

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	23/11/2020 11:38
Date Of Accident	20/11/2020 14:10
Exact Location Of Accident	BALESTIER ROAD TWDS RANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9244G
Insured/Policyholder	
Name Of Registered Owner	TEO KOK HENG
NRIC No	SXXXX338C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97123189
Alternative Phone No	OFFICE-97123189
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5 X
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111273016-01 (CLASSIC)
Cover Note Number	
Driver	
Name of Driver	TEO KOK HENG
NRIC No	SXXXX338C
Date Of Birth	11/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2008
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97123189
Fax Number	
Contact Number	OFFICE-97123189
E-Mail Address	NOEMAIL

Address	BLK 672C YISHUN AVENUE 4 #07-578
Postcode	763762
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201121/7002

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	GW116X
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 INJURED PERSON 1

Name	TEO KOK HENG
Approximate Age	35
Injuries Sustain	5 DAYS MEDICAL LEAVE FROM OUR FAMILY PHYSICIAN CLINIC & SURGERY
Injured person in which vehicle?	SMM9244G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


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 Authorized 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 lodging 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 claim;
 - (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/are 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 used 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 (a) 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

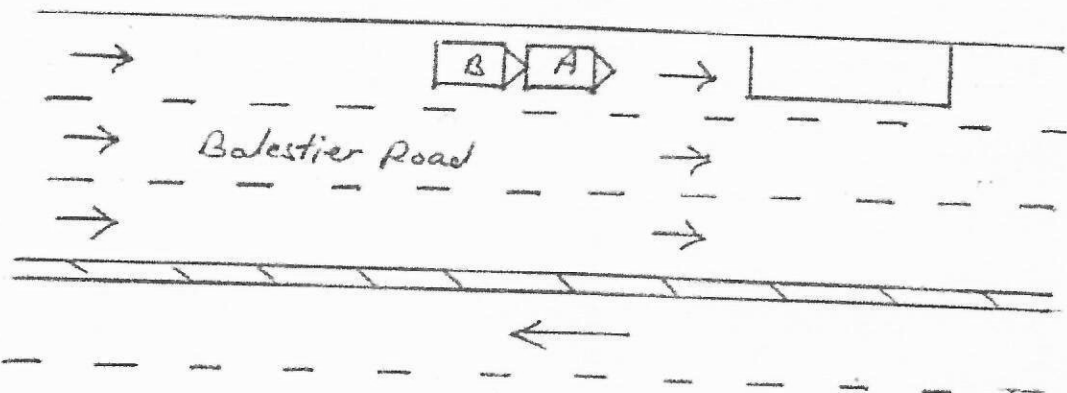
Reporting Centre Personnel's Signature
Name: **23 NOV 2020**
NIC/FIN No.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vacom.com.sg

Accident Sketch Plan

SKETCH PLAN

S'PORE INDIAN ASSOCIATION



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/11/2020 at about 1710 hrs at along Balestier Road towards Rangoon Road beside S'pore Indian Association, I was travelling on the extreme left lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Moment later, I felt a great impact from the Rear and when I alighted, I realised that it was Vehicle (CB) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. I have 5 days mc for my Injury.

(A) Smm 9244 G

(CB) GW 116 X

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@vicom.com.sg

Reporting Centre Personnel's Signature
Name

NAC/Ref No. 23 NOV 2020

Police Report



**SINGAPORE
POLICE FORCE**



T 202011217002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 498865
Tel No: 65470000

1 of 3

Report No. T 202011217002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2020 10:45		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: TEO KOK HENG		Address: 672C YISHUN AVENUE 4 #07-578 SINGAPORE 763672		
ID Type / ID No.: NRIC NO / S8583338C		Contact No.: Home/Office: Mobile: 97123189		
Nationality: SINGAPORE CITIZEN		Email: alex.teo905088@gmail.com		
Sex: Male	Age: 35	Date of Birth: 11/04/1985	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: 20/11/2020 17:10	Type of Location: Straight Road
Location: BALESTIER ROAD TOWARDS RANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
GW116X	Van					0
SMM9244G	Car	HONDA	VEZEL-HYB RID+1.5X-A UTO	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T 202011217002

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

2 of 2

Report No: T 202011217002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMM9244G	NTUC Income Insurance Co-Operative Limited	5111273016-01	18/07/2020	17/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO KOK HENG	ID No.	S8583338C
Related Vehicle	SMM9244G (Car)	Contact No.	97123189
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 20/11/2020 at about 1710hrs at along Balestier Road towards Rangoon Road beside Singapore Indian Association, I was travelling on the extreme left lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Moment later, 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 5 days MC for my injury.

Vehicle A: SMM9244G

Vehicle B: GW116X

Police Report



SINGAPORE
POLICE FORCE



T202011217002

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

3 of 3

Report No. T202011217002

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

Authentication Stamp
TP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
21/11/2020 10:45

Classification Of Case: