

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 04/05/2021 15:38 (SGT)
Date of Accident 02/05/2021 17:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information North Bridge Road towards Coleman Street
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN8273K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO YU SOON
NRIC No [REDACTED]
Email Address [REDACTED]
Mobile Phone No (P) [REDACTED]
Alternative Phone No [REDACTED]

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
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 5120056729 (CLASSIC)
Cover Note Number -

DRIVER

Name of Driver TEO YU SOON
NRIC No [REDACTED]

Date Of Birth 21/03/1999
 Occupation Outdoor
 Date Of Driving Pass 22/03/2016
 Driving experience 5 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 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 Side Swipe
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name UNKNOWN
 Gender Female

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

Refer to Police Report A/20210503/7000

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 SGS3357T

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 YU SOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	53
Injuries Sustained	Knee,neck,right wrist,lower back - 5 Days Medical Leave
Injured person in which vehicle?	SLN8273K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.


Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VICOM LTD)
23 KAKI BUKIT AVENUE 4S(415933)
Witnessed by Reporting Centre Personnel

Sketch Plan

North Bridge Road Towards Coleman street



Vehicle A : SLN 8273K

Vehicle B : SG S 3357T

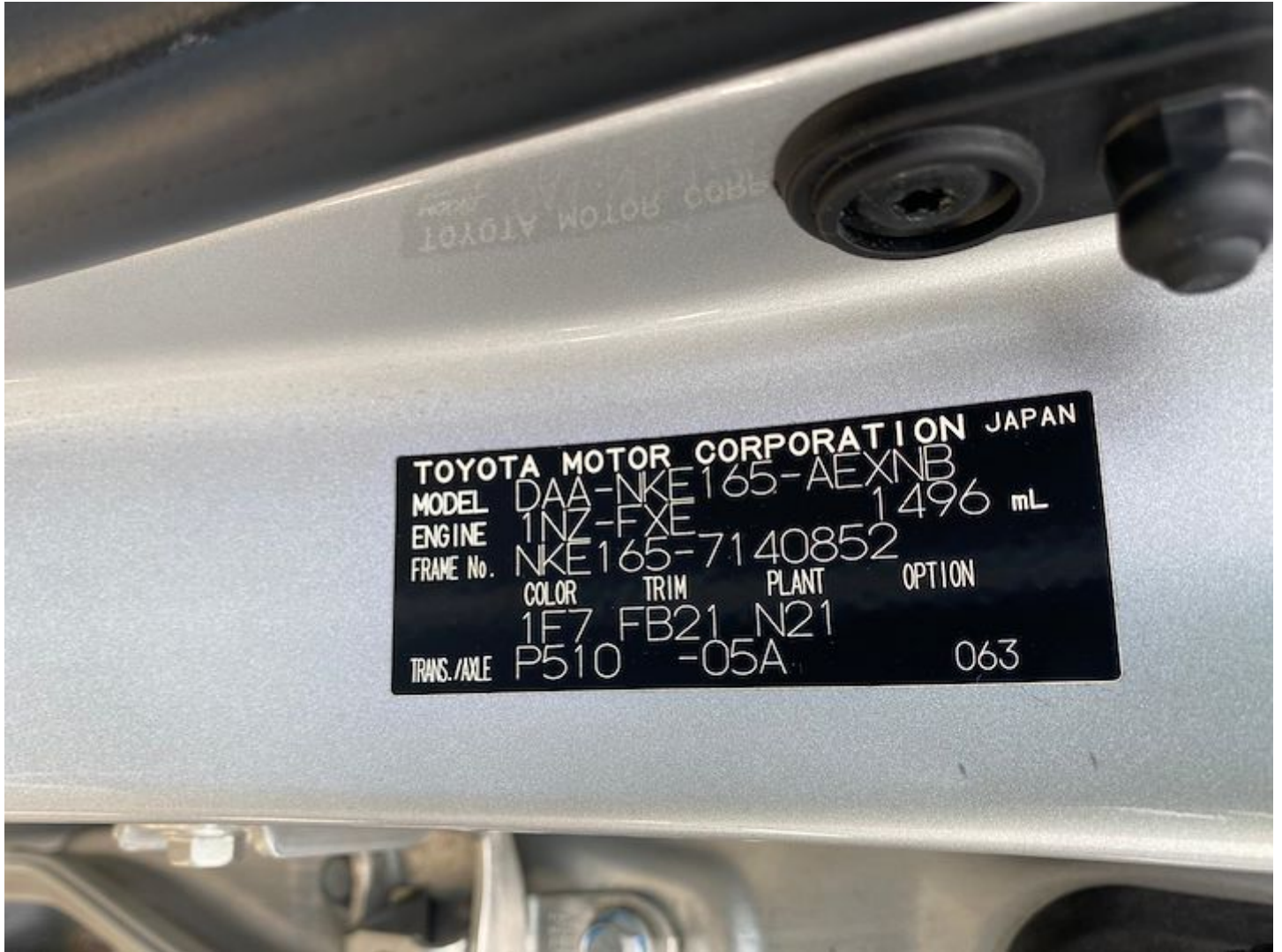
Refer to Police Report NO: A/20210503/7000

We declare the foregoing particulars are true in every respect.

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

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**SINGAPORE
POLICE FORCE**



A/20210503/7000

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POLICE REPORT (NP299)

Report No. A/20210503/7000

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 03/05/2021 00:39	Vide Report No.	Station Diary No.
Name Of Informant TEO YU SOON	Address [REDACTED]	
ID Type / ID No. [REDACTED]	Contact No. Home/Office: [REDACTED] Mobile: [REDACTED]	
Nationality SINGAPORE CITIZEN	Email Address [REDACTED]	
Occupation Self employed	Sex Male	Age 53
Institution/School Name	Date of Birth [REDACTED]	Race Chinese
	Language English	
Date/Time Of Incident 02/05/2021 17:20	Location Of Incident NORTH BRIDGE ROAD	

Brief details.

On the above mentioned date and time, I was driving my vehicle SLN8273K along North Bridge Road Towards Coleman Street. I was ferrying 1 female passenger on board at that time.

I was on the 2nd lane from the right and had signalled to change lanes to my left. After checking that traffic along the lane on my left was clear, I proceeded to change lanes.

Suddenly, I felt a huge impact from the front left portion of my vehicle. I knocked my left knee against the middle divider between the front passenger and driver's seats as a result of the impact.

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: 03/05/2021 00:39
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20210503/7000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210503/7000

I alighted to realise that SGS3357T had also changed lane from the second lane from the left into the lane I was changing to.

Later in the evening, I started feeling soreness over my neck, right wrist and lower back areas.

I proceeded to my family doctor at Intemedical Clinic Kovan for treatment and was given 5 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: 03/05/2021 00:39
Officer In-Charge Of Case:	Classification Of Case:
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