MNA120088371 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 09/10/2020 14:33 SUBMITTED BY: Liew Shan Hui

#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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	S8770690G
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	\$8770690G

NRIC No S8770690G

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

EMail Address WONGHAR87@GMAIL.COM

BLK 651A JURONG WEST ST 61 #03-372 Address

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.

Number of Passengers (Including Driver)

NO

3

Passenger 1

NAME: : THANYAPORN KADEMAN

GENDER: : FEMALE

Passenger 2 : KENOCHA CARA TEOH NAME:

> 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

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## **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** 

COMMERCIAL VEHICLE Vehicle Category

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** 

TAXI Vehicle Category

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**

**TEOH WONG HAR** Name

Approximate Age

Injuries Sustain **BODY** Injured person in which vehicle? SMF5992T Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

## **DETAILS OF INJURED PERSON 2**

THANYAPORN KADEMAN Name

Approximate Age

**BODY** Injuries Sustain 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**

KENOCHA CARA TEOH Name

Approximate Age

**BODY** Injuries Sustain

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

#### IMPORTANT NOTICE

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- 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.
- 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.
- 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:
  - 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:
  - 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.

7

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.:

GARLIC March Profess W

KETCH PLAN			17	
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	BDADCD			GBB 7124×
		ß	+	
		C	-	SHC 6231 A
	Braddell Rd.			
SCRIBE CIRCUMSTANC	CES OF THE ACCIDENT			
Refer .	to Police Report TI	20201009/	20	Ц
		/		
	/			
			_	
7				
ECLARATION	100	10.00		
We declare the foregoing p	articulars are true in every respect.	H	ţ	
vilicyholder's Signature ste & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centr Name: NRIC/FIN No.:	e Pers	onnel's Signature





Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20201009/2011

# REPORT OF A TRAFFIC ACCIDENT

		CACCIDENT				
09/10/2	me Report I 020 02:50	Made:	Vide Report No.: F/20201008/0223	Station Diary No.		
Informa	int's Partic	ulars				
TEOH V	f Informant: VONG HAR		Address: APT BLK 651A JURONG WE SINGAPORE 641651	EST STREET 61 #03-372		
ID Type / ID No.: NRIC NO / S8770690G			Contact No.: Home/Office: Mobile: 90614548			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age:	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:			

Type of Accident:	Injury Conveyed By Ambi	ulance	Drink Drive: No	rive: Accident:		Type of Location: Straight Road	
BRADDELL R	OAD						
Weather: Clear		Road S Wet	Surface:			Speed Limit:	
Ologi						as /h	
Traffic Flow: Dual Carriage Type of Collisi		Traffic	Control: ontrolled			n/h c Volume:	

Details of V Vehicle No.	E STATE CONTRACTOR OF THE PARTY OF					
	Туре	Make	Model	Color	Condition	No of Passenge
GBB7124X	Van	NISSAN	URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD	White	Slightly Damaged	0
SHC6231A SMF5992T	TAXI	KIA	OPTIMA 1.7(A)	Silver	Slightly Damaged	0
SWF59921	Car	MERCEDES BENZ	E200 AVG (R18 LED)	Black	Seriously Damaged	2





Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Report No. T/20201009/2011

CONTINUATION OF REPORT

Vehicle No.	nsurance Company		nsurance No	0.01	F#	T	
SMF5992T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	E [	OMPCSNW001 2000	141	25/08/2020	24/08/202	
Details of Per	son Involved						
Any Pedestrian	Involved: No						
No. of Pedestr	ans Injured: NIL	Hee	of Pedestrian	0	alanı NIA		
Driver		Ų SC	or redestrian	Cros	sing: NA		
Name	ALVIN YAP WEIHAO		ID No.		NIL		
Related Vehicle	e GBB7124X (Van)		Contac	t No.	92731879		
Hospital/Clinic	NIL		Class of Driving Licence Expiry	&	Class: NIL Date of Expiry: NIL		
Date Treatmen	t NIL	Dat		NIL			
No. of Days gra	inted Medical Leave NIL	Dec	Degree of Injury NIL				
Driver		THE RESERVE OF THE PARTY OF THE	ree or injury	IAIL			
Name	TAY TENG HOW	ID No.		NIL			
Related Vehicle	SHC6231A (TAXI)	SHC6231A (TAXI)			98762138		
Hospital/Clinic	NIL	Class of Driving Licence Expiry I	&	Class: NIL Date of Expiry: NIL			
Date Treatment		Date		NIL			
No. of Days gra	nted Medical Leave NIL	Dec	ree of Injury				
Passenger				CONTRACT OF THE PARTY OF	Control of the Contro		
Name	THANYAPORN KADEMAI	THANYAPORN KADEMAN				K	
Related Vehicle	SMF5992T (Car)	SMF5992T (Car)				94564196	
Hospital/Clinic	SINGAPORE GENERAL H	Class of Driving Licence Expiry D	&	Class: NIL Date of Expi	ry: NIL		
Date Treatment	NIL		Discharge NIL				





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	THE PARTY OF THE	E E E I		MI - 31 - 3	0111515952	
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 Dit				NIL	
No. of Days granted Medical Leave NIL				egree of Injury Slight		
Passenger				11,101,1	Cirgin	
Name	KENOCHA CARA TEOH			ID No.		T1938621F
Related Vehicle	SMF5992T (Car)			Contact No.		NIL
Hospital/Clinic	KKH			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days grant	ted Medical Leave	NIL		ee 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.





T/20201009/2011

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Signature:

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:
Contact No.: 65476213	

SN 126



































