

# 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 Submission ..... 14/12/2020 14:51 (SGT)  
Date of Accident ..... 11/12/2020 19:55 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... TOWARDS AYE BEFORE BRADDELL EXIT 10  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJK2565Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TEO KONG YING  
Company Reg No ..... SXXXX840A  
Email Address ..... ashley9567@yahoo.com  
Mobile Phone No ..... (Phone) +65-98154247  
Alternative Phone No ..... +65-98154247

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Stream  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z20VP05027686  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEO KONG YING  
Company Reg No ..... SXXXX840A  
Date Of Birth ..... 13/12/1951  
Occupation ..... Indoor

Date Of Driving Pass .....	01/12/1969
Driving experience .....	51 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98154247
Alt. Phone Number .....	+65-98154247
Email Address .....	ashley9567@yahoo.com
Address .....	BLK 149 LORONG 1 TOA PAYOH
Address complement .....	#08-967
Postcode .....	310149
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LEE CHOON GEK
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201212/7017

#### 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 .....	SGC3T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMC1776T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SLR1765H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TEO KONG YING
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SJK2565Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	LEE CHOON GEK
Address .....	-

Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SJK2565Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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 shed 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.:

SKETCH PLAN

OTE Toward AYE Bette Braddett Exit 10

Vehicle A - SK25657  
Vehicle B - 09 C3T  
Vehicle C - SMC17367  
Vehicle D - SLR17657

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (SK25657) was travelling straight along at the stated location on lane 4. As vehicle in front of me slowed down and came to a stop, I followed suit. Second later, I felt an huge impact from my rear portion causing me to surge forward and collided onto vehicle C (SMC17367). I then alighted and realized that I was involved in a chain collision consisting of four vehicles.

POLICE REPORT 7/20/2017/2017

DECLARATION

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

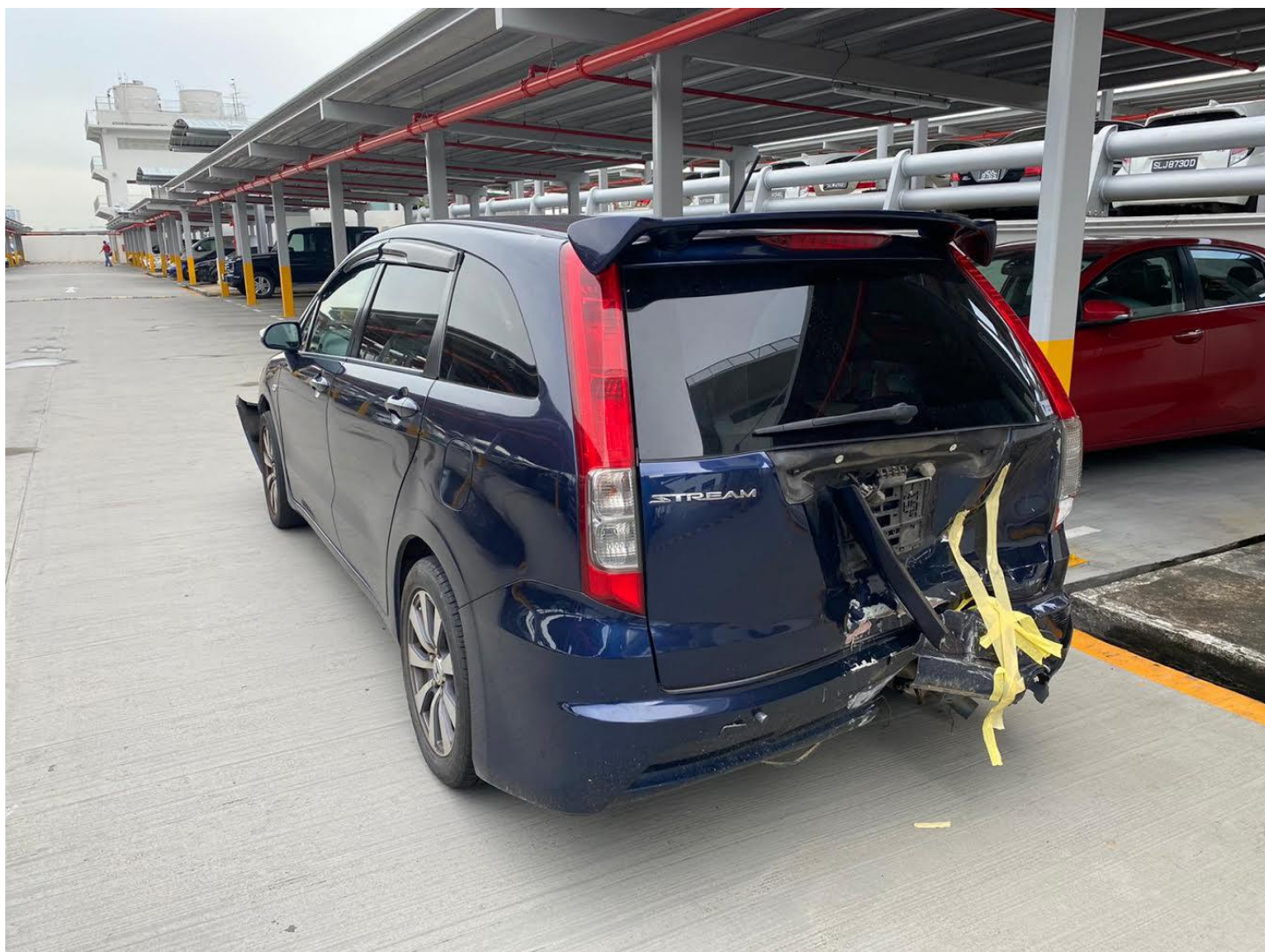
Policyholder's Signature: [Signature] Date & Time: [Blank]

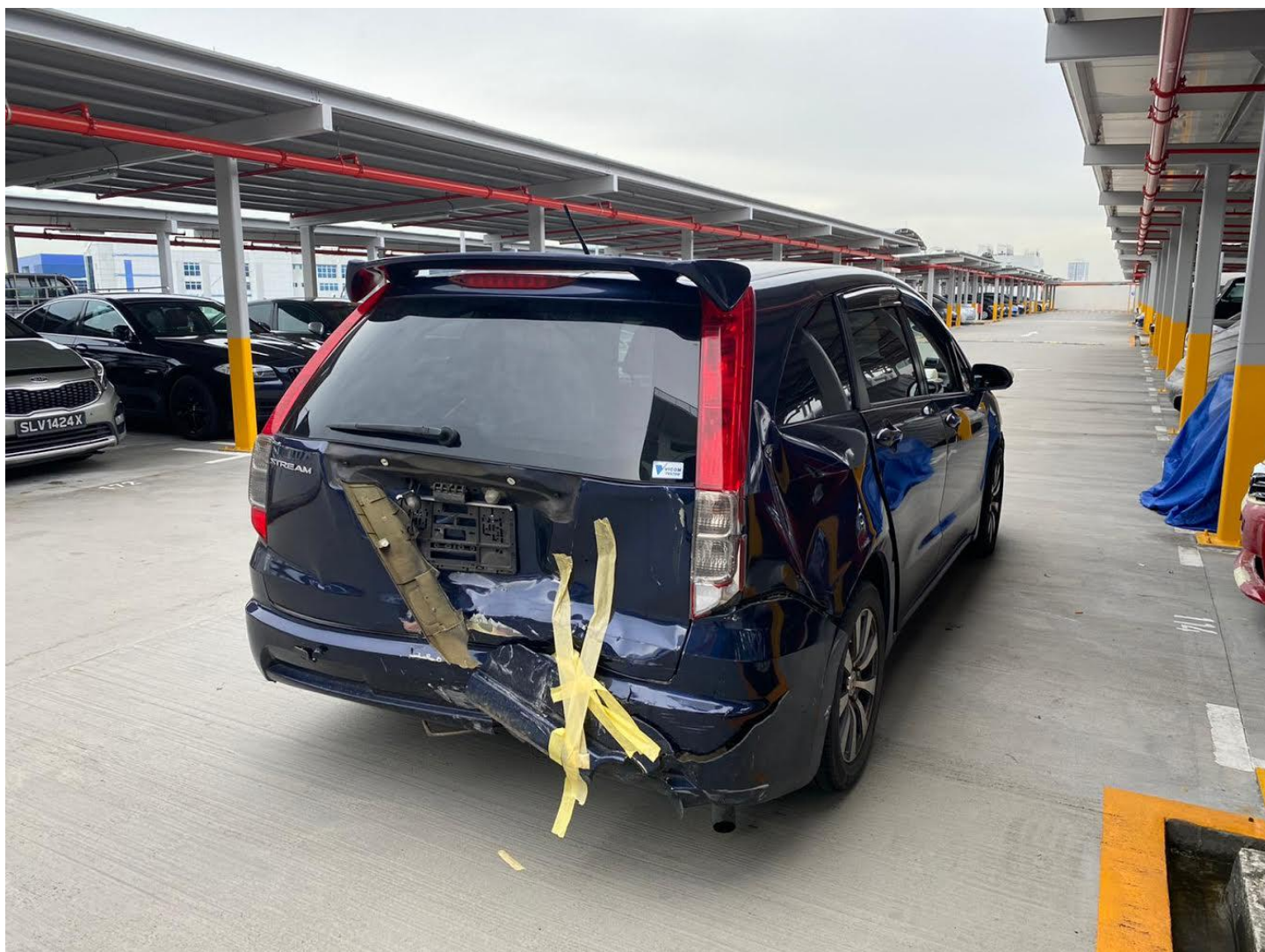
Driver's Signature (If driver is not the policyholder): [Signature] Date & Time: [Blank]

Reporting Centre Person's Signature: [Signature] Name: [Blank] NRC/FIN No.: [Blank]

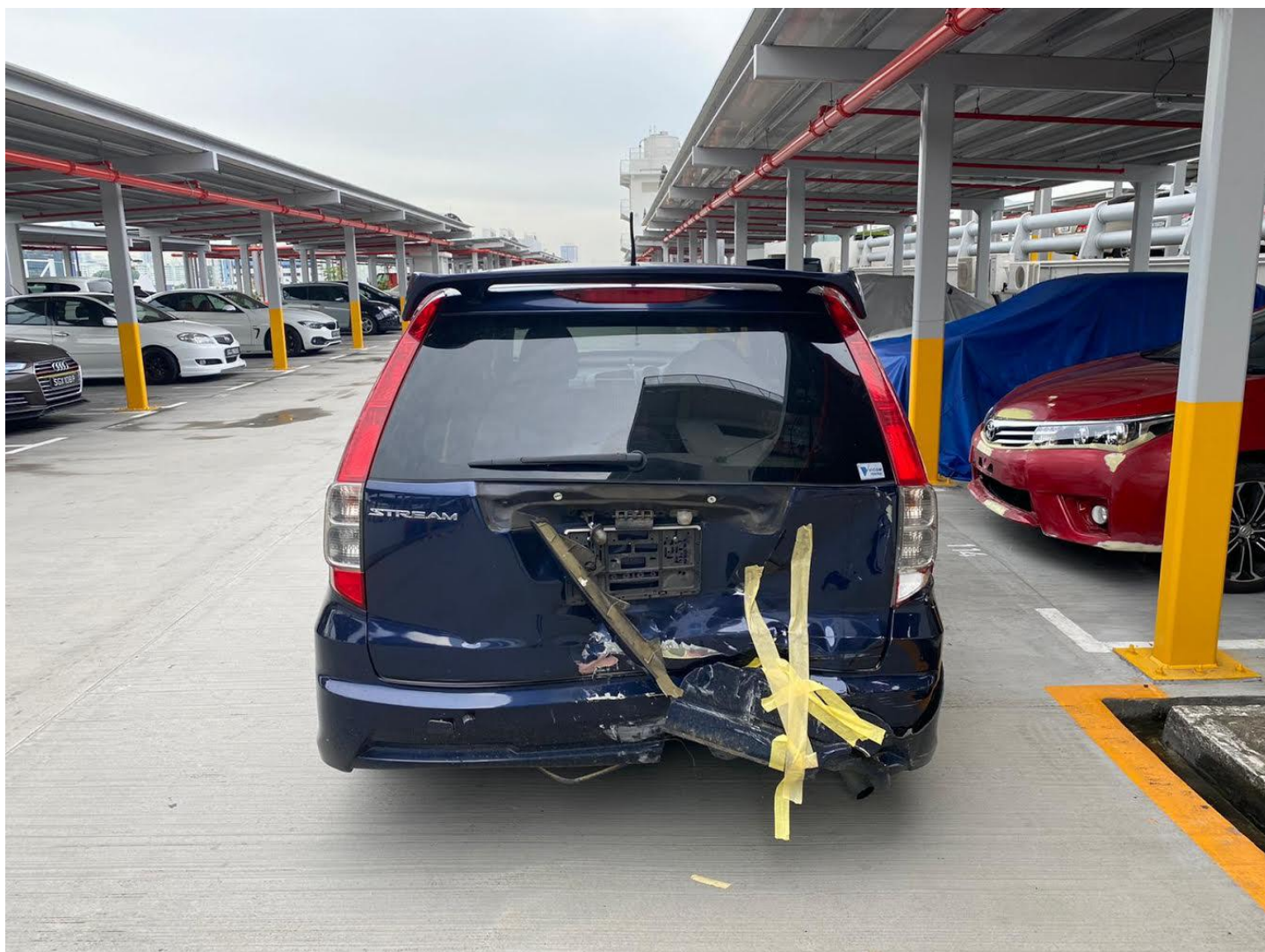


















**SINGAPORE  
POLICE FORCE**



T/20201212/7017

1 of 3

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

Report No. T/20201212/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2020 13:41      Vide Report No.:      Station Diary No.:

**Informant's Particulars**

Name of Informant: TEO KONG YING			Address: 149 LORONG 1 TOA PAYOH #08-967 SINGAPORE 310149		
ID Type / ID No.: NRIC NO / S0024840A			Contact No.: Home/Office:      Mobile: 98154247		
Nationality: SINGAPORE CITIZEN			Email: jwg.claims@yahoo.com		
Sex: Male	Age: 68	Date of Birth: 13/12/1951	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Cleaner in offices and other establishments nec			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2020 19:55	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SGC3T	Car					0
SJK2565Y	Car	HONDA	STREAM 1.8X A	Blue		0
SLR1765H	Car					0
SMC1776T	Car					0



**SINGAPORE  
POLICE FORCE**



T/20201212/7017

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

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Report No. T/20201212/7017

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK2565Y	LONPAC INSURANCE BHD.	Z20VP05027686	13/10/2020	12/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TEO KONG YING		ID No.	S0024840A
Related Vehicle	SJK2565Y (Car)		Contact No.	98154247
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/12/2020	Date	12/12/2020	
No. of Days granted Medical Leave	03	Degree of	Slight	
Passenger				
Name	LEE CHOON GEK		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/12/2020	Date	12/12/2020	
No. of Days granted Medical Leave	03	Degree of	Slight	

**Brief Details**

ON 11/12/2020 AROUND 19:55HRS, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SJK2565Y) TRAVELLING STRAIGHT ALONG CTE TOWARDS AYE BEFORE BRADDELL EXIT 10 ON LANE 4. AS VEHICLE INFRONT OF ME SLOWED DOWN AND CAME TO A STOP, I FOLLOWED SUIT. SECOND LATER, I FELT AN HUGE IMPACT FROM MY REAR PORTION CAUSING ME TO SURGE FORWARD AND COLLIDED ONTO VEHICLE BEARING NUMBER PLATE (SMC177ST). I THEN ALIGHTED AND REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION CONSISTING OF FOUR VEHICLES. MY PASSENGER AND I FELT UNWELL AND WENT TO CONSULT A DOCTOR AT POW FAMILY CLINIC & SURGERY AND THE DOCTOR HAS GIVEN BOTH OF US 3 DAYS MC.



SINGAPORE  
POLICE FORCE

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



T/20201212/7017

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Report No. T/20201212/7017

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 / TPIB /  
NOOR HIDAYAH BINTE ABDULLAH  
Contact No.: 65476251

Authentication Stamp  
NP168

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

Date/Time:  
12/12/2020 13:41

Classification Of Case: