

# 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 ..... 28/04/2021 16:42 (SGT)  
Date of Accident ..... 27/04/2021 18:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Along Marina view Asia tower 2  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBP8445P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TEO ZHI HAO  
NRIC No ..... S9026809J  
Email Address ..... Zhao90@gmail.com  
Mobile Phone No ..... (Phone) +65-84681641  
Alternative Phone No ..... +65-84681641

### VEHICLE PARTICULARS

Manufacturer ..... Ducati  
Model ..... Diavel  
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 - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 1260

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5110504941-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEO ZHI HAO  
NRIC No ..... S9026809J

Date Of Birth .....	03/07/1990
Occupation .....	Indoor
Date Of Driving Pass .....	08/07/2019
Driving experience .....	1 YEAR AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84681641
Alt. Phone Number .....	+65-84681641
Email Address .....	Zhao90@gmail.com
Address .....	14 CACTUS DRIVE #04-01
Address complement .....	-
Postcode .....	809689
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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 .....	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 SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMG2731U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private hire
Name of Driver .....	UNKNOWN
Contact Number .....	(Phone) +65-86912632
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN**

SND 7214-S00 01

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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/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.
  - (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.

Policyholder's Signature: [Signature]  
Date & Time: 3.5.17 1645

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

Reporting Centre Personnel's Signature  
Name: Heang A  
NRIC/FIN No.: 5994354

SKETCH PLAN

Central 662

A: FDP845P  
B: SMG 2 B1U

Marine View  
Marine View

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/4/2022 at around 18:50hrs, I parked my motorway-10 (FDP845P) along Marine View at Asia Square tower 2. When

DECLARATION

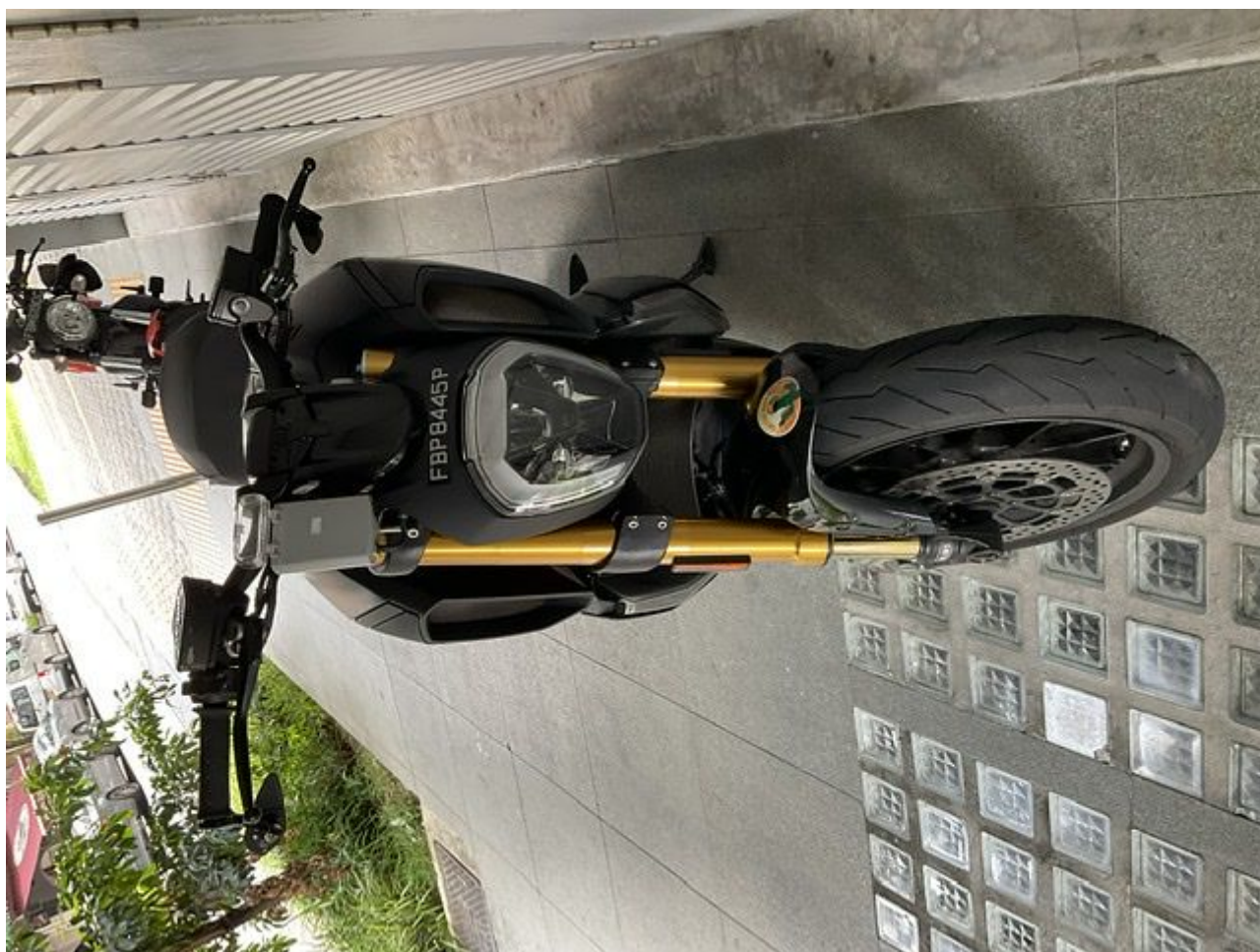
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature: [Signature]  
Date & Time: 27/04/2022 18:50

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

Reporting Centre Personnel's Signature: [Signature]  
Name: Heng Da  
NRIC/FIN No: 9722574















**SINGAPORE  
POLICE FORCE**



A/20210428/7012

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210428/7012

He gave me his mobile number and left. I am logging this incident to avoid future disputes.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	-		
ID Type	OTHERS / -	ID No	-
Gender	Male	Age	35-40
Race	Chinese	Language	English
Occupation	Taxi driver	Mobile No	86912632
Relation To Informant	None		
<b>Victim</b>			
Person Name	TEO ZHI HAO		
ID Type	NRIC NO	ID No	S9026809J
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Recruitment Consultant	Address	14 CACTUS DRIVE #04-01 SINGAPORE 809689
Mobile No	84681641	Is Informant A Victim?	Yes
Person Name	TEO ZHI HAO (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:

28/04/2021 10:25

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



A/20210428/7012

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20210428/7012

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 28/04/2021 10:25	Vide Report No.	Station Diary No.
Name Of Informant TEO ZHI HAO	Address 14 CACTUS DRIVE #04-01 SINGAPORE 809689	
ID Type / ID No. NRIC NO / S9026809J	Contact No. Home/Office:	Mobile: 84681641
Nationality SINGAPORE CITIZEN	Email Address ZHAO90@GMAIL.COM	
Occupation Recruitment Consultant	Sex Male	Age 30
Institution/School Name	Date of Birth 03/07/1990	Race Chinese
Date/Time Of Incident 27/04/2021 18:50 - 27/04/2021 19:00	Location Of Incident MARINA VIEW	

**Brief details.**

My motorcycle FBP8445P was parked behind stationary vehicle SMG2731U and I was standing across the road having a phone call. Driver of SMG2731U started to reverse his vehicle and did not stop until he hit my motorcycle.

The car hit the front tire of my motorcycle. There was damage to the trim and the bumper of the car, on the left side, which the driver tried to push back in place. There was no VISIBLE damage to the motorcycle, except some marks on the tire. I notified him that I will be sending my motorcycle to the dealership for an assessment, and will let him know if there is any further action required.

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: 28/04/2021 10:25
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp