

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 04/01/2021 13:34 (SGT)
Date of Accident 02/01/2021 12:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information LORNIE HIGHWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA6187U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SWEE HENG MOTOR LEASING PTE LTD
Company Reg No 2XXXXX189W
Email Address jonathanchenyt@hotmail.com
Mobile Phone No (Phone) +65-98895558
Alternative Phone No +65-98895558

VEHICLE PARTICULARS

Manufacturer Toyota
Model Previa
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5115877529-000025
Cover Note Number -

DRIVER

Name of Driver TEOH KWEE PENG
NRIC No SXXXX670D
Date Of Birth 10/04/1976
Occupation Indoor

Date Of Driving Pass	07/06/2005
Driving experience	15 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90294868
Alt. Phone Number	-
Email Address	JASMINE.TEOH@HOTMAIL.COM
Address	BLK 507 JELAPANG ROAD #07-14
Address complement	-
Postcode	670507
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE MAH HUA
Gender	Female

PASSENGER 2

Name	ANG AH POO
Gender	Male

PASSENGER 3

Name	MS PIYU
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE POLICE REPORT.

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	GBF5936L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHUA CHIN LIAN
NRIC No	SXXXX127B
Contact Number	(Phone) +65-94815685
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	TEOH KWEE PENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKA6187U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

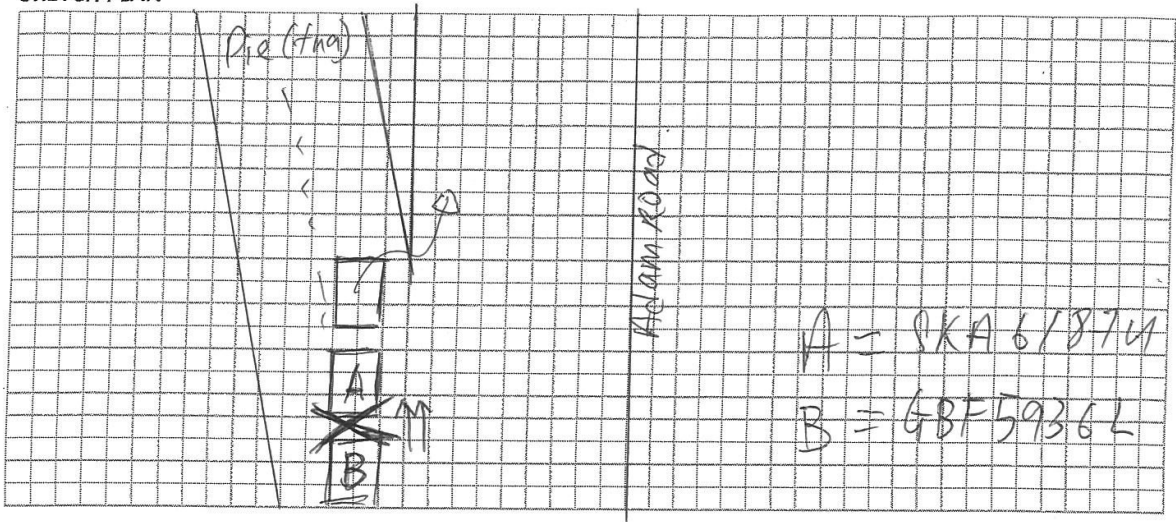
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder) *[Signature]*
Date & Time: *4/1/2021*

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see police report

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:

4/1/2021



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















**SINGAPORE
POLICE FORCE**



T/20210102/2085

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20210102/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2021 21:17		Vide Report No.:		Station Diary No.: 69	
Informant's Particulars					
Name of Informant: TEOH KWEE PENG			Address: APT BLK 507 JELAPANG ROAD #07-14 SINGAPORE 670507		
ID Type / ID No.: NRIC NO / S7612670D			Contact No.: Home/Office: Mobile: 90294868		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 44	Date of Birth: 10/04/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: HR manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2021 12:50	Type of Location: Bend
Location: LORNIE HIGHWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBF5936L	Lorry			Silver	Slightly Damaged	0
SKA6187U	Car	TOYOTA	Previa	Silver	Slightly Damaged	3

**SINGAPORE
POLICE FORCE**

T/20210102/2085

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20210102/2085

CONTINUATION OF REPORT**Brief Details.**

On the 02/01/2021, at about 1250hrs, I was driving my vehicle(SKA 6187U) on the way home from a flower shop along Lornie Rd towards Adam Rd, exiting from the left exit to PIE(Tuas). I was on the most right lane of the exit when suddenly, the car in front of me stopped and drove out of the exit and continue the highway towards Adams Rd. After stopping, a min later, one silver lorry (GBF5936L) was not able to stopped in time and crashed into my back bumper. The damages on my vehicle were the several dents at the back door, cracks and dents at the back left bumper and the left back red light was cracked. The damages on the lorry was only on the front bumper. After the accident, we exchange particulars and we drove off, but however I felt some pain in my neck and was not feeling well. I went to Raffles Medical Clinic at Hillion Mall and the doctor referred me to the Raffles Hospital A&E for further checkup due to nauseas and high blood pressure and suspect that I have brain concussion. After arriving at the Raffles Hospital, I went for X-Ray and was found to have midway cervical tenderness issue which had tightness and pain at the neck, shoulder and back area. The doctor then gave me 7 days MC. The Raffles Hospital doctor have also set an appointment for me with the Orthopedic Dept on the 13/01/2021 for further analysis of my neck. The passengers in my car informed that they were feeling well and did not report any injuries.

There was no traffic police or ambulance at scene.



**SINGAPORE
POLICE FORCE**



T/20210102/2085

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20210102/2085

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:

J /

SC2 TAN YI ZHANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/01/2021 21:17

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219



Classification Of Case:

Authentication Stamp
NP168

