

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	09/10/2020 14:33
Date Of Accident	08/10/2020 21:25
Exact Location Of Accident	BRADDELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF5992T
Insured/Policyholder	
Name Of Registered Owner	TEOH WONG HAR
NRIC No	SXXXX690G
Email Address	WONGHAR87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90614548
Alternative Phone No	OFFICE-90614548

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	DMPCSNW00114172000
Cover Note Number	

Driver

Name of Driver	TEOH WONG HAR
NRIC No	SXXXX690G
Date Of Birth	10/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2006
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90614548
Fax Number	
Contact Number	OFFICE-90614548
EEmail Address	WONGHAR87@GMAIL.COM

Address	BLK 651A JURONG WEST ST 61 #03-372
Postcode	641651
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	3
Passenger 1	NAME: : THANYAPORN KADEMAN GENDER: : FEMALE
Passenger 2	NAME: : KENOCHA CARA TEOH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201009/2011

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB7124X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC6231A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 TEOH WONG HAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMF5992T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name THANYAPORN KADEMAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMF5992T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name KENOCHA CARA TEOH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMF5992T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address

Postcode

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

L1P49

A = SMF 5992T
B = GGB 7124X
C = SHC 6231A.

Braddell Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20201009/2011

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201009/2011

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20201009/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2020 02:50		Vide Report No.: F/20201008/0223	Station Diary No.: 17
Informant's Particulars			
Name of Informant: TEOH WONG HAR		Address: APT BLK 651A JURONG WEST STREET 61 #03-372 SINGAPORE 641651	
ID Type / ID No.: NRIC NO / S8770690G		Contact No.:	Mobile: 90614548
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 10/05/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		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: 08/10/2020 21:25	Type of Location: Straight Road
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: HEAD AND REAR			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7124X	Van	NISSAN	URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD	White	Slightly Damaged	0
SHC6231A	TAXI	KIA	OPTIMA 1.7(A)	Silver	Slightly Damaged	0
SMF5992T	Car	MERCEDES BENZ	E200 AVG (R18 LED)	Black	Seriously Damaged	2

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201009/2011

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No. T/20201009/2011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF5992T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001141 72000	25/08/2020	24/08/2021

Details of Person Involved

Any Pedestrian Involved: No

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

Driver

Name ALVIN YAP WEIHAO ID No. NIL

Related Vehicle GBB7124X (Van) Contact No. 92731879

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 TAY TENG HOW ID No. NIL

Related Vehicle SHC6231A (TAXI) Contact No. 98762138

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 THANYAPORN KADEMAN ID No. G31485335X

Related Vehicle SMF5992T (Car) Contact No. 94564196

Hospital/Clinic SINGAPORE GENERAL HOSPITAL 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 Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201009/2011

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 4

Report No: T/20201009/2011

CONTINUATION OF REPORT

Driver			
Name	TEOH WONG HAR		ID No. S8770690G
Related Vehicle	SMF5992T (Car)		Contact No. 90614548
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	Slight
Passenger			
Name	KENOCHA CARA TEOH		ID No. T1938621F
Related Vehicle	SMF5992T (Car)		Contact No. NIL
Hospital/Clinic	KKH		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 08/10/2020 at about 2125hrs, I was driving my car bearing plate number SMF5992T along Braddell Rd when a taxi in front of me bearing plate number SHC6213A jam braked. I managed to react in time and did not hit the taxi. However, a van bearing plate number GBB7214X behind me jam brake but did not manage to stop and hit my rear car. Because of that, my vehicle was pushed to the front and hit the taxi. My wife was conveyed to SGH while my daughter was conveyed to KKH. TP was at scene.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201009/2011

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

4 of 4

Report No. T/20201009/2011

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:

J /

Sgt 2 MUHAMMAD SHAKIR ZUFAYRI BIN
AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/10/2020 02:50

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

Authentication Stamp



SN 126

Signature:

Singapore

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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