

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 24/08/2021 18:23 (SGT)
Date of Accident 23/08/2021 17:00 (SGT)
Exact Location of Accident Marsiling Rise, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH3200D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO SEE CHOO
NRIC No SXXXX393E
Email Address ADELSEET1981@GMAIL.COM
Mobile Phone No (Phone) +65-82888818
Alternative Phone No (Home) +65-82888818

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 Commercial vehicle
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5099938132-03
Cover Note Number -

DRIVER

Name of Driver TEO CHEW KIAN
NRIC No SXXXX030C

Date Of Birth	19/04/1980
Occupation	Indoor
Date Of Driving Pass	13/10/2003
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82888818
Alt. Phone Number	-
Email Address	ADELSEET1981@GMAIL.COM
Address	APT BLK 205 MARSILNG LANE #13-256
Address complement	-
Postcode	730205
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SEET XIU LI, MARIA
Gender	Female

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

REFER TO ATTACHED

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	PC6632G
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGZ9205Y
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

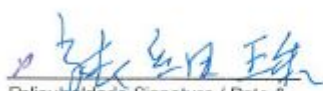
Name of injured person	SEET XIU LI, MARIA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH3200D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


INJURED 2

Name of injured person	TEO CHEW KIAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH3200D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

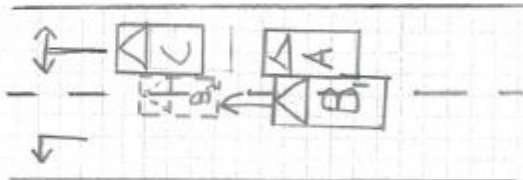
SKETCH PLAN**IMPORTANT NOTICE**

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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


Witnessed by Reporting Centre Personnel

Sketch Plan

A - GBH3200D

B - PC6632G

C - SGZ7705Y

Describe Circumstances of the Accident

On the stated date and time, I was stationary in my vehicle ^{in my line} awaiting traffic light to turn green. I was driving vehicle A bearing plate GBH 3200D. Suddenly I felt a large impact from my left. I realised vehicle B bearing plate PL 66326 ^{with the right portion of its vehicle} had collided into the rear left ¹ and continued along my vehicle's entire left side. Vehicle B then continued ahead and collided into vehicle C.

Declaration

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

✓ 张红玉
Policyholder's Signature / Date & Time

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

MACF
Witnessed by Reporting Centre Personnel




















**SINGAPORE
POLICE FORCE**


T/20210824/7011

1 of 3

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

Report No. T/20210824/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2021 11:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEO CHEW KIAN			Address: 205 MARSILING DRIVE #13-256 SINGAPORE 730205		
ID Type / ID No.: NRIC NO / S8012030C			Contact No.: Home/Office: Mobile: 82888818		
Nationality: SINGAPORE CITIZEN			Email: Adelseet1981@gmail.com		
Sex: Male	Age: 41	Date of Birth: 19/04/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Hawker/Stall holder (prepared food or drinks)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2021 17:00	Type of Location:
Location: MARSILING RISE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH3200D	Lorry					0
PC6632G	Bus/Coach/Mi nibus					0
SGZ9205Y	Car					0



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T/20210824/7011

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

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Report No. T/20210824/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO CHEW KIAN	ID No.	S8012030C
Related Vehicle	GBH3200D (Lorry)	Contact No.	82888818
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/08/2021	Date	23/08/2021
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	SEET XIU LI, MARIA	ID No.	S8106530F
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/08/2021	Date	23/08/2021
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On the stated date and time, I was stationary along the stated location on my vehicle GBH3200D, waiting for the traffic light to turn green. Suddenly, I felt a hard impact to the rear left of my vehicle, vehicle PC6632G had collided into my vehicle left rear portion, before continuing on and damaged the whole left side of my vehicle. Vehicle PC6632G then continued ahead and collided into vehicle SGZ9205Y, which was in front of me. The hard impact caused me to sustain injuries to my neck back and shoulder. I later went to healthway medical at Woodlands where I received treatment for my injuries sustained during the accident and also received 2 days mc



**SINGAPORE
POLICE FORCE**

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



T/20210824/7011

3 of 3

Report No. T/20210824/7011

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 / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

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:
24/08/2021 11:39

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210824/7009

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

1 of 3

Report No. T/20210824/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2021 11:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEET XIU LI, MARIA			Address: 205 MARSILING DRIVE #13-256 SINGAPORE 730205		
ID Type / ID No.: NRIC NO / S8106530F			Contact No.: Home/Office: Mobile: 96932629		
Nationality: SINGAPORE CITIZEN			Email: Adelseet1981@gmail.com		
Sex: Female	Age: 40	Date of Birth: 08/03/1981	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Hawker/Stall holder (prepared food or drinks)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2021 17:00	Type of Location:
Location: MARSILING RISE				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH3200D	Lorry					0
PC6632G	Bus/Coach/Mi nibus					0
SGZ9205Y	Car					0



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2 of 3

Report No. T/20210824/7009

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Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO CHEW KIAN	ID No.	S8012030C
Related Vehicle	GBH3200D (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/08/2021	Date	23/08/2021
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	SEET XIU LI, MARIA	ID No.	S8106530F
Related Vehicle	GBH3200D (Lorry)	Contact No.	96932629
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/08/2021	Date	23/08/2021
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On the stated date and time, I was a front passenger stationary along the stated location in my lorry GBH3200D, waiting for the traffic light to turn green. Suddenly, I felt a hard impact to the left of my vehicle. I realised vehicle PC6632G had collided into my vehicle rear left portion with its vehicle right portion, and continued on causing extensive damage to the whole of my vehicle right portion, before colliding into vehicle SGZ9205Y, which was in front of me. The hard impact caused me to sustain injuries to my neck back and shoulder. I later went to healthway medical at Woodlands where I received treatment for my injuries sustained during the accident and also received 2 days mc



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T/20210824/7009

3 of 3

Report No. T/20210824/7009

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 / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

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:
24/08/2021 11:19

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T/20210824/7011

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