

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 12:11
Date Of Accident	14/11/2020 15:10
Exact Location Of Accident	TAMPINES MALL DROP-OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4034Z
Insured/Policyholder	
Name Of Registered Owner	TEO CHOO HOCK (ZHANG ZIFU)
NRIC No	SXXXX246G
Email Address	JOHNSON_TEO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90089372
Alternative Phone No	OTHERS-90089372

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 GF CVT (A)
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900142407-01
Cover Note Number	

Driver

Name of Driver	TEO CHOO HOCK (ZHANG ZIFU)
NRIC No	SXXXX246G
Date Of Birth	03/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/12/1991
Driving Experience	28 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90089372
Fax Number	
Contact Number	OTHERS-90089372
Email Address	JOHNSON_TEO@HOTMAIL.COM

Address	22 LORONG 34 GEYLANG
Postcode	398219
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE - UBI AVENUE 3
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ8824H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	JACKY
NRIC/Passport Number	
Contact Number	86713925
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEO CHOO HOCK
Approximate Age	48
Injuries Sustain	
Injured person in which vehicle?	SMN4034Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	22 LORONG 34 GEYLANG
Postcode	398219

SKETCH PLAN

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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: 16 NOV 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

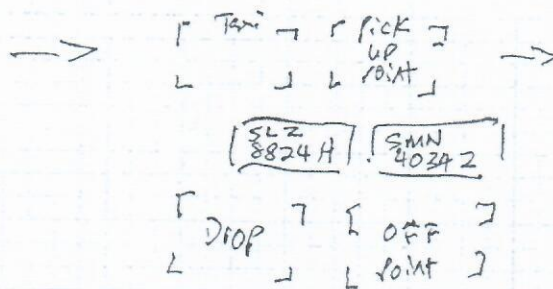
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: Jenny Lim

SKETCH PLAN

Tampines Mall (Taxi Stand)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 Nov 2020 1510 pm, After dropping passenger, when I am leaving, this ~~vech~~ car SLZ 8824 H Hit my car on the back.

DECLARATION

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

Policyholder's Signature

Date & Time:

16 NOV 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

Jenny Lim

NRIC/FIN No.:

SWC-Switchboard_V3

16-11-2016:29 ;

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**SINGAPORE
POLICE FORCE**



T/20201116/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201116/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2020 16:24		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: TEO CHOO HOCK		Address: 22 LORONG 34 GEYLANG SINGAPORE 398219	
ID Type / ID No.: NRIC NO / S7224246G		Contact No.: Home/Office: Mobile: 90089372	
Nationality: SINGAPORE CITIZEN		Email: johnson_teo@hotmail.com	
Sex: Male	Age: 48	Date of Birth: 03/07/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: private hirer		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2020 15:10	Type of Location: Straight Road
Location: TAMPINES CENTRAL 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
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
SLZ8824H	Car					0
SMN4034Z	Car	HONDA	FIT 1.3 GF CVT	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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16-11-20;16:29 ;

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**SINGAPORE
POLICE FORCE**



T/20201116/7034

Police Station Of Origin;
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20201116/7034

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMN4034Z	AIG ASIA PACIFIC INSURANCE PTE, LTD.	1900142407-01	06/08/2020	05/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO CHOO HOCK	ID No.	S7224246G
Related Vehicle	SMN4034Z (Car)	Contact No.	90089372
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	16/11/2020	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 14/11/2020 AT ALONG TAXI STAND DRIVEWAY OF TAMPINES MALL NO.4 TAMPINES CENTRAL 5. I WAS TRAVELLING ON THE ABOVE MENTIONED DRIVEWAY AND SLOW DOWN MY VEHICLE WHILE CROSSING OVER A HUMP. SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 3 DAYS MC FOR MY INJURY.

(A) SMN4034Z
(B) SLZ8824H

16-11-20;16:29 ;

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**SINGAPORE
POLICE FORCE**



T/20201116/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201116/7034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 16/11/2020 16:24
Classification Of Case:

Authentication Stamp
NP165