

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 | 13/04/2021 09:58 (SGT) |
| Date of Accident | 12/04/2021 07:00 (SGT) |
| Exact Location of Accident | Near Defu Flyover, Singapore |
| Additional Location Information | KPE (NEAR PAYA LEBAR AIR BASE) BEFORE ENTERING THE TUNNEL |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SKN8892K |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | TEO KOON SOON |
| NRIC No | SXXXX403H |
| Email Address | AXONER@GMAIL.COM |
| Mobile Phone No | (Phone) +65-94569900 |
| Alternative Phone No | +65-96900643 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Audi |
| Model | A4 |
| 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 | 1975 |

INSURANCE COMPANY

| | |
|---------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 1800044849-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | TEO KOON SOON |
|----------------------|---------------|

| | |
|--|-----------------------|
| NRIC No | SXXXX403H |
| Date Of Birth | 05/09/1979 |
| Occupation | Indoor |
| Date Of Driving Pass | 12/09/2005 |
| Driving experience | 15 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94569900 |
| Alt. Phone Number | +65-96900643 |
| Email Address | AXONER@GMAIL.COM |
| Address | 7 FERNVALE CLOSE |
| Address complement | #06-16 |
| Postcode | 797488 |
| 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 | 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 | 1 |
| 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) | 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 | Ang Mo Kio Division Headquarters |
| Police Station Phone No | (Phone) +65-18002180000 |
| Alt. Police Station Phone No | (Fax) +65-64814246 |
| Police Station Address | 51 Ang Mo Kio Avenue 9 Singapore 569784 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG KPE. IT WAS RAINING. I WAS DRIVING SLOWLY AROUND 20KMH OR 30KMH. THE CAR INFRONT STOPPED. I BRAKED SLOWLY. THE CAR BEHIND BANGED INTO ME. I FELT A PAIN IN MY NECK AND BACK. IT IS STILL NOT WELL.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1


| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMC8208X |
| 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 KOON SOON |
| Address | 7 FERNVALE CLOSE |
| Address Complement | #06-16 |
| Post Code | 797488 |
| Approximate Age Years Old | 41 |
| Injuries Sustained | NECK PAIN. PLEASE REFER TO POLICE REPORT. |
| Injured person in which vehicle? | SKN8892K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |



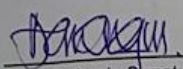
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Describe Circumstances of the Accident

I was driving along KPE. It was raining. I was driving slowly around 20km/h or 30km/h. The car in front stopped. I braked slowly. The car behind banged into me. I felt a pain in my neck and back. It is still not well.


Declaration

We declare the foregoing particulars are true in every respect.

 12/04/21
1:58pm

Policyholder's Signature / Date & Time

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



Witnessed by Report Personnel

SKETCH PLAN

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 report being made available aforesaid.

Consent under the Personal Data Protection Act (PDPA)
 I understand, acknowledge, agree and consent that:
 My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose
 or process my personal data/personal information set out in this [form] and any other personal information provided by me or
 issued 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:
 processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
 the accident;
 investigating the accident and/or my claims;
 carrying out and/or dealing with my instructions or responding to any enquiries by me;
 administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve
 the 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
 complying with applicable law in administering, processing, handling and/or dealing with my claims.
 I hereby agree to the "Purposes" above.
 Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect,
 disclose and/or process my Personal Information for one or more of the above Purposes; and
 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.

 Policyholder's Signature / Date & Time

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

 Witnessed by Reporting Centre Personnel

Sketch Plan

KPE Jalandar
Toward

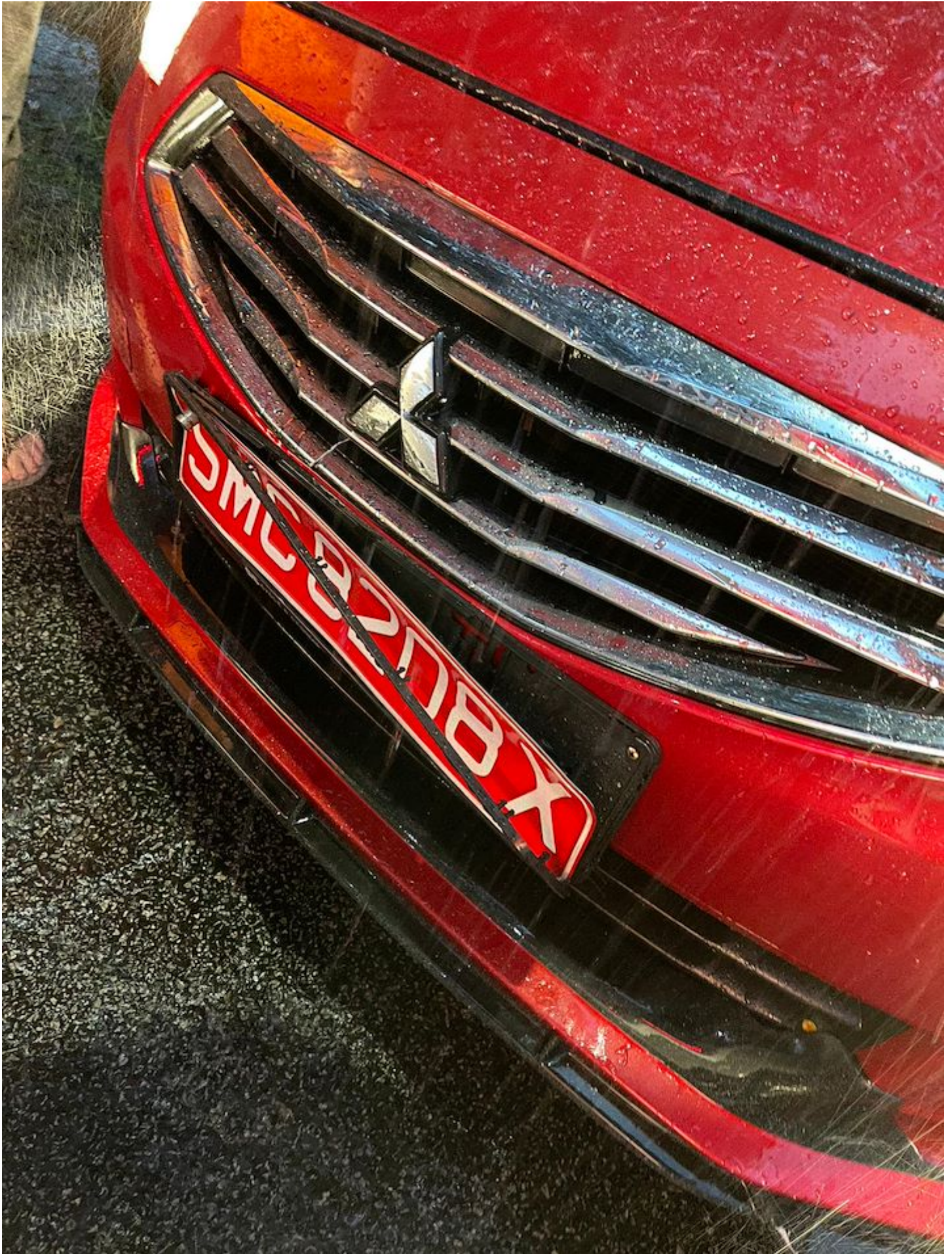
A - SKN 889 K
B - SMC 820

1

A
B

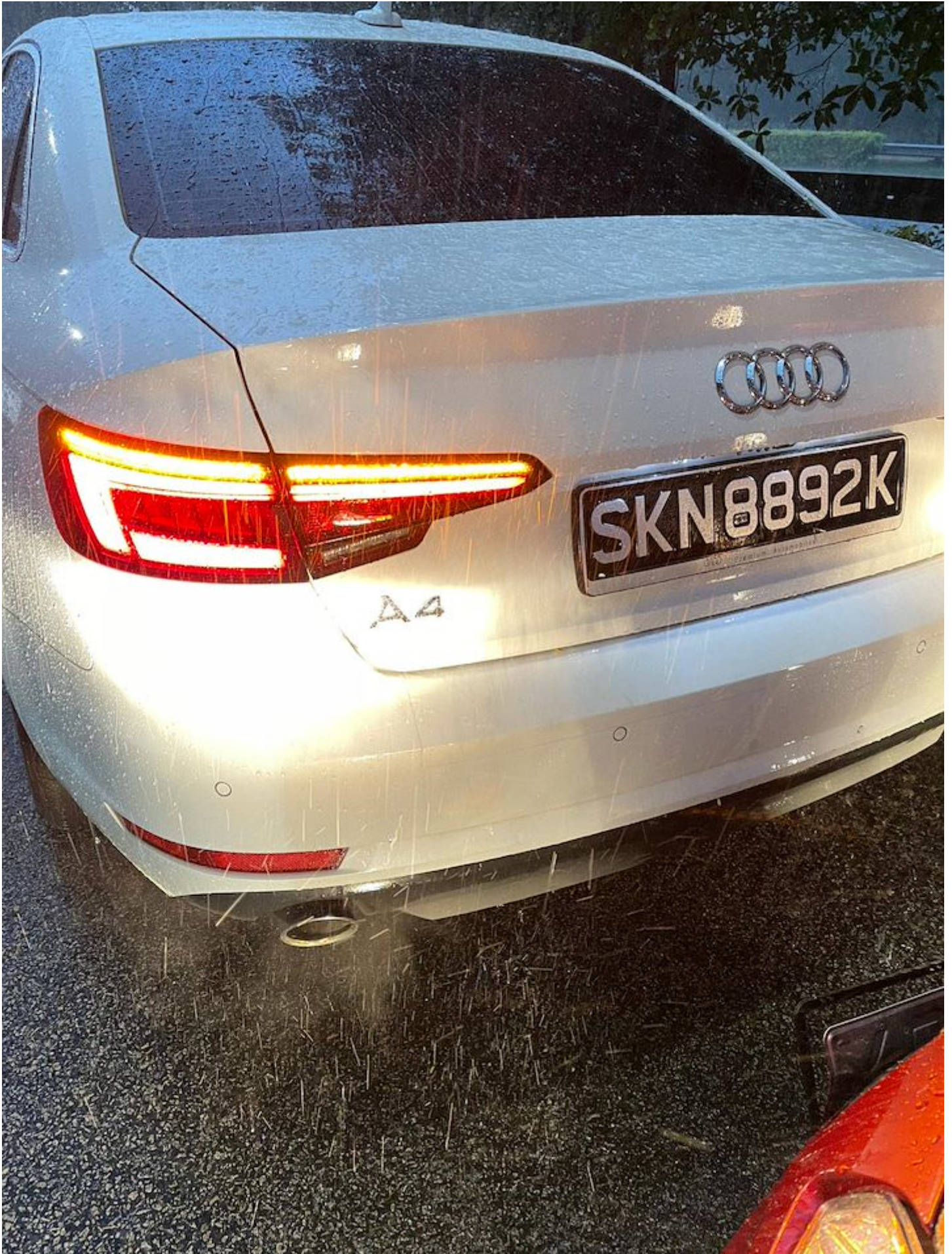














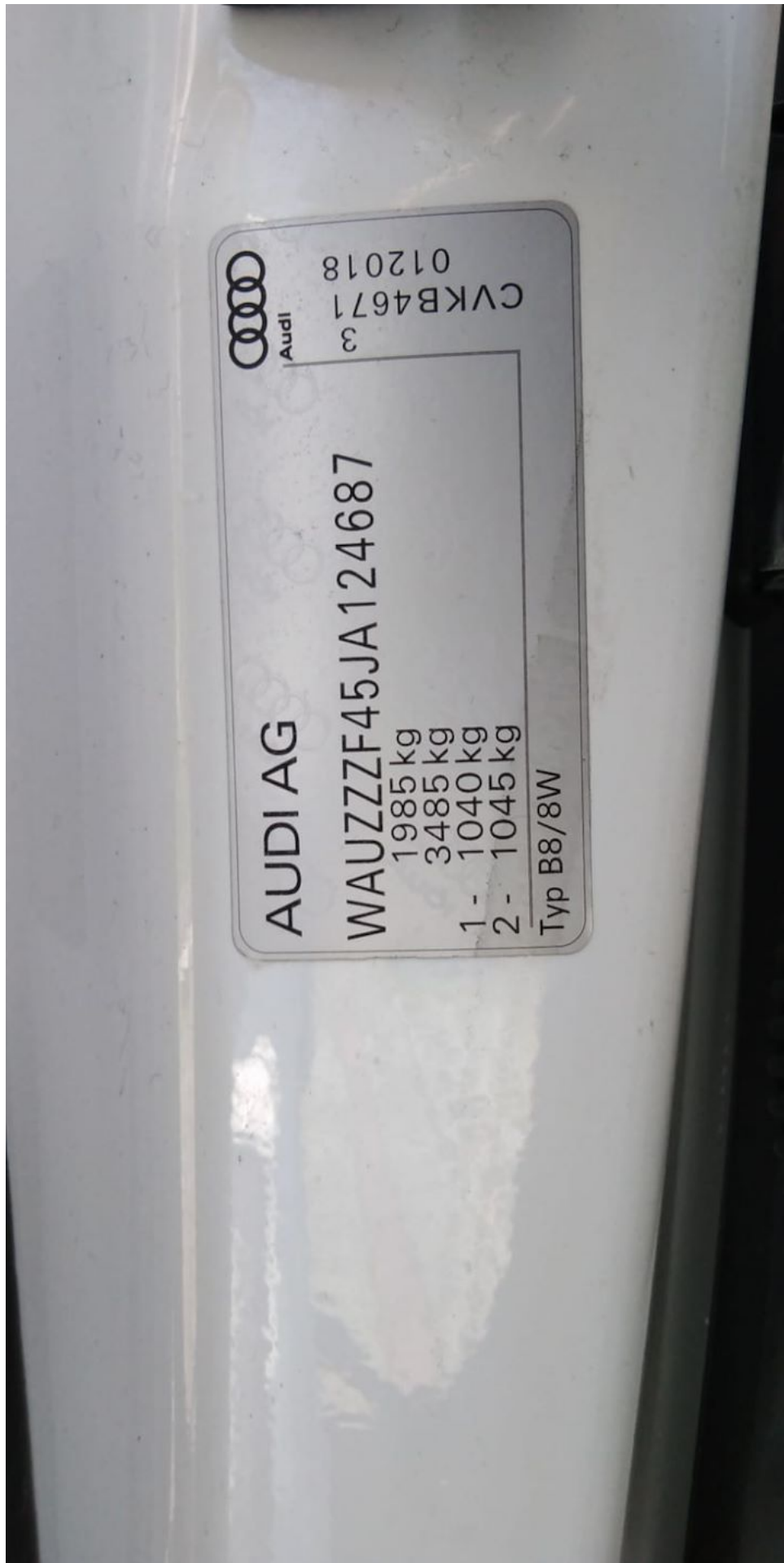






















**SINGAPORE
POLICE FORCE**



F/20210412/7045

1 of 2

POLICE REPORT (NP299)

Report No. F/20210412/7045

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

| | | |
|--|--|---------------------|
| Date/Time Report Made 12/04/2021 16:23 | Vide Report No. | Station Diary No. |
| Name Of Informant TEO KOON SOON | Address 7 FERNVALE CLOSE #06-16 SINGAPORE 797488 | |
| ID Type / ID No. NRIC NO / S7927403H | Contact No. Home/Office: | Mobile: 94569900 |
| Nationality SINGAPORE CITIZEN | Email Address TEOKOONSOON@GMAIL.COM | |
| Occupation Management executive | Sex Male | Age 41 |
| Institution/School Name | Date of Birth 05/09/1979 | Race Chinese |
| Date/Time Of Incident 12/04/2021 07:00 - 12/04/2021 16:00 | Location Of Incident 7 FERNVALE CLOSE #06-16 SINGAPORE 797488 | |

Brief details.

On 7am, 12 April 2021, I was driving along KPE when it was raining heavily. I was driving slowly at around 20km/h to 40km/h. The car in front of me stopped. I gradually stopped too. The car behind me abruptly knocked into my car, with a strong jerk. I felt a pain in my neck. I have seen a doctor and was given 3 days MC.

Subjects Involved**Victim**

Person Name TEO KOON SOON

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

12/04/2021 16:23

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210412/7045

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210412/7045

| | | | |
|---------------------------|---|--------------|-----------|
| ID Type | NRIC NO | ID No | S7927403H |
| Gender | Male | Age | 41 |
| Race | Chinese | Language | English |
| Occupation | Management executive | Address Type | |
| Address | 7 FERNVALE CLOSE #06-16 SINGAPORE 797488 | Mobile No | 94569900 |
| Is Informant A Victim? | Yes | | |
| Person Name | TEO KOON SOON (Informant) | | |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

12/04/2021 16:23

Classification Of Case: