

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 02/08/2021 16:26 (SGT)
Date of Accident 29/07/2021 01:15 (SGT)
Exact Location of Accident Near 209 New Upper Changi Rd, Singapore 460209
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ505R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TEO CHEE KIONG
Company Reg No SXXXX346G
Email Address realmworld2002@yahoo.com.sg
Mobile Phone No (Phone) +65-96163336
Alternative Phone No +65-96163336

VEHICLE PARTICULARS

Manufacturer Porsche
Model Boxster
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 1999

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver TEO I-JEN
NRIC No SXXXX144H

| | |
|--|-----------------------------|
| Date Of Birth | 08/02/1999 |
| Occupation | Indoor |
| Date Of Driving Pass | 07/04/2018 |
| Driving experience | 3 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96163336 |
| Alt. Phone Number | - |
| Email Address | realmworld2002@yahoo.com.sg |
| Address | 168 JALAN ANGIN DAUT |
| Address complement | - |
| Postcode | 489194 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 4 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle 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

SEE ATTACHED POLICE REPORT

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 | YN5612G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Goods vehicle |

| | |
|---|---|
| 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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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
 Date & Time:


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


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

SKETCH PLAN

Δ
C

- SHB 3538E

Δ
A

- SKQ 505R

Δ
B

- YN 5612G

Δ
D

- SLE 8663R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AC per police report.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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























































**SINGAPORE
POLICE FORCE**



T/20210730/7012

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

1 of 3

Report No. T/20210730/7012

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|----------------------------|
| Date/Time Report Made: 30/07/2021 15:46 | | Vide Report No.: G/20210729/0022 | | Station Diary No.: |
| Informant's Particulars | | | | |
| Name of Informant: TEO I-JEN | | Address: 16B JALAN ANGIN LAUT SINGAPORE 489194 | | |
| ID Type / ID No.: NRIC NO / S9906144H | | Contact No.: Home/Office: Mobile: 90690550 | | |
| Nationality: SINGAPORE CITIZEN | | Email: IJEN99@GMAIL.COM | | |
| Sex: Male | Age: 22 | Date of Birth: 08/02/1999 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | | Institution / School Name: |
| Occupation: Student | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---------------------------|---|--|---------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 29/07/2021 01:15 | Type of Location: X-Junction |
| Location: NEW UPPER CHANGI ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 60 Km/h | |
| 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: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of |
|-------------|-------|---------|----------------------|-------|------------------|-------|
| SHB3538E | Car | | | | | 0 |
| SKQ505R | Car | PORSCHE | BOXSTER (981) PDK E6 | Red | Slightly Damaged | 1 |
| SLE8663R | Car | | | | | 0 |
| YN5612G | Lorry | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20210730/7012

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

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Report No. T/20210730/7012

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKQ505R | AXA INSURANCE SINGAPORE PTE LTD | CN129640 | 29/05/2021 | 28/05/2022 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TEO I-JEN | ID No. | S9906144H |
| Related Vehicle | SKQ505R (Car) | Contact No. | 90690550 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 29/07/2021 | Date | 29/07/2021 |
| No. of Days granted Medical Leave | 15 | Degree of | Slight |

Brief Details.

I was driving down New Upp Changi Road, direction towards Bedok, at a speed of about 50km/h. From a distance ahead, I already saw that the traffic light was red (Cross junction between Chai Chee Road) and hence I slowed down as I was approaching the traffic light. During this time, I looked at my rear-view mirror and there was a lorry that was travelling at around the same speed as I was. The lorry was at a safe distance behind me. Just as I was about to come to a stop behind the stop line, I saw a bright flash of light around me and a loud crashing sound that occurred behind me. Within seconds, the next thing I knew, was another loud crashing sound, but this time, I was hit from the rear of the car and my car was pushed to the middle of the junction, where I pulled the car over and got out of it, before quickly getting to safety at the nearby pedestrian path.

As I looked at the situation on scene, I guessed that a black car might have hit onto the rear of the lorry (causing the initial loud sound) that led to the lorry losing control and subsequently crashed onto the rear of my car.

**SINGAPORE
POLICE FORCE**

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



T/20210730/7012

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Report No. T/20210730/7012

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
SUFYAN BIN KHAIRI
Contact No.: 65476390

Authentication Stamp
NP108

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
30/07/2021 15:46

Classification Of Case: