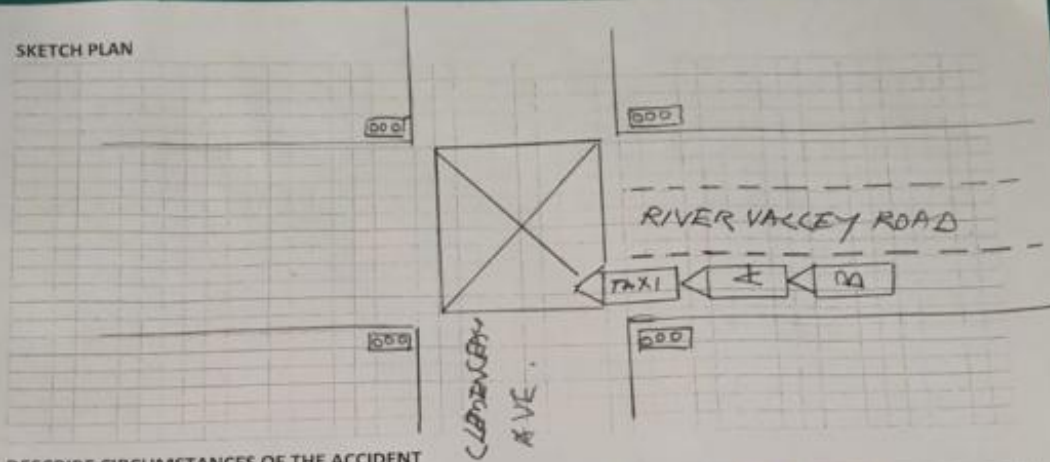
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20200816/2066

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.:



**SINGAPORE
POLICE FORCE**



T/20200816/2066

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20200816/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2020 17:20	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: TEO HONG ANN			Address: APT BLK 57 TEBAN GARDENS ROAD #26-469 SINGAPORE 600057	
ID Type / ID No.: NRIC NO / S8368088A			Contact No.: Home/Office: Mobile: 98112112	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 36	Date of Birth: 04/12/1983	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2020 23:15	Type of Location: X-Junction
Location: RIVER VALLEY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SLF9359H	Car				Slightly Damaged	0
SML8864D	Car				Slightly Damaged	5

Details of Person Involved

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



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570025
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Report No. T/20200816/2066

CONTINUATION OF REPORT

Passenger			
Name	MARHANI ABDULLAH	ID No.	NIL
Related Vehicle	SML8864D (Car)	Contact No.	93855074
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
Passenger			
Name	FARIDAH BINTE RIDZWAN	ID No.	NIL
Related Vehicle	SML8864D (Car)	Contact No.	97738444
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 HONG ANN	ID No.	S8368088A
Related Vehicle	SML8864D (Car)	Contact No.	98112112
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	16/08/2020	Date Discharge	16/08/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	MOHD ADU BIN MOHAMAD	ID No.	NIL
Related Vehicle	SML8864D (Car)	Contact No.	91144843
Hospital/Clinic	SHERATON MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/08/2020	Date Discharge	16/08/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight



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Report No. T/20200816/2066

CONTINUATION OF REPORT

Passenger			
Name	IFFAH ATHIRAH KAMSANI	ID No.	NIL
Related Vehicle	SML8864D (Car)	Contact No.	93809803
Hospital/Clinic	ISLAND FAMILY CLINIC (KEAT HONG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/08/2020	Date Discharge	16/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NUR IRYANA BINTE ANWAR	ID No.	NIL
Related Vehicle	SML8864D (Car)	Contact No.	89236716
Hospital/Clinic	ISLAND FAMILY CLINIC (KEAT HONG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/08/2020	Date Discharge	16/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/08/2020 at about 2318hrs, I was driving my vehicle(Renault Grand Scenic - SML8864D) along River Valley Road, towards Delta Road. I had 5 passengers that were in my vehicle. I was driving on the left most lane of 3 lanes. As I was approaching the traffic light, the light was indicated 'Red'. As such I stepped on my brakes and my vehicle came to a stop. There was a Taxi that was in front of me. My intention was to turn left into Clemenceau Avenue. When the traffic light turned 'Green', the Taxi in front of me gave way to pedestrians that were crossing. I then slowly inched forward getting ready to turn left.

All of a sudden, I felt an impact coming from the rear of my vehicle. After the impact, I immediately alighted from my car. I then discovered that a vehicle(SLF9359H) had collided onto the rear portion of my vehicle causing damages. We then exchanged contacts and I took photos of the damages. After which, I continued to send my passengers to their intended location.

Due to the incident, my passengers and I felt pain and aches on our body. As such, we went to consult a doctor and were given MC. I wish to indicate that I have an in-car camera facing the front and rear of my vehicle. A footage of the incident was also recorded. I wish to also add that I am unsure if 2 of my passengers have went to consult the doctor. I am lodging this report for insurance claims purposes.

Damages to vehicle:

- 1)Scratches on rear portion of vehicle
- 2)Due to the damages on rear portion, vehicle boot is unable to open



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Report No. T/20200816/2066

CONTINUATION OF REPORT



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Report No. T/20200816/2066

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:

E /

Sgt 2 QAMARUL FITRI BIN JEFFREY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/08/2020 17:20

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

SN 070

Contact No.: 65476219

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

