

## 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	16/11/2020 17:12
Date Of Accident	13/11/2020 18:50
Exact Location Of Accident	JUNCTION OF THOMSON ROAD/JALAN NOVENA BARAT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1896T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO BENG GUAN NICHOLAS
NRIC No	SXXXX812B
Email Address	NICHOLAS_TEO@RECAAP.ORG
Mobile Phone No	(LOCAL) +65-96347226
Alternative Phone No	OTHERS-96347226

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070027747
Cover Note Number	

### Driver

Name of Driver	TEO BENG GUAN NICHOLAS
NRIC No	SXXXX812B
Date Of Birth	07/01/1958
Occupation	INDOOR
Date Of Driving Pass	31/07/1978
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96347226
Fax Number	
Contact Number	OTHERS-96347226
Email Address	NICHOLAS_TEO@RECAAP.ORG

Address	7 HIGHLAND TERRACE
Postcode	549079
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.	YES
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 50 SERANGOON AVE 2 #01-02 , <b>POSTCODE:</b> 556129 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4880999 - <b>FAX NO:</b> 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201113/2124

#### 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	FBQ1170Y
Vehicle Make/Model/Colour	YAMAHA MT ABS MANUAL
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	HABEEB
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	HABEEB
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBQ1170Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

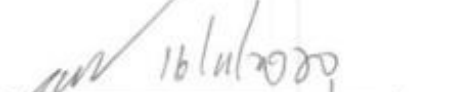
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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:   
NRIC/FIN No.: 

## Accident Sketch Plan

### SKETCH PLAN

Refer to attached

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report 7/2020/1113/2024

Refer to attached

### DECLARATION

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

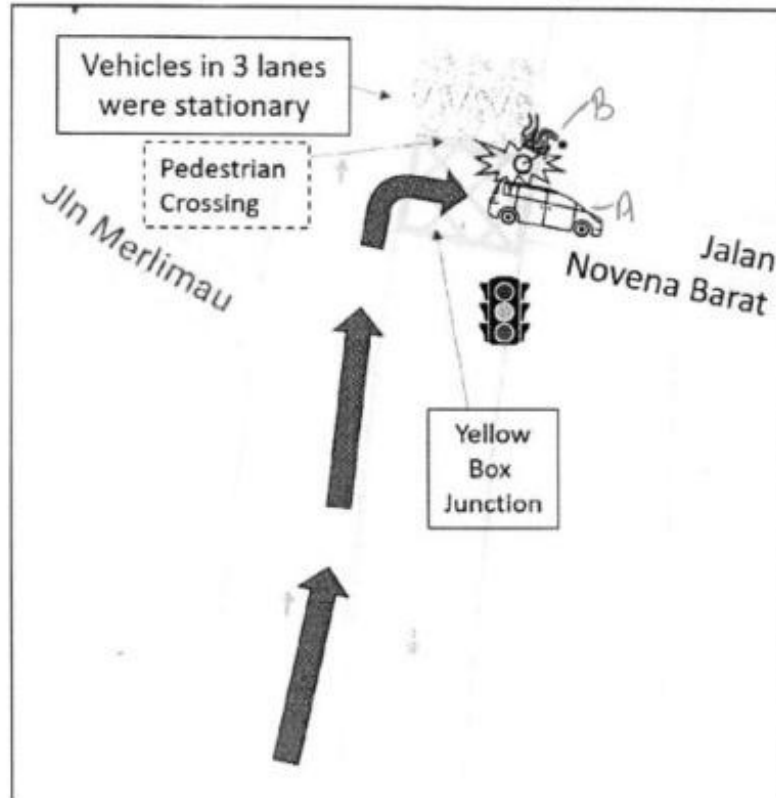
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

Date/Time of Accident: 13 Nov 20 @ 18:50 Hrs



A) SMS 1896T

B) FBQ 11704

16/11/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201113/2124

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1600-4880999

1 of 3  
Report No. T/20201113/2124

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2020 22:08		Vide Report No.: E/20201113/0142		Station Diary No.: 89	
<b>Informant's Particulars</b>					
Name of Informant: TEO BENG GUAN NICHOLAS			Address: 7 HIGHLAND TERRACE SINGAPORE 549079		
ID Type / ID No.: NRIC NO / S1318812B			Contact No.: Home/Office: Mobile: 96347226		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 07/01/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DEPUTY DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/11/2020 18:50	Type of Location: T-Junction
Location:  THOMSON ROAD				
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: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBQ1170Y	Motorcycle	YAMAHA	MT 15 ABS MANUAL	Blue	Slightly Damaged	0
SMJ1896T	Car	HONDA	SHUTTLE 1.5 HYBRID AUTO	Grey	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMJ1896T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070027747	25/02/2020	24/02/2021

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201113/2124

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

2 of 3

Report No. T/20201113/2124

### CONTINUATION OF REPORT

#### Brief Details.

On 13/11/2020 at about 1850hrs, I was driving my vehicle bearing the registration number SMJ1896T along Thomson Road. I was driving on the right most lane as I wanted to turn into Jalan Novena Barat.

At the junction, I slowed my vehicle down to check for oncoming traffic. From my view, I made a check and see that the vehicles travelling along Thomson Road (Opposite direction) has stopped at the traffic junction. Seeing that there are no oncoming vehicle or crossing pedestrian, I made a right turn into Jalan Novena Barat.

( After I turned right into Jalan Novena Barat, I felt a collision on my vehicle.

I immediately stopped my vehicle aside and alighted to make a check. I noticed a Malay motorcyclist, Habeeb, M/27, on the floor and he was standing up on his own. I approached him to check on him and I noticed he has some abrasions on his arm and leg area. His motorcycle bears the registration number, FBQ1170Y. As such, I called 995 for Ambulance.

Shortly after, Paramedics and Traffic Police arrived at scene.

My vehicle sustained damages from the mid to rear left area, from the passenger door area to the rear window. I wish to state that my vehicle is equipped with functioning in-car camera and the SD Card was handed over to the attending Traffic Police at scene. I also wish to state that the motorcyclist was conveyed in a conscious state, however, I do not know which hospital he was being sent to. Prior to conveyance, I spoke to him and he mentioned that he is feeling okay.

I wish to include in this report that when the incident happened, I noticed there is an insurance vehicle (Garage 13) parked right at the junction of the collision location.

( As such, I am lodging this Traffic Police report as advised.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20201113/2124

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

3 of 3

Report No. T/20201113/2124

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:

F /

Sgt 3 JANICE TAN YU TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/11/2020 22:08

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD ZICKIE BIN AHMAD  
SUYUTI

Contact No.: 65476356

Authentication Stamp

NP168

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo







Accident Photo





Accident Photo



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA420101522 Vehicle Registration No: 3MJ1896T  
Name (as shown in NRIC): TEO Beng Guan Nicholas NRIC/FIN/Passport No: S1318812B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: 7 Highland Terrace Singapore (549070)  
Contact (Tel): - Mobile No.: 9634 7226  
Email Address: nicholas\_teo@recaap.org  
Date of Accident: 13/11/2020 Time of Accident: 18:50  
Place of Accident: Junction of Thomson Road / Jalan Novena Barat  
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1) Type of accident → Collision - Head to Rear
- 2) Was any injured conveyed to hospital by ambulance? YES
- 3) I was approached by unknown personnel offering accident claims assistance from G13.
- 4) Remark of Car Camera SD card is with Traffic Police instead of with me (the owner).

Policyholder / Driver's Signature  
Date: 17 Nov 2020

18/11/2020  
Reporting Centre Personnel's Signature  
Name: Rohit  
NRIC/FIN No.: 180101000000  
Date: 18/11/2020