

# 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 .....	13/08/2021 18:22 (SGT)
Date of Accident .....	12/08/2021 14:26 (SGT)
Exact Location of Accident .....	MCE, Singapore
Additional Location Information .....	(AYE)AFT KEPPEL EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKC7903C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEO HEE KIANG(ZHANG XIQIANG)
NRIC No .....	SXXXX206F
Email Address .....	anndeyteo@gmail.com
Mobile Phone No .....	(Phone) +65-91196332
Alternative Phone No .....	+65-91196332

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	523i
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 .....	2497

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00122372100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TEO HEE KIANG(ZHANG XIQIANG)
NRIC No .....	SXXXX206F

Date Of Birth .....	06/11/1972
Occupation .....	Indoor
Date Of Driving Pass .....	30/05/1991
Driving experience .....	30 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91196332
Alt. Phone Number .....	+65-91196332
Email Address .....	anndeyteo@gmail.com
Address .....	BLK 127 BISHAN STREET 12
Address complement .....	#04-133
Postcode .....	570127
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 .....	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 .....	3
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) .....	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

PLS REFER TO THE POLICE REPORT:T/20210812/7034

#### 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 .....	SKG8536B
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMD5679J
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 HEE KIANG(ZHANG XIQIANG)
Gender .....	Male
Phone No .....	(Phone) +65-91196332
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SKC7903C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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.
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' law yers/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' law yers/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 law yers/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

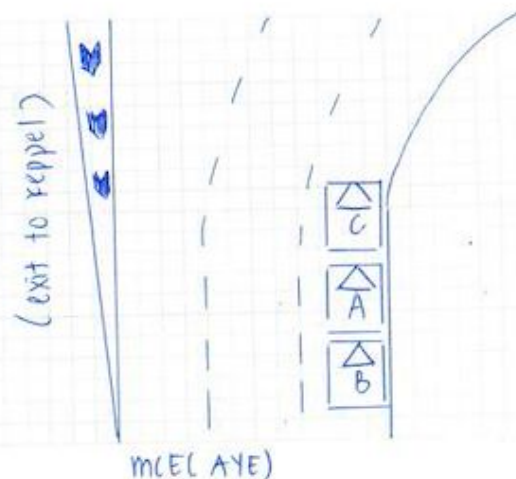
 13/08/21  
Witnessed by Reporting Centre Personnel

### Sketch Plan

Vehicle A: SKC7903C

Vehicle B: SKG8536B

Vehicle C: SMD5679J



Describe Circumstances of the Accident

- Refer to Police Report -  
T/20210812/7034

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

 13/08/21  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210812/7034

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

2 of 4

Report No. T/20210812/7034

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMD5679J	Car	BMW			Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC7903C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001223 72100	15/06/2021	14/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO HEE KIANG		ID No. S7242206F
Related Vehicle	SKC7903C (Car)		Contact No. 91196332
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	UNKNOWN		ID No. NIL
Related Vehicle	SKG8536B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

## Brief Details.

ON 12/08/2021 AT ABOUT 14:26HR, I WAS DRIVING MY VEHICLE - SKC7903C, ALONG MCE IN THE DIRECTION OF AYE. I WAS TRAVELLING ALONG LANE 1 ON THE EXTREME RIGHT AFTER THE EXIT TO KEPPEL ROAD WHEN FRONT VEHICLE MADE AN ABRUPT BRAKE AND I IMMEDIATELY SLOW DOWN AS WELL. ABOUT 1- 2 SECONDS LATER, VEHICLE NUMBER - SKG8536B, COLLIDED ONTO MY VEHICLE'S REAR PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO PROPEL FORWARD AND HIT ONTO THE FRONT VEHICLE - SMD5679J.

SUBSEQUENTLY, THE FEMALE PASSENGER OF SKG8536B, WAS CONVEYED TO THE HOSPITAL



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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T/20210812/7034

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Report No: T/20210812/7034

**CONTINUATION OF REPORT**

FROM THE ACCIDENT SCENE AND TRAFFIC POLICE CAME TO TAKE STATEMENTS AS WELL.











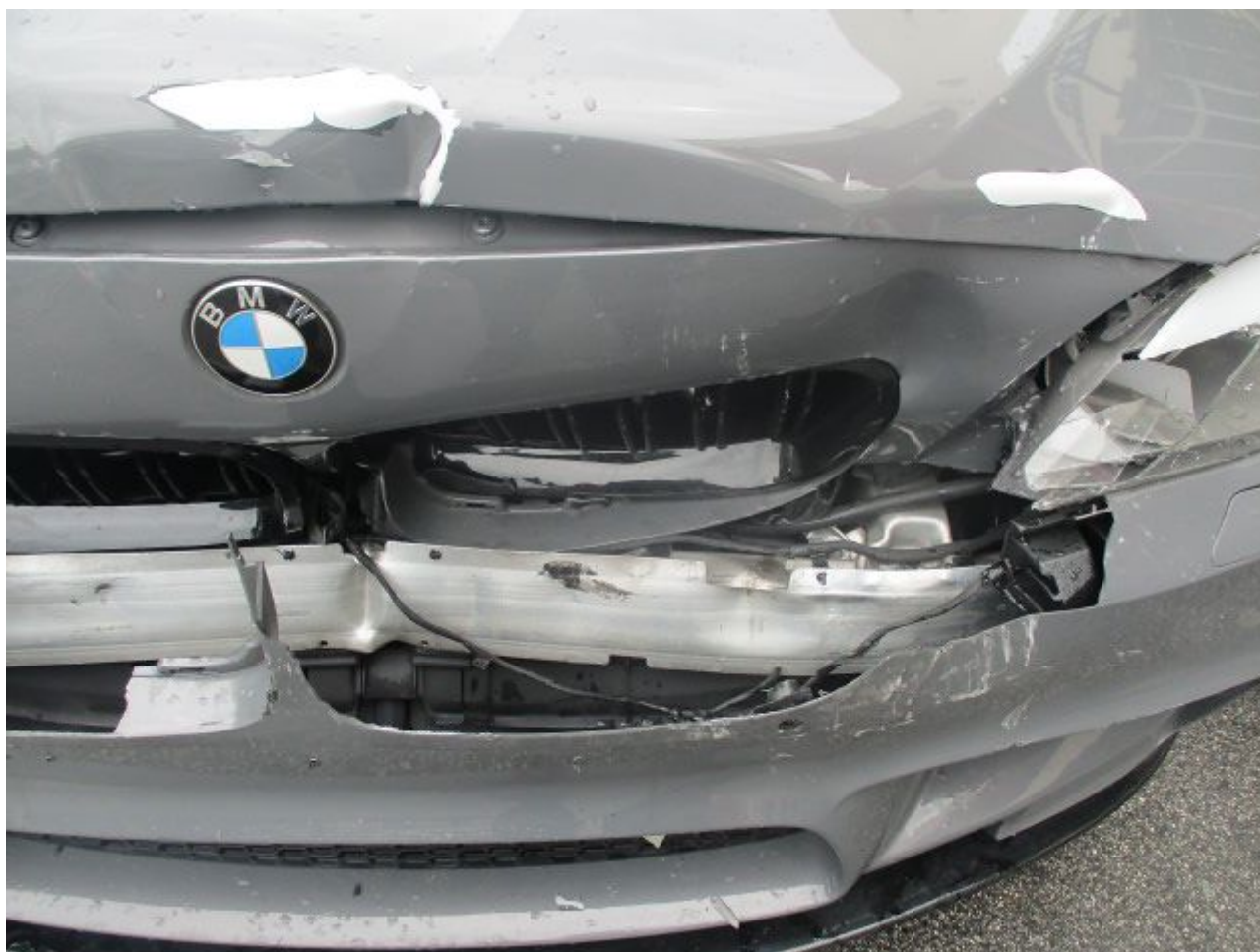
























































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POLICE FORCE**



T/20210812/7034

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Report No. T/20210812/7034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/08/2021 17:33	Vide Report No.: A/20210812/0062	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TEO HEE KIANG			Address: 127 BISHAN STREET 12 #04-133 SINGAPORE 570127		
ID Type / ID No.: NRIC NO / S7242206F			Contact No.: Home/Office: Mobile: 91196332		
Nationality: SINGAPORE CITIZEN			Email: anndeyteo@gmail.com		
Sex: Male	Age: 48	Date of Birth: 06/11/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/08/2021 14:25	Type of Location: Straight Road
Location:  MARINA COASTAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKC7903C	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D	Grey	Seriously Damaged	0
SKG8536B	Car	TOYOTA	CAMRY		Seriously Damaged	1



**SINGAPORE  
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T/20210812/7034

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SKC7903C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001223 72100	15/06/2021	14/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO HEE KIANG		ID No. S7242206F
Related Vehicle	SKC7903C (Car)		Contact No. 91196332
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	UNKNOWN		ID No. NIL
Related Vehicle	SKG8536B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

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T/20210812/7034

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**CONTINUATION OF REPORT**

FROM THE ACCIDENT SCENE AND TRAFFIC POLICE CAME TO TAKE STATEMENTS AS WELL.



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T/20210812/7034

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Report No: T/20210812/7034

**CONTINUATION OF REPORT**Sketch 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 / TPHQ /  
TAN JUN YAN  
Contact No.: 65476311

Authentication Stamp  
NP168

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

Date/Time:  
12/08/2021 17:33

Classification Of Case: