

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 20/08/2021 15:43 (SGT)
Date of Accident 19/08/2021 14:35 (SGT)
Exact Location of Accident 200 Lor 2 Toa Payoh, Singapore 319642
Additional Location Information FRONT LOBBY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM1751Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AUDREY AUDREA TEO POH CHOO
NRIC No SXXXX387E
Email Address a3669j@gmail.com
Mobile Phone No (Phone) +65-98637960
Alternative Phone No +65-98637960

VEHICLE PARTICULARS

Manufacturer Toyota
Model ALTIS
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 1798

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNW00007692000
Cover Note Number -

DRIVER

Name of Driver AUDREY AUDREA TEO POH CHOO
NRIC No SXXXX387E

Date Of Birth	17/06/1977
Occupation	Outdoor
Date Of Driving Pass	16/02/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98637960
Alt. Phone Number	+65-98637960
Email Address	a3669j@gmail.com
Address	BLK 521 BEDOK NORTH AVE 1
Address complement	#12-306
Postcode	460521
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:E20210820/7019

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 SJY2961M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
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) -

WITNESS DETAILS

WITNESS 1

Name MS VIOLET OON
Phone (Phone) +65-97397124
Email -

Describe Circumstances of the Accident

On the stated date and time, my vehicle was stationary parked near to the handicap lot to pick up one passenger (violet van).
 vehicle B ^{a three point} ~~manoe~~ turn out from her stationary point. While reversing, her rear right portion collided to the front right portion of my vehicle A, causing damages to the front right portion and front right undercarriage of my vehicle A. After the accident, the steering alignment was abnormal. I wish to state the passenger I was about to pick up can be my witness at the point of accident.

witness : miss violet van (97397124)

please add in police report E / 20210820 / 7619

Declaration

We declare the foregoing particulars are true in every respect.

Aulus
 Policyholder's Signature / Date & Time

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

shya
 Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



E/20210820/7019

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210820/7019

Witness Ms Violet Oon (97397124)

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: 20/08/2021 13:01
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	