

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 12/07/2021 17:04 (SGT)
Date of Accident 09/07/2021 17:15 (SGT)
Exact Location of Accident Simei Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN3185C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHINA COMMUNICATIONS CONSTRUCTION COMPANY LIMITED
Company Reg No TXXXXX060B
Email Address zhaowx@ccccltd.com
Mobile Phone No (Phone) +65-92277921
Alternative Phone No +65-92277921

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00092332000
Cover Note Number -

DRIVER

Name of Driver TEO BOON SIANG

| | |
|--------------------------------------------------------------------|--------------------------------|
| NRIC No | SXXXX676E |
| Date Of Birth | 12/07/1992 |
| Occupation | Indoor |
| Date Of Driving Pass | 17/10/2012 |
| Driving experience | 8 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92277921 |
| Alt. Phone Number | - |
| Email Address | zhaowx@ccccltd.com |
| Address | BLK 673A JURONG WEST STREET 65 |
| Address complement | - |
| Postcode | #11-22 |
| 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 - Head to Rear |
| 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 vehicle 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 | LI JI |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------------|-----------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bedok North Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002449999 |
| Alt. Police Station Phone No | (Fax) +65-62447258 |
| Police Station Address | 30 Bedok North Road Singapore 469676 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210710/2057

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 | SJL6630K |
|-----------------------------------|----------|

| | |
|-----------------------------------------------|--------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LIM MENG WEE |
| NRIC No | SXXXX120H |
| 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 BOON SIANG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SMN3185C |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|-----------------------------------------------------------|---------------|
| Name of injured person | LI JI |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SMN3185C |
| 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.

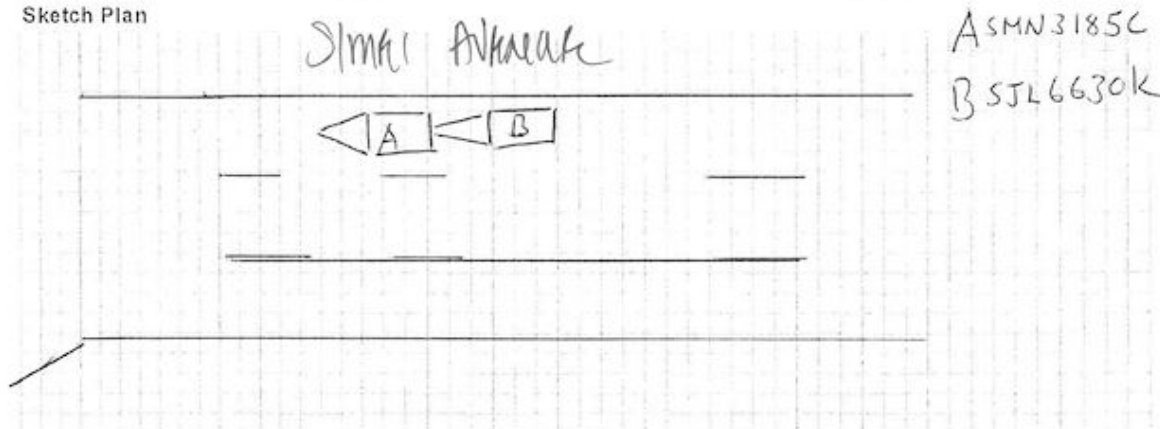


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

As per police report 1/20210710/2057

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

 12/07/2021
Witnessed by Reporting Centre Personnel


















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20210710/2057

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Report No. T/20210710/2057

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--------------------------------------------|------------|---------------------------------------------------------------------------|------------------------------|----------------------------|
| Date/Time Report Made: 10/07/2021 16:24 | | Vide Report No.: | | Station Diary No.: 54 |
| Informant's Particulars | | | | |
| Name of Informant: TEO BOON SIANG | | Address: APT BLK 673A JURONG WEST STREET 65 #11-22 SINGAPORE 641673 | | |
| ID Type / ID No.: NRIC NO / S9223676E | | Contact No.: Home/Office: Mobile: 92277921 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 28 | Date of Birth: 12/07/1992 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | | Institution / School Name: |
| Occupation: ADMIN EXECUTIVE | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--------------------------------------------------------------|---------------------------------------------|-----------------------|-----------------------------------------------|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 09/07/2021 17:15 | Type of Location: Straight Road |
| Location: SIMEI AVENUE | | | | |
| Weather: Clear | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: One Way | Traffic Control: Traffic Light - Working | | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|---------------------|-----------------|
| SJL6630K | Car | | | | | 0 |
| SMN3185C | Car | | | | Slightly Damaged | 1 |

Details of Person Involved

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



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30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20210710/2057

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Report No. T/20210710/2057

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------|--|-----------------------------------------------------------------------------|
| Driver | | | |
| Name | LIM MENG WEE | | ID No. S1625120H |
| Related Vehicle | SJL6630K (Car) | | Contact No. 90073063 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury NIL |
| Driver | | | |
| Name | TEO BOON SIANG | | ID No. S9223676E |
| Related Vehicle | SMN3185C (Car) | | Contact No. 92277921 |
| Hospital/Clinic | UNIHEALTH CLINIC | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 09/07/2021 | | Date Discharge 09/07/2021 |
| No. of Days granted Medical Leave | 03 | | Degree of Injury NIL |
| Passenger | | | |
| Name | LI JI | | ID No. G3902183N |
| Related Vehicle | SMN3185C (Car) | | Contact No. 97973304 |
| Hospital/Clinic | UNIHEALTH CLINIC | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | 09/07/2021 | | Date Discharge 09/07/2021 |
| No. of Days granted Medical Leave | 03 | | Degree of Injury NIL |

Brief Details.

On 09/07/2021 at about 1715hrs, I was driving a white Toyota car, SMN3185C at the 1st of 3 lane road along Simei Ave towards Upper Changi Road. While my vehicle was stationary at the traffic light junction with the intention to turn right, I felt an impact on my vehicle rear portion and hit my head onto the steering wheels. Subsequently, I alighted from my vehicle and realized that a black Mercedes, SJL6630K hit collided onto my vehicle. Due to the damages, my vehicle rear bumper was cracked and dangling out. After the accident, I felt unwell and proceeded to seek medical treatment at Unihealth Clinic (Bedok). I was given 3 days MC from 10/07/2021 to 12/07/2021 by the doctor. The accident happens when the traffic light just turned green. My passenger and I felt pain on our body but did not call for ambulance. No one else was injured.



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T/20210710/2057

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Report No. T/20210710/2057

CONTINUATION OF REPORT



**SINGAPORE
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T/20210710/2057

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Report No. T/20210710/2057

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:
G /
Staff Sgt HEAP ZHI YONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/07/2021 16:24

Classification Of Case: