

# 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 ..... 10/02/2021 12:24 (SGT)  
Date of Accident ..... 06/02/2021 22:00 (SGT)  
Exact Location of Accident ..... Boon Tiong Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLE7472G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TENG KOK ENG  
Company Reg No ..... 5XXXX062D  
Email Address ..... devonteng@gmail.com  
Mobile Phone No ..... (Phone) +65-93208111  
Alternative Phone No ..... +65-93208111

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... MAZDA2 SEDAN 1.5L SP.6EAT (LED)  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5115549244-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TENG KOK ENG  
Company Reg No ..... 5XXXX062D  
Date Of Birth ..... 28/01/1973  
Occupation ..... Outdoor

Date Of Driving Pass .....	04/04/1998
Driving experience .....	22 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93208111
Alt. Phone Number .....	+65-93208111
Email Address .....	devonteng@gmail.com
Address .....	BLK 257 SERANGOON CENTRAL DRIVE #11-18
Address complement .....	-
Postcode .....	550257
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 .....	Collided into Parked Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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 .....	MORRIS TAN
Gender .....	Male

#### PASSENGER 2

Name .....	MRS MORRIS TAN
Gender .....	Female

#### PASSENGER 3

Name .....	MS TAN (DAUGHTER)
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Serangoon Neighbourhood Police Centre
Police Station Address .....	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER'S PREFERRED W/SHOP - THIAM HENG HUAT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH1081T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	YONG TEEK BOON
- .....	SXXXX591I
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 .....	TENG KOK ENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLE7472G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## WITNESS DETAILS

### WITNESS 1

Name .....	MORRIS TAN
Phone .....	(Phone) +65-94889692
Email .....	-

## 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/mall 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.

**TENG KOK ENG**  
03356082D

Policyholder's Signature  
Date & Time:

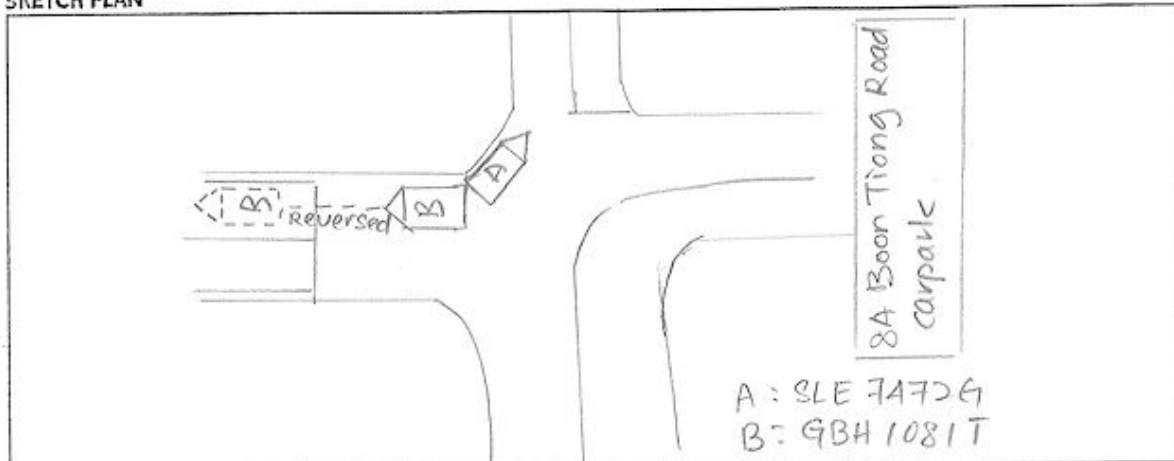
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

Date of accident: 6.2.2021 Time: 2300 Location: Boon Tiong Road  
 Veh A: SLE 7A72G Veh B: GBH 1081T No of pax: 4 Weather: Clear/dry Rain/Wet

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report  
T/20210209/2070

☐ Claim OD/TP at Falcon-Air ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : devonteng@gmail.com (93205111)

Note : Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own Insurer for more information.

DECLARATION

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

TENG KOK ENG  
Co Reg No: 53356062D

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.:

















**SINGAPORE  
POLICE FORCE**



T/20210209/2070

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

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Report No. T/20210209/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/02/2021 14:56	Vide Report No.:	Station Diary No.: 40
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**Informant's Particulars**

Name of Informant: TENG KOK ENG		Address: APT BLK 257 SERANGOON CENTRAL DRIVE #11-18 SINGAPORE 550257	
ID Type / ID No.: NRIC NO / S7349413C		Contact No.: Home/Office: Mobile: 93208111	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 28/01/1973	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		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: 06/02/2021 22:00	Type of Location: Car Park
Location:  BOON TIONG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: between moving vehicle - Rear to Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1081T	Lorry					0
SLE7472G	Car				Seriously Damaged	3

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210209/2070

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

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Report No. T/20210209/2070

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TENG KOK ENG		ID No. S7349413C
Related Vehicle	SLE7472G (Car)		Contact No. 93208111
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	07/02/2021	Date Discharge	07/02/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	YONG TEEK BOON		ID No. S01865911
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 6/2/2021 at about 2200hrs, while I was alighting 3 passenger at blk 8A boon Tiong Road, suddenly a stationary lorry (GBH1071T) reversed and it collided onto the rear of my vehicle (SLE7472G). Both of us (drivers) then got out of our vehicle, exchange particulars, took photos of the damages and 3 of my passenger informed that they were not injured at the point of time and we left the scene.

On 07/02/2021 at about 1100hrs, my whole body felt pain and as such I went to Mount Alvernia hospital to consult a doctor and I was given 5 days medical leave. I would like to state that one of my passenger namely Morris Tan, Tel: 94889692 told me that he willing to be my witness. I also have a in-car camera installed inside my vehicle which captured the whole incident. That is all.



**SINGAPORE  
POLICE FORCE**



T/20210209/2070

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Tel No: 1800-4880999

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Report No. T/20210209/2070

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 LEE SHENG XIANG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
09/02/2021 14:56

Classification Of Case:

	<b>SINGAPORE POLICE FORCE</b> <small>SIRISAWANDE ENTHAWE</small>		<b>SN 156</b>
<b>SIGNATURE</b>			



