SN0921CG0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 16/12/2021 15:40 (SGT) SUBMITTED BY: Renee VERSION: 1 (16/12/2021 15:40 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 16/12/2021 15:40 (SGT) Date of Accident 03/12/2021 17:25 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 102 TOWNER ROAD OPEN SPACE CARPARK Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SMD96737

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TEO ENG SENG** NRIC No. SXXXX928I Email Address esteo1958@gmail.com Mobile Phone No (Phone) +65-84684522 Alternative Phone No +65-84684522

## VEHICLE PARTICULARS

Manufacturer

Model Wish 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1794

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number DMPCSNA00243262101 Cover Note Number

### DRIVER

Name of Driver TEO ENG SENG NRIC No. SXXXX928I

Date Of Birth 21/10/1958 Occupation Outdoor Date Of Driving Pass 19/09/1979 Driving experience 42 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-84684522 Alt. Phone Number +65-84684522 Email Address esteo1958@gmail.com Address **BLK 451 HOUGANG AVENUE 10** Address complement #06-553 Postcode 530451 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE POLICE REPORT: T/20211204/2090 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 SJN9439S Vehicle Manufacturer Vehicle Model

Private car

SXXXX503B

**GAN CHEE WAH** 

| Accident report SN0921CG | 0005 |
|--------------------------|------|

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

NRIC No

| Contact Number                          |          |
|---|----------|
| Address                                 | <b>-</b> |
| Address complement                      |          |
| Postcode                                |          |
| Insurance Company Name                  |          |
| Nature Of Damage                        |          |
| Details of property damaged in accident |          |
| No. Of Passenger (Including Driver)     |          |

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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 GA 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 &

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

Sketch Plan

A= SMD 96 73 Z B = SJN 9439 C

BIK 102 Towner Road open space carport.

Describe Circumstances of the Accident

|                                 | the same of the sa | 1,000            |  |         | 1          |            |
|---------------------------------|--|------------------|--|---------|------------|------------|
| Please                          | Refer  | to the           | police report  | · T/202 | 11204/2090 |            |
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| e <b>clarat</b> i<br>Ne declare |  | ng particulars a | are true in every respect.   |         |            |            |
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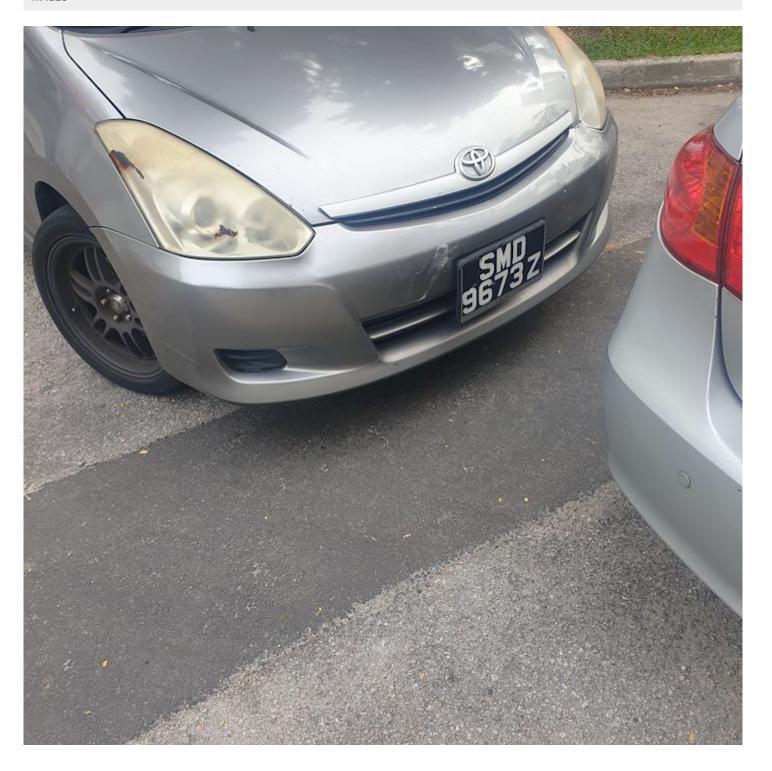
Policyholder's Signature / Date & Driver's Signature (If driver's not the policyholder) / Date

& Time

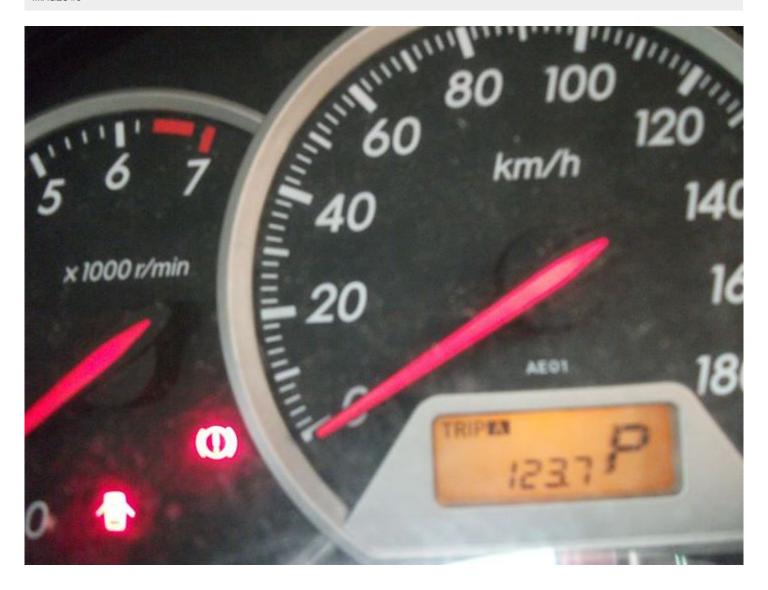
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Witnessed by Reporting Centre

Personnel













1 of 4

Report No. T/20211204/2090

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

## REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made:<br>04/12/2021 16:48 |              |   | Vide Report No.:  | Station Diary No.:<br>17   |  |  |
|--|--------------|---|---|--|--|--|
| Informa                                    | nt's Partice | ulars   |   | REMARKS OF THE SECTION OF THE SECTIO |  |  |
| Name of Informant:<br>TEO ENG SENG         |              |   | Address:<br>APT BLK 451 HOUGANG AVENUE 10 #06-553 SINGAPORE<br>530451 |  |  |  |
| ID Type / ID No.:<br>NRIC NO / S1315928I   |              |   | Contact No.:<br>Home/Office: Mobile: 84684522                         |  |  |  |
| Nationality:<br>SINGAPORE CITIZEN          |              | Email:  |   |  |  |  |
| Sex:<br>Male                               | Age:<br>63   | Date of Birth: 21/10/1958                               | Type of Informant:<br>Driver  |  |  |  |
| Race:<br>Chinese                           |              | Language:   | Institution / School Name:  |  |  |  |
| Occupation:<br>GRAB                        |              | Driving Licence Information: Class: 3,4 Date of Expiry: |   |  |  |  |

| Type of<br>Accident:     | Non-Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>03/12/2021 17:25 | Type of Location<br>Car Park         |  |
|--------------------------|----------------------|------------------------------------|---|--------------------------------------|--|
| TOWNER RO                | DAD                  | Road Surface:                      |   | Road Speed Limit:                    |  |
| Traffic Flow:            |                      | Dry                                |   | Traffic Volume:<br>No Traffic        |  |
| Traffic Flow:<br>Two Way |                      | Traffic Control:<br>Not Controlled |   | THE RESIDENCE OF STREET AND ADDRESS. |  |

| Vehicle No. | Туре | Make   | Model            | Color | Condition           | No of Passenge |
|-------------|------|--------|------------------|-------|---------------------|----------------|
| SJN9439S    | Car  |        |                  |       | Slightly<br>Damaged | 0              |
| SMD9673Z    | Car  | TOYOTA | WISH 1.8<br>AUTO | Grey  | Slightly<br>Damaged | 0              |

| Details of Vehicle Insurance |  |                        |            |             |  |  |
|------------------------------|--|------------------------|------------|-------------|--|--|
| Vehicle No.                  | Insurance Company                                | Insurance No           | Effective  | Expiry Date |  |  |
| SMD9673Z                     | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMPCSNA0024326<br>2101 | 18/11/2021 | 17/11/2022  |  |  |





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 2 of 4 Report No. T/20211204/2090

## CONTINUATION OF REPORT

| Details of Perso                      | n Involved        |           |           | E Kerry II                          |           | TOTAL THE STREET                  |
|---------------------------------------|-------------------|-----------|-----------|-------------------------------------|-----------|-----------------------------------|
| Any Pedestrian I                      | nvolved: No       |           |           |                                     |           |                                   |
| No. of Pedestrian                     | ns Injured: NIL   |           | Use of Pe | destriar                            | Cross     | sing: NA                          |
| Driver                                |                   |           |           |                                     |           |                                   |
| Name                                  | TEO ENG SENG      |           |           | ID No.                              |           | S1315928I                         |
| Related Vehicle                       | NIL               |           |           | Contact No.                         |           | 84684522                          |
| Hospital/Clinic                       | NIL               |           |           | Class<br>Drivin<br>Licen<br>Expin   | g         | Class: 3,4<br>Date of Expiry: NIL |
| Date Treatment                        | NIL               | Date Disc | -         | NIL                                 |           |                                   |
| No. of Days granted Medical Leave NIL |                   |           | Degree o  |                                     | NIL       | Samuel Company of the Company     |
| Driver                                |                   |           |           |                                     | Maria .   | HOUSE IN SCHOOL SHOW              |
| Name                                  | GAN CHEE WAH      |           |           | ID No                               |           | S8066503B                         |
| Related Vehicle                       | NIL               |           |           | Conta                               | ct No.    | 87491984                          |
| Hospital/Clinic                       | NIL               |           |           | Class<br>Drivin<br>Licent<br>Expiry | g<br>ce & | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                        | NIL               |           | Date Disc | harge                               | NIL       |                                   |
| No. of Days gran                      | ted Medical Leave | NIL       | Degree of | f Injury                            | NIL       |                                   |

# Brief Details.

On 03/12/2021 at about 1725hrs, I was driving my car SMD9673Z at vicinity of Blk 102 Towner Road open space carpark and there is a car SJN9439S in front of me as well.

Out of a sudden, the car SJN9439S abruptly stopped while moving forward and I was making a left turn, but I was unable to respond in time by braking hence my car front portion collided onto the rear left side portion of SJN9439S. The driver of SJN9439S namely Gan Chee Wah and I came out of our car to make a check, Mr Gan explained that there were 2 pedestrian who suddenly walked out in front of his car hence he had to stop his car immediately. Mr Gan mention that the car was rented from a car rental company and he provided me their contact details (Hp: 86661789) to discuss on the mode of settlement. The car rental company initially asked from me for \$200 to settle the damage but I tried negotiating to \$100 which they rejected. My car only sustain a slight crack on my car plate and the car SJN9439S sustain light scratches however upon checking the car SJN9439S there were multiple old damages found around the area hence I am unsure if the damage was caused by me. No one was hurt or injured, no ambulance or police required and we left subsequently. After leaving, Mr Gan called and asked from me for \$600 to settle the damage to which I rejected.

I am lodging this Traffic Accident report for claims purposes.



Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999



1/20211204/2090

Report No. T/20211204/2090

CONTINUATION OF REPORT





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 4 of 4 Report No. T/20211204/2090

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 F / Sgt 3 PETER GOH WEE HENG                           | Signature Of Informant:        |   |
|--|--------------------------------|---|
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>04/12/2021 16:48 |   |
| Officer In Charge Of Case:<br>TP / GIA /<br>DSP (2) YIP YEW SENG NELSON<br>Contact No.: 65476182 | Classification Of Case:        |   |
| Authentication Stamp   |                                | _ |