

# 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 ..... 07/03/2022 17:51 (SGT)  
Date of Accident ..... 06/03/2022 17:35 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS CHANGI BEFORE TOA PAYOH EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMN3185C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHINA COMMUNICATIONS CONSTRUCTION COMPANY LIMITED  
Company Reg No ..... TXXXXX060B  
Email Address ..... zhaowx@ccccltd.sg  
Mobile Phone No ..... (Phone) +65-92277921  
Alternative Phone No ..... +65-92277921

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNA00135932101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEO BOON SIANG

|                                                                    |                                       |
|--------------------------------------------------------------------|---------------------------------------|
| NRIC No .....                                                      | SXXXX676E                             |
| Date Of Birth .....                                                | 12/07/1992                            |
| Occupation .....                                                   | Outdoor                               |
| Date Of Driving Pass .....                                         | 17/10/2012                            |
| Driving experience .....                                           | 9 YEARS AND 5 MONTHS                  |
| Gender .....                                                       | Male                                  |
| Mobile Number .....                                                | (Phone) +65-92277921                  |
| Alt. Phone Number .....                                            | -                                     |
| Email Address .....                                                | zhaowx@ccccltd.sg                     |
| Address .....                                                      | BLK 673A JURONG WEST STREET 65 #11-22 |
| Address complement .....                                           | -                                     |
| Postcode .....                                                     | 641673                                |
| Is the driver the policyholder? .....                              | No                                    |
| If No, Relationship of the Driver with the Insured .....           | Employee                              |
| 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 - Head to Rear |
| 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? .....                                                                | Yes |
| Was any injured conveyed to hospital by ambulance? .....                                                  | No  |
| Was any other vehicle or property damaged? .....                                                          | Yes |
| Number of Passengers (Including Driver) .....                                                             | 4   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |        |
|--------------|--------|
| Name .....   | FATHER |
| Gender ..... | Male   |

#### PASSENGER 2

|              |        |
|--------------|--------|
| Name .....   | MOTHER |
| Gender ..... | Female |

#### PASSENGER 3

|              |                 |
|--------------|-----------------|
| Name .....   | YOUNGER BRITHER |
| Gender ..... | Male            |

#### 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 SKETCH PLAN AND POLICE REPORT T/20220307/7014

#### 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 .....             | SKV8929Y    |
| 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 BOON SIANG       |
| Gender .....                                              | Male                 |
| Phone No .....                                            | (Phone) +65-92277921 |
| Address .....                                             | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....                                           | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | SLIGHT INJURY        |
| Injured person in which vehicle? .....                    | SMN3185C             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

##### INJURED 2

|                                                           |                |
|-----------------------------------------------------------|----------------|
| Name of injured person .....                              | TEO BOON SIANG |
| Gender .....                                              | Female         |
| Phone No .....                                            | -              |
| Address .....                                             | -              |
| Address Complement .....                                  | -              |
| Post Code .....                                           | -              |
| Approximate Age Years Old .....                           | -              |
| Injuries Sustained .....                                  | SLIGHT INJURY  |
| Injured person in which vehicle? .....                    | SMN3185C       |
| Were seat belts worn? .....                               | Yes            |
| Was this injured conveyed to hospital by ambulance? ..... | No             |

## SKETCH PLAN

## 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. 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, 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.



*[Handwritten signature]*

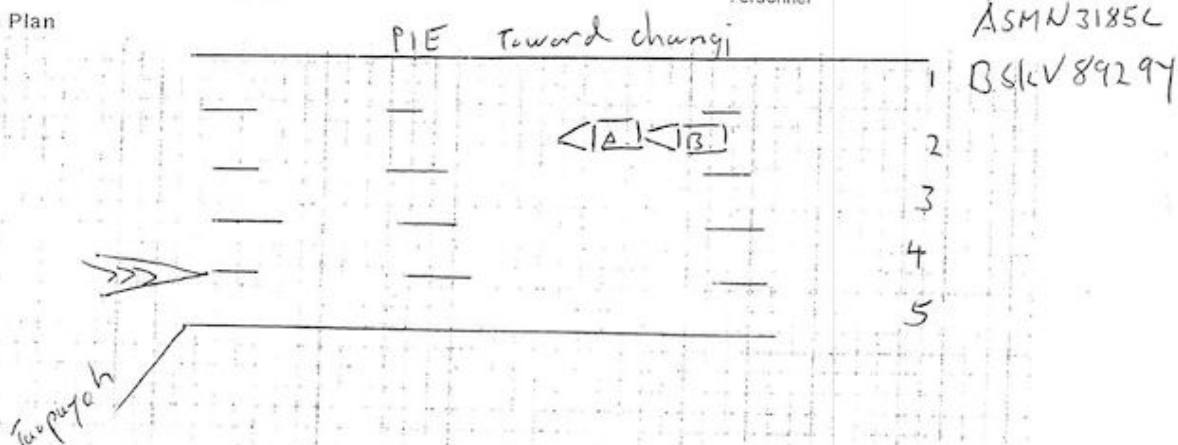
*[Handwritten signature]* 07/03/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving my car at PIE toward change before Tau Pacha Exit on the 5 lane traffic in second lane in front of my car slow down so I also slow down suddenly I felt a strong impact from my rear and I stopped my car and alighted I saw vehicle B have collided onto my rear portion of my vehicle after the accident the next day I am my mother felt pain on the back and I go to City GP Family clinic and was given 3 day M.C and My mother went to community Medical clinic

POLICE REPORT 7/2022 0307/2014

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

*[Handwritten signature]* 07/03/2022  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20220307/7014

1 of 3

Report No. T/20220307/7014

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

## REPORT OF A TRAFFIC ACCIDENT

|                                            |            |                              |                                                                |                    |                            |
|--------------------------------------------|------------|------------------------------|----------------------------------------------------------------|--------------------|----------------------------|
| Date/Time Report Made:<br>07/03/2022 12:58 |            | Vide Report No.:             |                                                                | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |                                                                |                    |                            |
| Name of Informant:<br>TEO BOON SIANG       |            |                              | Address:<br>673A JURONG WEST STREET 65 #11-22 SINGAPORE 641673 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S9223676E   |            |                              | Contact No.:<br>Home/Office: Mobile: 92277921                  |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>zhaowx@ccccltd.sg                                    |                    |                            |
| Sex:<br>Male                               | Age:<br>29 | Date of Birth:<br>12/07/1992 | Type of Informant:<br>Driver                                   |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                           |                    | Institution / School Name: |
| Occupation:<br>ADMIN                       |            |                              | Driving Licence Information:<br>Class:                         |                    | Date of Expiry:            |

|                                                              |                  |                                    |                                               |                                        |
|--------------------------------------------------------------|------------------|------------------------------------|-----------------------------------------------|----------------------------------------|
| <b>General Information of the Accident</b>                   |                  |                                    |                                               |                                        |
| Type of Accident:                                            | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>06/03/2022 17:35 | Type of Location:<br>Straight Road     |
| Location:<br><br>PAN ISLAND EXPRESSWAY                       |                  |                                    |                                               |                                        |
| Weather:<br>Clear                                            |                  | Road Surface:<br>Dry               |                                               | Road Speed Limit:                      |
| Traffic Flow:<br>Dual Carriage Way                           |                  | Traffic Control:<br>Not Controlled |                                               | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |                                               | Anyone conveyed by<br>ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |      |      |       |       |                      |        |
|------------------------------------|------|------|-------|-------|----------------------|--------|
| Vehicle No.                        | Type | Make | Model | Color | Conditio             | No. of |
| SKV8929Y                           | Car  |      |       |       |                      | 0      |
| SMN3185C                           | Car  |      |       |       | Seriously<br>Damaged | 4      |



**SINGAPORE  
POLICE FORCE**



T/20220307/7014

2 of 3

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

Report No. T/20220307/7014

## CONTINUATION OF REPORT

|                                   |                          |                                   |                                   |
|-----------------------------------|--------------------------|-----------------------------------|-----------------------------------|
| <b>Details of Person Involved</b> |                          |                                   |                                   |
| Any Pedestrian Involved: No       |                          |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                          | Use of Pedestrian Crossing: NA    |                                   |
| <b>Passenger</b>                  |                          |                                   |                                   |
| Name                              | TAN PECK YAN             | ID No.                            | S1794557B                         |
| Related Vehicle                   | SMN3185C (Car)           | Contact No.                       | NIL                               |
| Hospital/Clinic                   | COMMUNITY MEDICAL CLINIC | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 07/03/2022               | Date                              | 07/03/2022                        |
| No. of Days granted Medical Leave | NIL                      | Degree of                         | Slight                            |
| <b>Driver</b>                     |                          |                                   |                                   |
| Name                              | TEO BOON SIANG           | ID No.                            | S9223676E                         |
| Related Vehicle                   | SMN3185C (Car)           | Contact No.                       | 92277921                          |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 07/03/2022               | Date                              | 07/03/2022                        |
| No. of Days granted Medical Leave | 03                       | Degree of                         | Slight                            |

Brief Details.

I was driving my car at PIE towards Changi before Toa Payoh Exit on the 5 lane traffic in second lane. The car in front of me slow down so I also slow down. Suddenly, I felt a strong impact from my rear and I stopped my car and alighted. I saw SKV8929Y had collided onto the rear portion of my vehicle.

The next day, my mother and I felt pain on the back. I went to CityGP Family Clinic and was given 3 days MC. My mother went to Community Medical Clinic.



# SINGAPORE POLICE FORCE

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



T/20220307/7014

3 of 3

Report No. T/20220307/7014

## 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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
07/03/2022 12:58

Classification Of Case:

NP168