

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	28/08/2020 09:35
Date Of Accident	27/08/2020 15:05
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCG3128Z
Insured/Policyholder	
Name Of Registered Owner	TEO WEE KIANG
NRIC No	SXXXX046C
Email Address	WEEKIANG_TEO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91110072
Alternative Phone No	OFFICE-91110072

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS 1.8A
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00089212003
Cover Note Number	

Driver

Name of Driver	TEO WEE KIANG
NRIC No	SXXXX046C
Date Of Birth	28/10/1970
Occupation	INDOOR
Date Of Driving Pass	30/04/1993
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91110072
Fax Number	
Contact Number	OFFICE-91110072
EMail Address	WEEKIANG_TEO@YAHOO.COM.SG

Address	40 LLOYD ROAD #06-44
Postcode	239107
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?	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)	3
Passenger 1	NAME: : TEO WAN KEE GENDER: : FEMALE
Passenger 2	NAME: : TEO ZHAN SHENG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to Sketch Plan & Police report: T/20200827/2087

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	S5321CD
Vehicle Make/Model/Colour	BMW /GREY
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	WANG RONGFANG

NRIC/Passport Number	GXXXX058X
Contact Number	98277282
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. 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.

Policyholder's Signature
Date & Time:

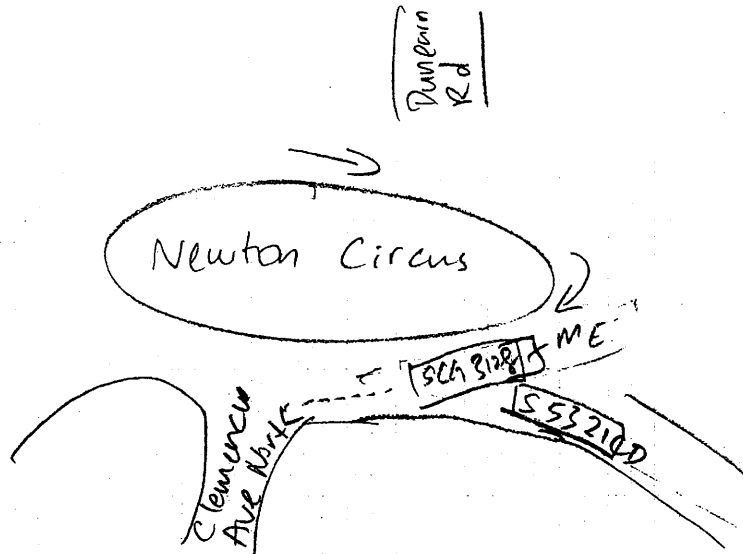
28 AUG 2020

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

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

28 AUG 2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report : T20200827/2087

DECLARATION

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

Policyholder's signature _____
Date & Time: 28 AUG 2020

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

Reporting Centre Personnel's Signature
Name: Tricia Ceony
NRIC/FIN No.: 28 AUG 2020



**SINGAPORE
POLICE FORCE**



T/20200827/2087

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 4

Report No. T/20200827/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2020 16:31		Vide Report No.:		Station Diary No.: 95	
Informant's Particulars					
Name of Informant: TEQ WEE KIANG			Address: 40 LLOYD ROAD #06-44 SINGAPORE 239107		
ID Type / ID No.: NRIC NO / S7038046C			Contact No.: Home/Office: Mobile: 91110072		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 28/10/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident					
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/08/2020 15:05	Type of Location: Roundabout	
Location: NEWTON CIRCUS					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		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
S5321CD	Car	BMW		Grey	Slightly Damaged	1
SCG3128Z	Car	TOYOTA	ISIS 1.8 A	Blue	Slightly Damaged	2

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SCG3128Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000892 12003	08/08/2020	30/06/2021	



**SINGAPORE
POLICE FORCE**



T/20200827/2087

2 of 4

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20200827/2087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WANG RONGFANG	ID No.	G1659058X
Related Vehicle	S5321CD (Car)	Contact No.	98277282
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 WEE KIANG	ID No.	S7038046C
Related Vehicle	SCG3128Z (Car)	Contact No.	91110072
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 27/08/2020 at about 1505hrs, I was driving my car SCG3128Z (Toyota/dark blue) with my two children, one seated at the front left passenger seat while the other seated at the rear. I was driving along Durnean Road, towards Newton Circus to go to Clemenceau Avenue North.

After I entered the Newton Circus, I was driving at the most left lane. However, while I was at the driving, a car S5321CD (BMW/grey) entered the Newton Circus and collided to the left rear passenger door to my vehicle. In order to avoid hazard and obstruction to other road users, we drove our cars into Clemenceau Avenue North to discuss further.

Upon further checked, my 2 children and myself has no injury. Later, I found that my rear left passenger door is dented and scratched. I then spoke to the female driver who is with another male passenger seating at the front passenger seat. The female driver claimed that she is from China Embassy. The female driver then explained to me that she thought that she has the right of way. The other car has a deep scratched marks at the front right side bumper and the front right head light is damaged.

I am not sure how much is the cost for the damage to my car as I have not sent to the workshop.

I am lodging this report for as I had an accident with an embassy car.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20200827/2087

3 of 4

Report No. T/20200827/2087

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200827/2087

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



4 of 4
Report No. T/20200827/2087


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 / Sr Staff Sgt NAZRI BIN AHMAD 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2020 16:31
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No : 65476151	Classification Of Case:

Authentication Stamp
NP168 

SN 172

SIGNATURE