

# 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 ..... 12/04/2021 13:13 (SGT)  
Date of Accident ..... 15/02/2021 16:00 (SGT)  
Exact Location of Accident ..... Stevens Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR3535E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KEY MARINE & ENGINEERING SERVICES PTE LTD  
Company Reg No ..... -  
Email Address ..... info@keymarine.com.sg  
Mobile Phone No ..... (Phone) +65-64818187  
Alternative Phone No ..... +65-64818187

### VEHICLE PARTICULARS

Manufacturer ..... Jeep  
Model ..... Wrangler  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MPC0007249  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SOH TENG TENG  
NRIC No ..... SXXXX383B

Date Of Birth .....	18/10/1973
Occupation .....	Indoor
Date Of Driving Pass .....	26/09/2018
Driving experience .....	2 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96647688
Alt. Phone Number .....	-
Email Address .....	info@keymarine.com.sg
Address .....	14B STANGEE PLACE
Address complement .....	-
Postcode .....	424077
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Change/cross lane
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

REFER TO POLICE REPORT T/20210217/2091

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH DRIVER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMP8309U
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) .....	-

**SKETCH PLAN**

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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' 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.



*[Handwritten Signature]*

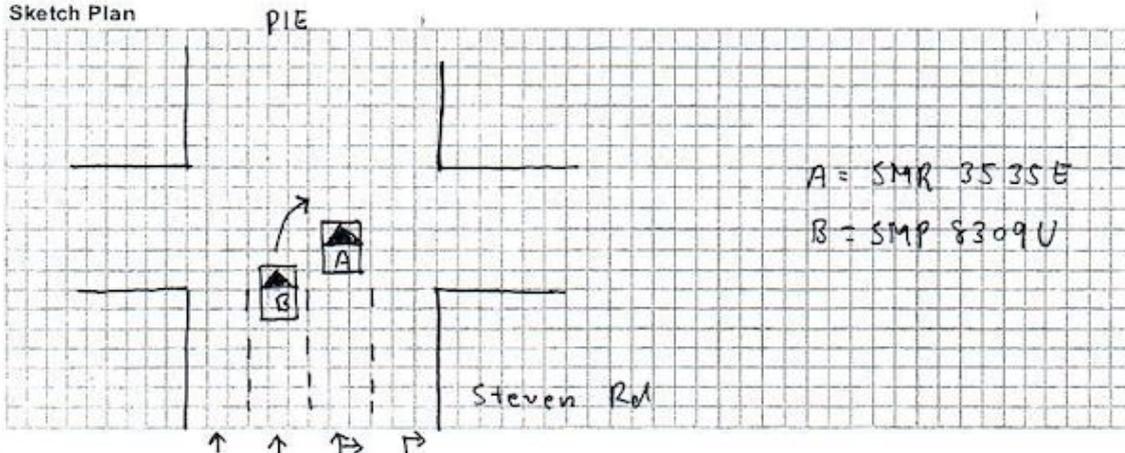
*[Handwritten Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

Refer to Police Report 7/20210217 / 2091

**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

Witnessed by Reporting Centre Personnel







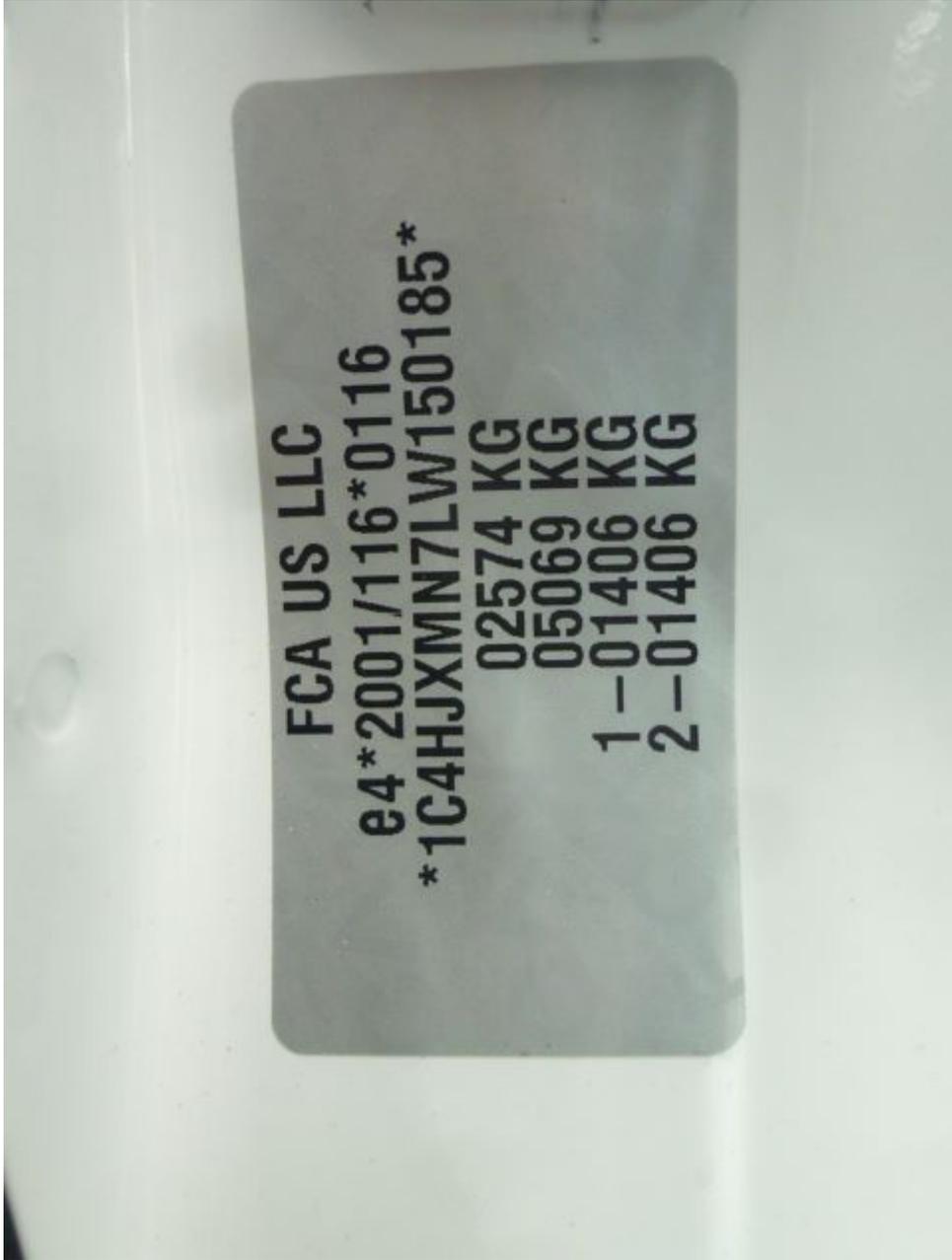














**SINGAPORE  
POLICE FORCE**



T/20210217/2091

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

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Report No. T/20210217/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/02/2021 16:36	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: SOH TENG TENG		Address: 22 KARIKAL LANE SINGAPORE 427103	
ID Type / ID No.: NRIC NO / S7337383B		Contact No.: Home/Office:                      Mobile: 96647688	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 47	Date of Birth: 18/10/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CLERK		Driving Licence Information: Class: 3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/02/2021 16:00	Type of Location:
Location: STEVENS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMR3535E	Car					0

**Details of Person Involved**

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



SINGAPORE  
POLICE FORCE



T/20210217/2091

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

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Report No. T/20210217/2091

## CONTINUATION OF REPORT

Driver			
Name	SOH TENG TENG		ID No. S7337383B
Related Vehicle	SMR3535E (Car)		Contact No. 96647688
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

AS I WAS PASSING BY A TRAFFIC JUNCTION BY GOING STRAIGHT AT STEVENS ROAD, I CAR SUDDENLY CUT THROUGH MY LANE. I HORNED AT HIM TO ALERT THAT I WAS VERY CLOSE TO HIM. I CONTINUE TO DRIVE AFTERWARDS. HE FOLLOWED ME UNTIL PIE AND HARASSING ME BY OVERTAKING MY LANE AND SLOW HIS VEHICLE TO AVOID ME FROM DRIVING AT A NORMAL SPEED. I CONTINUED DRIVING ALONG THE WAY UNTIL HE DECIDED TO MOVE OUT AND CHANGE HIS LANE. 2 DAYS AFTER (17.02.2021), A POLICE OFFICER CALLED SAYING THAT I WAS INVOLVED IN A HIT AND RUN INCIDENT. AFTERWARDS, I DECIDED TO LODGE A REPORT. THAT IS ALL



SINGAPORE  
POLICE FORCE



T/20210217/2091

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

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Report No. T/20210217/2091

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: TP / SC SAIFUL ILHAM BIN ZAHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/02/2021 16:36
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	