

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 | 30/09/2020 13:24 |
| Date Of Accident | 30/09/2020 07:20 |
| Exact Location Of Accident | PIE NEAR TOA PAYOH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMH8484M |
| Insured/Policyholder | |
| Name Of Registered Owner | TEO THIAM GUAN |
| NRIC No | S6841862C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90992821 |
| Alternative Phone No | OTHERS-90992821 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | BMW |
| Model | 640I GT |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| 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 | DMPCSN30700719000 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TEO THIAM GUAN |
| NRIC No | S6841862C |
| Date Of Birth | 25/10/1968 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/05/1991 |
| Driving Experience | 29 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90992821 |
| Fax Number | |
| Contact Number | OTHERS-90992821 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | 12 UPPER BOON KENG ROAD #05-897 |
| Postcode | 380012 |
| 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? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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: : TEO PIR LOONG JACOB GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TOA PAYOH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2519999 - FAX NO: 63548749 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

| | |
|---|---------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH TRAFFIC POLICE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | FBB6112L |
| Vehicle Make/Model/Colour | MOTORCYCLE |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | ALLAMSYAH SAPUTRA BIN SAMAD |
| NRIC/Passport Number | S9490002F |
| Contact Number | 87505868 |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ALLAMSYAH SAPUTRA BIN SAMAD

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBB6112L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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 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:

30.9.20 1150

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



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200930/2014

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20200930/2014

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 30/09/2020 10:43 | Vide Report No.: | Station Diary No.: 31 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|---|------------------------------|
| Name of Informant: TEO THIAM GUAN | | Address: APT BLK 12 UPPER BOON KENG ROAD #05-897 SINGAPORE 380012 | |
| ID Type / ID No.: NRIC NO / S6841862C | | Contact No.: Home/Office: Mobile: 90992821 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 51 | Date of Birth: 25/10/1968 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: CHIEF FINANCIAL OFFICER | | Driving Licence Information: Class: 3 Date of Expiry: | |

| General Information of the Accident | | | | |
|--|---------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 30/09/2020 07:20 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|------|---|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBB6112L | Motorcycle | | | | Slightly Damaged | 0 |
| SMH8484M | Car | BMW | 640I XDRIVE LED NAV HUD SR MSPT RCP | Red | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20200930/2014

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20200930/2014

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|----------------------|------------|-------------|
| Vehicle No | Insurance Company | Insurance No | Effective | Expiry Date |
| SMH8484M | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSN30700719 00 | 18/09/2019 | 11/02/2021 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------------|--|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | TEO THIAM GUAN | | ID No. | S6841862C |
| Related Vehicle | NIL | | Contact No. | 90992821 |
| 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 |
| Rider | | | | |
| Name | ALLAMSYAH SAPUTRA BIN SAMAD | | ID No. | S9490002F |
| Related Vehicle | NIL | | Contact No. | 87505868 |
| 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 above date and time, I was travelling along PIE towards Tuas, on the Lane 1 of the 3 lanes. Suddenly, an unknown vehicle in front of me had jammed brake. I then jammed on my brake and had felt an impact on the rear left of my vehicle. I then went out to make a check and discovered a rider had hit onto the rear of my vehicle. I then went out to render assistance to the rider and eventually both ambulance and Traffic Police came down to the accident site. The rider was then conveyed by ambulance. I am not injured during the accident.



SINGAPORE
POLICE FORCE



T/20200930/2014

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3
Report No. T/20200930/2014

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 / Staff Sgt MUHAMMAD ALIMOOD BIN MOHAMED JUBERI |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No: 65476200 POLICE FORCE SN 168 |
| Authentication Stamp NP168 |
| SIGNATURE |

| |
|--------------------------------|
| Signature Of Informant: |
| Date/Time: 30/09/2020 10:43 |
| Classification Of Case: |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



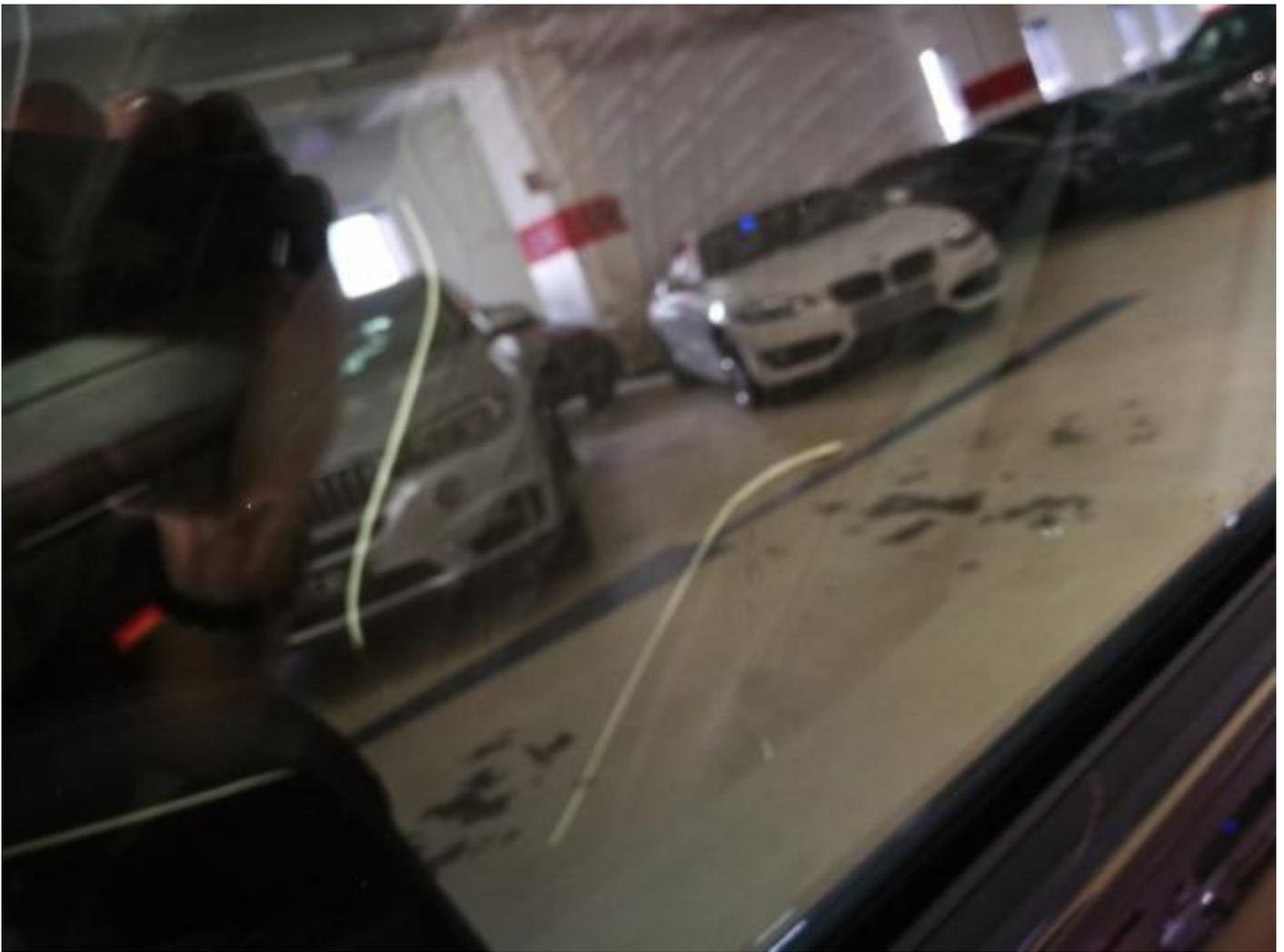
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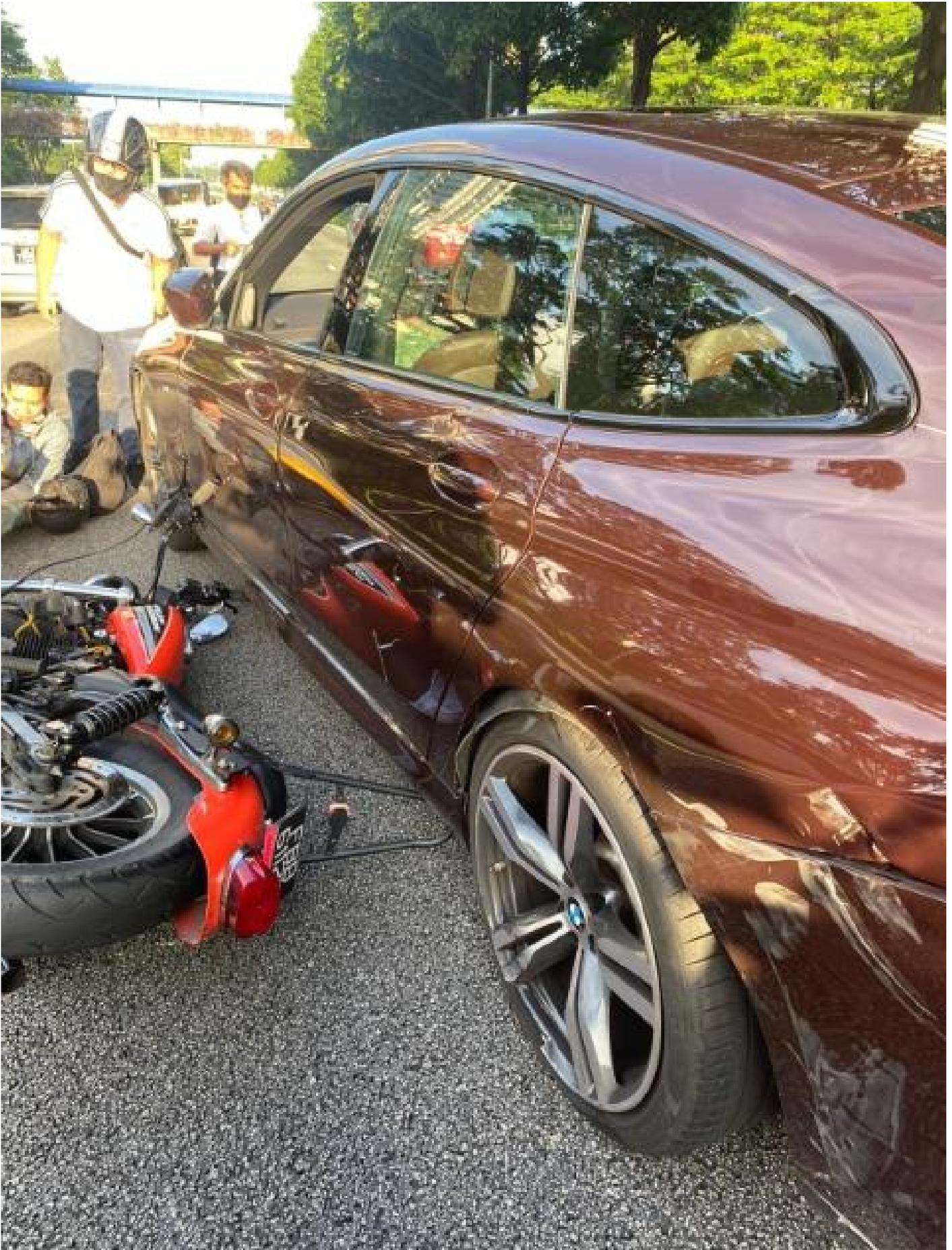
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