

# 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 .....	30/03/2021 17:32 (SGT)
Date of Accident .....	29/03/2021 18:00 (SGT)
Exact Location of Accident .....	KPE, Singapore
Additional Location Information .....	(ECP)SLIP RD TO PIE(TUAS)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLE5502S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEO EE KWANG
NRIC No .....	SXXXX637B
Email Address .....	BENITA.TEO@GOSPELLIGHT.SG
Mobile Phone No .....	(Phone) +65-91469400
Alternative Phone No .....	+65-91469400

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
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
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5082598502-04
Cover Note Number .....	-

### DRIVER

Name of Driver .....	WONG TJUB MUN,BENITA(HUANG XIWEN)
NRIC No .....	SXXXX973J

Date Of Birth .....	28/05/1978
Occupation .....	Indoor
Date Of Driving Pass .....	13/01/2000
Driving experience .....	21 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97988093
Alt. Phone Number .....	-
Email Address .....	BENITA.TEO@GOSPELLIGHT.SG
Address .....	10G BRADDELL HILL
Address complement .....	#20-28
Postcode .....	579726
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	AFTER RAIN
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	RAFAEL TEO
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:A/20210330/7011

#### 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 .....	SMN3287S
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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 .....	WONG TJUB MUN,BENITA(HUANG XIWEN)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLE5502S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	RAFAEL TEO
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLE5502S
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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

KPE (ECP) SLIP ROAD TO PIE (TUAS)

VEH. A - SLE 5502 S

VEH. B - SMN 3287 S




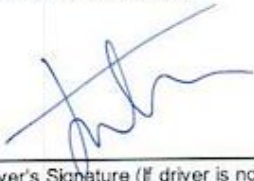
## Describe Circumstances of the Accident


ON THE STATED DATE AND TIME. I, VEHICLE 'A'  
 WAS TRAVELLING ON <sup>THE</sup> STATED VENUE. AS THE  
 FRONT VEHICLE SLOW DOWN, I FOLLOW SUIT.  
 SUDDENLY, VEHICLE 'B' HIT ONTO MY VEHICLE'S  
 REAR PORTION.

## Declaration

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

 30/03/21  
 Witnessed by Reporting Centre  
 Personnel



**SINGAPORE  
POLICE FORCE**



A/20210330/7011

1 of 1

**POLICE REPORT (NP299)**

Report No. A/20210330/7011

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 30/03/2021 12:19	Vide Report No.	Station Diary No.
Name Of Informant WONG TJUB MUN, BENITA	Address 10G BRADDELL HILL #20-28 SINGAPORE 579726	
ID Type / ID No. NRIC NO / S7813973J	Contact No. Home/Office:	Mobile: 97988093
Nationality SINGAPORE CITIZEN	Email Address benita.teo@gospellight.sg	
Occupation Administration manager	Sex Female	Age 42
Institution/School Name	Date of Birth 28/05/1978	Race Chinese
Date/Time Of Incident 29/03/2021 18:00	Location Of Incident PAN ISLAND EXPRESSWAY	

**Brief details.**

On the stated date and time I was travelling with my son Rafael Teo Bowen (T1713793F) in my vehicle SLE5502S. As my front vehicle slowed down on the stated venue i gradually follow suit. Suddenly vehicle SMN3287S came from behind and hit onto my vehicle rear portion. The impact was great and i felt pain on my body, my son was injured too. We then proceeded to Unihealth 24hr clinic (Toa Payoh) to seek treatment and we were both given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2021 12:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	









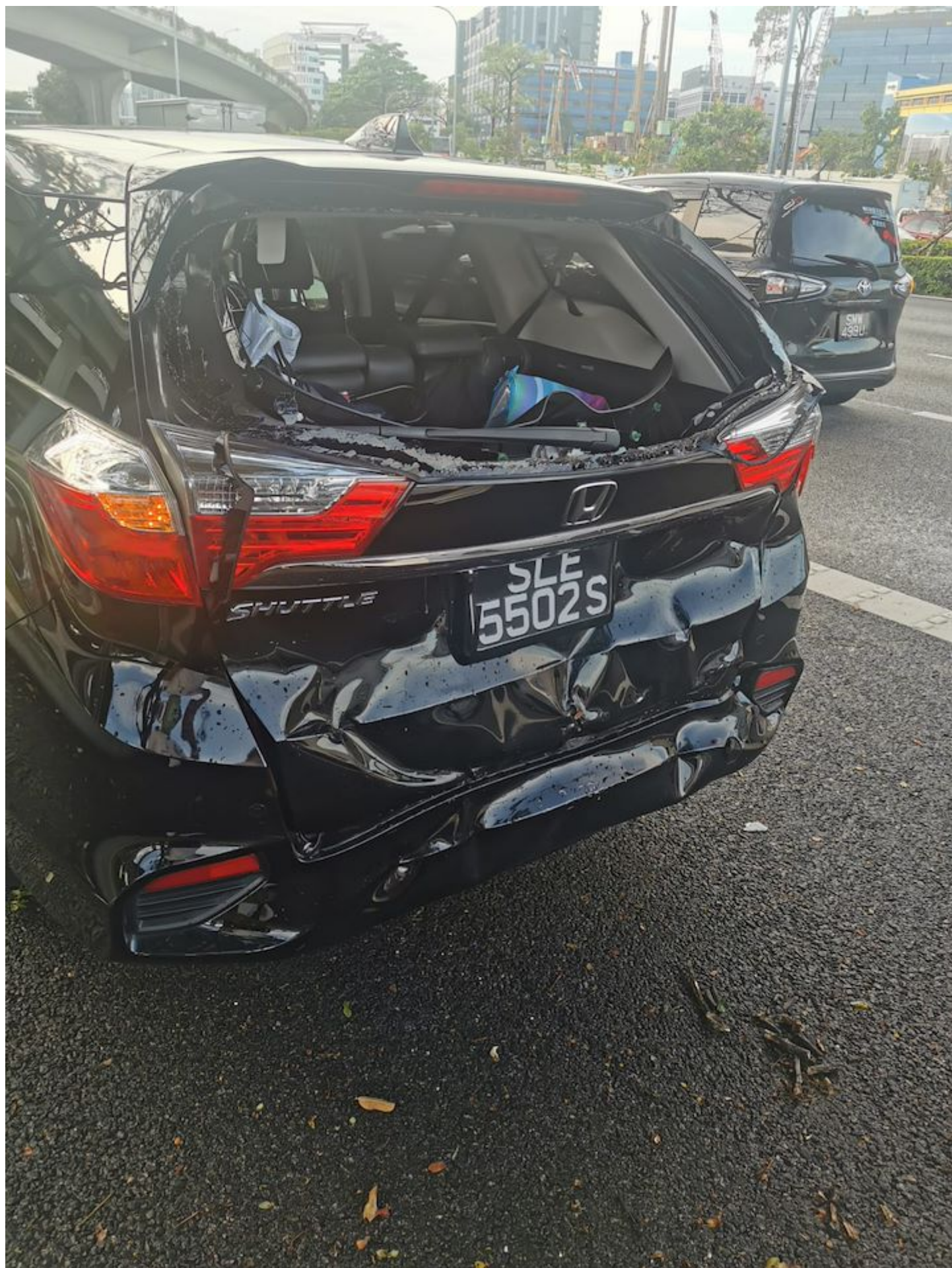
















**SINGAPORE  
POLICE FORCE**



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ID Type / ID No. NRIC NO / S7813973J	Contact No. Home/Office:	Mobile: 97988093
Nationality SINGAPORE CITIZEN	Email Address benita.teo@gospellight.sg	
Occupation Administration manager	Sex Female	Age 42
Institution/School Name	Date of Birth 28/05/1978	Race Chinese
Date/Time Of Incident 29/03/2021 18:00	Location Of Incident PAN ISLAND EXPRESSWAY	

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