

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	09/11/2020 17:15
Date Of Accident	07/11/2020 18:45
Exact Location Of Accident	HOUANG STREET 21 (LAMPOST 11)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6266C
Insured/Policyholder	
Name Of Registered Owner	TEO HOW PENG GERARD
NRIC No	S8302932C
Email Address	GERARDTEO.HP@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97295560
Alternative Phone No	OFFICE-97295560

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 VTI CVT (A)
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MPC0000076
Cover Note Number	

Driver

Name of Driver	TEO HOW PENG GERARD
NRIC No	S8302932C
Date Of Birth	17/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2002
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97295560
Fax Number	
Contact Number	OFFICE-97295560
EEmail Address	GERARDTEO.HP@GMAIL.COM

Address	BLK 258A PUNGGOL FIELD #07-13
Postcode	821258
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?	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)	4
Passenger 1	NAME: : LEONG SZE MUN MELISSA GENDER: : FEMALE
Passenger 2	NAME: : TEO JIN RUI NOAH GENDER: : MALE
Passenger 3	NAME: : TEO JIN KAI TOBEY GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8306K
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category BUS

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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

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:

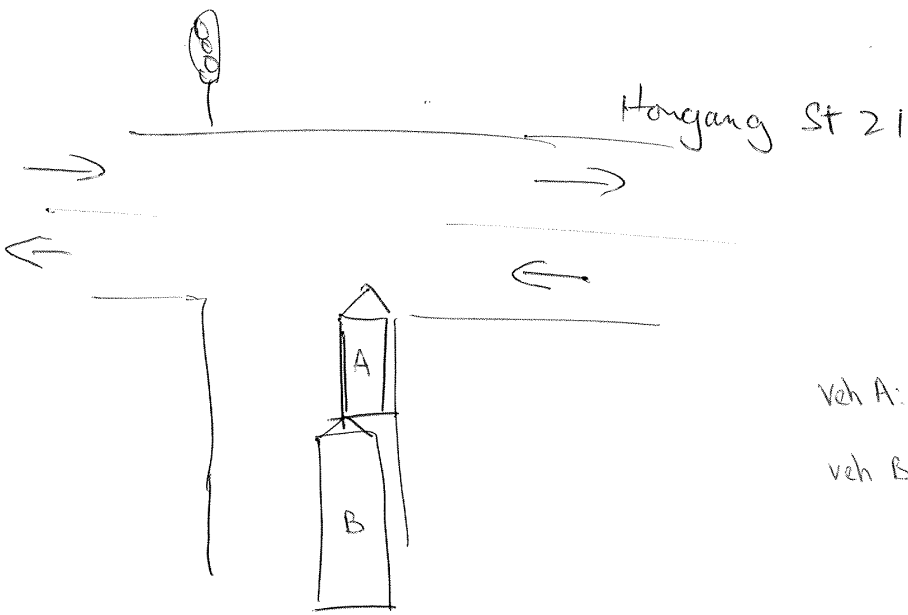


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Kon Yin Siew
NRIC/FIN No.:

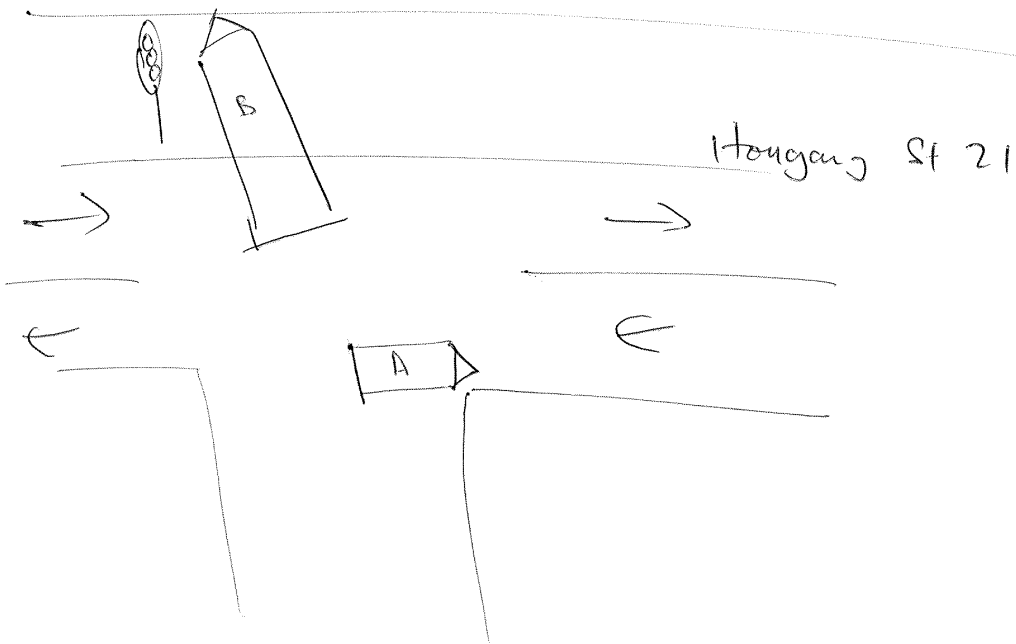
Before



veh A: SLV6266C

veh B: PC 8306K.

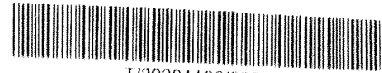
After



POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201108/2057

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4
Report No. T/20201108/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2020 19:51	Video Report No.	Station Diary No.: 96
--	------------------	--------------------------

Informant's Particulars		
Name of Informant: TEO HOW PENG, GERARD	Address: APT BLK 258A PUNGGOL FIELD #07-13 SINGAPORE 821258	
ID Type / ID No NRIC NO: S8302932C	Contact No.:	Home/Office: Mobile: 97295550
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male Age: 37 Date of Birth: 17/01/1983	Type of Informant: Driver	
Race: Chinese	Language:	Institution / School Name:
Occupation: Account Manager	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: 07/11/2020 18:45	Type of Location: Bus Bay
Location: HOUGANG STREET 21				
Lamp Post Number: 11				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8306K	Bus/Coach/Minibus					1
SLV6266C	Car	HONDA	CIVIC 1.6 VTI CVT	Blue	Seriously Damaged	4

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLV6266C	INDIA INTERNATIONAL INSURANCE PTE LTD	D20MPC0000076	05/01/2020	04/01/2021	

POLICE REPORT Pg. 2



SINGAPORE
POLICE FORCE



T/20201108/2057

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800 343 8999

2 of 4

Report No. T/20201108/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WEN XIU LANG	ID No.	G2095911N
Related Vehicle	PCR306K (Bus/Coach/Minibus)	Contact No.	88731511
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 HOW PENG, GERARD	ID No.	S8302932C
Related Vehicle	SLV6266C (Car)	Contact No.	97295560
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
Passenger			
Name	LEONG SZE MUN, MELISSA	ID No.	S8634591I
Related Vehicle	SLV6266C (Car)	Contact No.	98288392
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/11/2020	Date Discharge	08/11/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight



SINGAPORE
POLICE FORCE



01/11/2020

Police Station Of Origin
Sengkang N.P.C.
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-3438000

Page 3 of 4
Report No: 12070119R,2020

CONTINUATION OF REPORT

Passenger			
Name	LI O JIN KUI NOAH	ID No.	17127525
Related Vehicle	SLV6266C (Car)	Contact No.	NIL
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	LI O JIN KUI NOAH	ID No.	17127525
Related Vehicle	SLV6266C (Car)	Contact No.	NIL
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 07/11/2020 at about 1845hrs, I had stopped my car, bearing the registration plate number SLV6266C, at the exit of the bus bay located at Hougang Street 21, to purchase some food. I had switch on my hazard light to warn other road users. After ensuring that it was safe, I alighted my car. About 2 minutes after leaving my car, a coach bus suddenly collided to the back of my car. My wife and two children (3 years old and 2 months old), were still in the car in the child seat. The bus continued to push my car forward for about another 40meters before my car started to swerve to the side. The bus continued ahead onto the main road until it was stopped by a small slope. I asked a passer-by assistance to call for the police. The Traffic Police and ambulance came down to the location. The ambulance made a check on my wife however, at that point of time, she was in a shock as such she did not feel much pain on her body. My two boys seem fine at the point of time. On the 08/11/2020 at about 1000hrs, my wife informed me that she feels pain from the back of her neck to the upper back of her body. We then went to Sengkang General Hospital and after the medical check, she was issues MC for 5 days from 08/11/2020 to 12/11/2020. Last night, both my sons had trouble sleeping as such, we are monitoring both of them and may bring them to the hospital for medical check if required. There is an in-car camera in my car and the footage has been downloaded by the workshop.



SINGAPORE
POLICE FORCE



T/20201108/2057

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

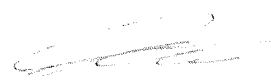


Report No. T/20201108/2057

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.

<p>Signature Of Officer Recording The Report: F / Staff Sgt NUR NADHIRAH BINTE HASHIM</p> <p>Signature Of Interpreter: Not applicable</p>	<p>Signature Of Informant: </p> <p>Date/Time: 08/11/2020 19:51</p>
<p>Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476200</p>	<p>Classification Of Case: SN 085</p>
<p>Authentication Stamp NP168</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">  <p>Signature: </p> <p>Singapore Police Force</p> </div>	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

