

# 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 ..... 22/01/2022 12:32 (SGT)  
Date of Accident ..... 20/01/2022 19:15 (SGT)  
Exact Location of Accident ..... Tanjong Rhu Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLN1810G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TEO EAN EAN DIANA, MRS HENG KEOW  
NRIC No ..... S1126055A  
Email Address ..... DIANAHEING@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96341928  
Alternative Phone No ..... +65-96341928

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E250  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1991

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1700010180-04  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEO EAN EAN DIANA, MRS HENG KEOW  
NRIC No ..... S1126055A

Date Of Birth .....	20/12/1955
Occupation .....	Indoor
Date Of Driving Pass .....	08/03/1977
Driving experience .....	44 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96341928
Alt. Phone Number .....	+65-96341928
Email Address .....	DIANA HENG@GMAIL.COM
Address .....	27 SEA AVENUE
Address complement .....	#03-03
Postcode .....	424247
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 .....	Collision - Major/Minor Rd
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PAMELA
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

PLEASE REFER TO THE SKETCH PLAN

#### 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 .....	SLU7876R
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) .....	-

# 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' 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.

*[Signature]*

Policyholder's Signature / Date & Time

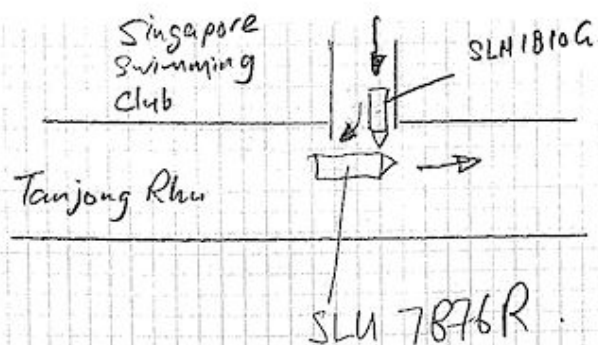
*[Signature]*

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



Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

LICENSE PLATE:	SLN 1810G	ACCIDENT DATE & TIME:	70/01/2022 (7:15)
CONTACT NUMBER:	96341928	E-MAIL ADDRESS:	slangheng@gmail.com
LOCATION:	Tanjong Rhu Road		
<p>I was coming out from Singapore Swimming Club and turning right at around 7.15pm. It was raining and collided on to the other car (SLY 7876 R). Left wheel hit the road side curb.</p> <p>(Pls refer to the police report).</p>			
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>			
Please state:			
<input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only			

**Declaration**

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time  
 22-1-22  
 8.30 am

  
 Driver's Signature (If driver is not the policyholder) / Date & Time  
 22-1-22  
 8.30 am

  
 Witnessed by Reporting Centre Personnel













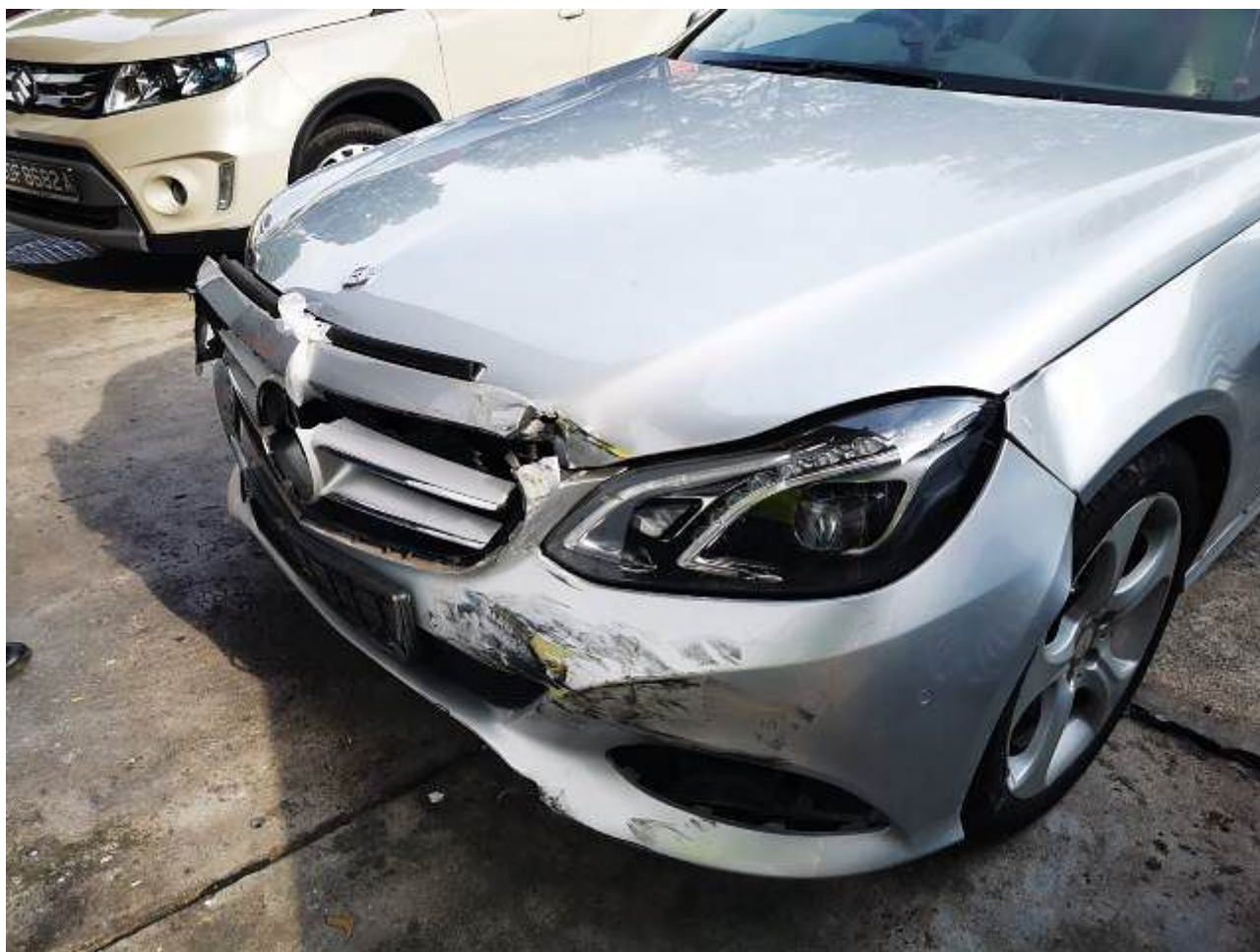
































**SINGAPORE  
POLICE FORCE**



T/20220121/2024

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

Report No. T/20220121/2024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/01/2022 11:25		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: teo ean ean diana, mrs heng keow			Address: APT BLK 27 SEA AVENUE #03-03 SINGAPORE 424247		
ID Type / ID No.: NRIC NO / S1126055A			Contact No.: Home/Office: Mobile: 96341928		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 20/12/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: (SMS3616A)			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 20/01/2022 17:15	Type of Location: Straight Road
Location:  TANJONG RHU ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN1810G	Car	MERCEDES BENZ	E250 SEDAN (R18)	Silver		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN1810G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700010180-04	16/07/2021	15/07/2022





**SINGAPORE  
POLICE FORCE**



T/20220121/2024

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

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Report No. T/20220121/2024

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	teo ean ean diana, mrs heng keow		ID No. S1126055A
Related Vehicle	SLN1810G (Car)		Contact No. 96341928
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON STATED DATE, TIME AND LOCATION.

ON 20/01/2022 AT ABOUT 7.15PM. I WAS BEARING A VEHICLE PLATE NUMBER SLN1810G, I LEFT SINGAPORE SWIMMING CLUB AT AROUND 7.15 PM. HENCE I WAS TURNING RIGHT I HAD COLLIDED ON TO THE OTHER CAR. I WAS INFORMED BY MY IO YEO KIA HUAT THAT I HAD TO MAKE A POLICE REPORT, THAT'S ALL .

IO-INCHARGE : YEO KIA HUAT.



SINGAPORE  
POLICE FORCE



T/20220121/2024

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

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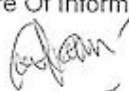

Report No. T/20220121/2024

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 TP / SC2 MUHAMMAD SHAFFIY BIN ROSLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2022 11:25
Officer In Charge Of Case: TP / GIT / Other MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case: 
Authentication Stamp NP168	