

## 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 31/08/2020 12:52  
Date Of Accident 28/08/2020 16:45  
Exact Location Of Accident VICTORIA STREET TWDS MIDDLE RD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SFG4885D  
**Insured/Policyholder**  
Name Of Registered Owner TOMMY TEO WEI MING  
NRIC No SXXXX451A  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-88662289  
Alternative Phone No OFFICE-88662289

### Vehicle Particulars

Manufacturer MERCEDES-BENZ  
Model C250  
Exact Purpose for which vehicle was being used at time of accident  
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5104344779-01  
Cover Note Number

### Driver

Name of Driver TOMMY TEO WEI MING  
NRIC No SXXXX451A  
Date Of Birth 02/02/1989  
Occupation OUTDOOR  
Date Of Driving Pass 21/03/2009  
Driving Experience 11 YEARS AND 5 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-88662289  
Fax Number  
Contact Number OFFICE-88662289  
EMail Address NOEMAIL

Address	BLK 63 NEW UPPER CHANGI RD #12-1176
Postcode	461063
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 - U-TURN
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20200829/2003.

#### 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	SKK76T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	PNG TECK SOON
NRIC/Passport Number	SXXXX980E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TOMMY TEO WEI MING

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SFG4885D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

### 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 as 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 the 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including the 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:

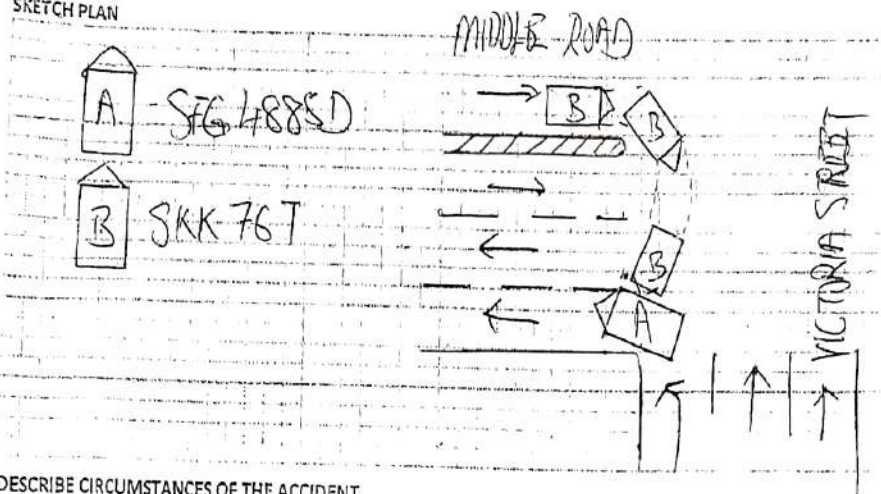
Reporting Centre Personnel's Signature  
Name:  
NRI/C/FIN No.:

GIA/MP Sketch Plan Form v3

Yi Hui



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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/PIN No.:



# SINGAPORE POLICE FORCE



T/20200829/2003

1 of 4

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No T/20200829/2003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2020 00:51		Vide Report No.		Station Diary No.: 8	
<b>Informant's Particulars</b>					
Name of Informant: TOMMY TEO WEI MING			Address: APT BLK 63 NEW UPPER CHANGI ROAD #12-1176 SINGAPORE 461063		
ID Type / ID No.: NRIC NO / S8906451A			Contact No.: Home/Office: Mobile: 88662289		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 02/02/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FINANCIAL ADVISOR			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2020 16:45	Type of Location: T-Junction
Location:  MIDDLE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFG4885D	Car	MERCEDES BENZ	C 250	White	Slightly Damaged	0
SKK76T	Car	VOLVO		White	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFG4885D	NTUC Income Insurance Co-Operative Limited	5104344779-01	10/11/2019	09/11/2020



Police Station Of Origin:  
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1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No T/20200829/2003

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TOMMY TEO WEI MING	ID No.	S8906451A
Related Vehicle	SFG4885D (Car)	Contact No.	88662289
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/08/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Driver</b>			
Name	PNG TECK SOON	ID No.	S1528980E
Related Vehicle	SKK76T (Car)	Contact No.	97100059
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 the 28/08/2020 at 1645hrs, I was at the junction of Victoria Street and Middle Road when my car (SFG4885D) got into an accident.

I was on Victoria Street waiting to turn left into Middle Road. When the light turned green for 'left turn' only, I proceeded to make a turn.

As I was making the left turn, a car (SKK76T) made an illegal U-turn at Middle Road and knocked onto my car. The front of the car knocked onto the rear right of my car.

There are scratches, dents and damaged paint job at the rear right side of my car, near the wheel area. There are scratches and dents on my rear right tire rim too. I also discovered the mechanism to adjust my steering wheel was faulty.

The other car sustained serious damages to the front bumper. I exchanged my particulars and contact details with the other driver.

I felt pain on my neck, upper back and lower back after the incident. I visited Khoo Teck Puat hospital and was given a 5 days MC from 28/08/2020 to 01/09/2020.

I am lodging this report for insurance, medical and personal injuries claims as advised by my insurance.





**SINGAPORE  
POLICE FORCE**



T/20200829/2003

3 of 4

Report No. T/20200829/2003

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Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

CONTINUATION OF REPORT

agent.







**SINGAPORE  
POLICE FORCE**



T/20200829/2003

Police Station Of Origin:  
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1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

4 of 4

Report No T/20200829/2003

**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 3 KIANG KOK SUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

29/08/2020 00:51

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

**SN 065**

**SIGNATURE**