

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 | 15/03/2022 11:48 (SGT) |
| Date of Accident | 14/03/2022 13:50 (SGT) |
| Exact Location of Accident | Upper Serangoon Rd, Singapore |
| Additional Location Information | OUTSIDE SEAH CONSTRUCTION BUILDING |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLW4170C |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------------|
| Is company? | No |
| Name Of Registered Owner | TEO TAT YONG (ZHANG DAYONG) |
| NRIC No | SXXXX507F |
| Email Address | teotatyong@gmail.com |
| Mobile Phone No | (Phone) +65-97858919 |
| Alternative Phone No | +65-97858919 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Opel |
| Model | Insignia |
| 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 | 1598 |

INSURANCE COMPANY

| | |
|---------------------------------|--------------------------|
| Name of Insurance Company | EQ Insurance Company Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPPHQ22-001164 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|-----------------------------|
| Name of Driver | TEO TAT YONG (ZHANG DAYONG) |
| NRIC No | SXXXX507F |

| | |
|--|-------------------------------------|
| Date Of Birth | 29/07/1980 |
| Occupation | Indoor |
| Date Of Driving Pass | 29/11/2005 |
| Driving experience | 16 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97858919 |
| Alt. Phone Number | +65-97858919 |
| Email Address | teotatyong@gmail.com |
| Address | BLK 130A LORONG 1 TOA PAYOH #19-510 |
| Address complement | - |
| Postcode | 311130 |
| 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 | Chain Collision |
| Weather Conditions | DRIZZLING |
| Road Surface | Wet |

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? | Yes |
| 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 | SOH POH HOON |
| 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 POLICE REPORT T/20220314/7043

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 | SKU4915T |
| Vehicle Manufacturer | - |

| | |
|---|----------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | ANDY |
| Contact Number | (Phone) +65-81264921 |
| 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 | SMW5663D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | MU YAO |
| Contact Number | (Phone) +65-92346651 |
| 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 | UNKNOWN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS INJURIES |
| Injured person in which vehicle? | SMW5663D |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

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.
 - (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.



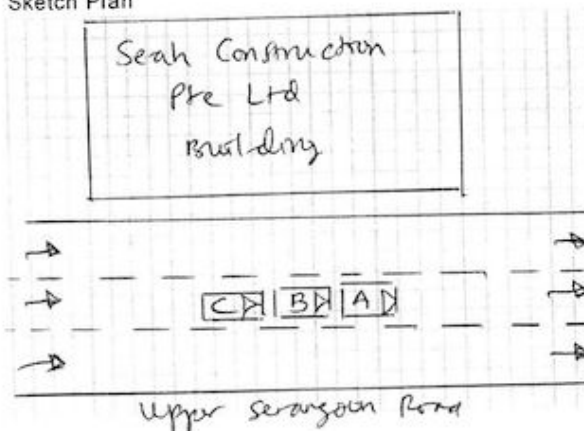
Policyholder's Signature / Date & Time



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

 15/08/2012
Witnessed by Reporting Centre Personnel

Sketch Plan




- + Vehicle A : SLW 4170C
- + Vehicle B : SKU 4915T
- + Vehicle C : SMW 5663D


Describe Circumstances of the Accident

* Refer to police report : T/20220314/7043

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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

 15/03/2022
Witnessed by Reporting Centre Personnel



























**SINGAPORE
POLICE FORCE**



T/20220314/7043

1 of 4

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

Report No. T/20220314/7043

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 14/03/2022 19:08 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TEO TAT YONG | | | Address: 130A LORONG 1 TOA PAYOH #19-510 SINGAPORE 311130 | | |
| ID Type / ID No.: NRIC NO / S8024507F | | | Contact No.: Home/Office: Mobile: 97858919 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: TEOTATYONG@GMAIL.COM | | |
| Sex: Male | Age: 41 | Date of Birth: 29/07/1980 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Project Manager | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|--|---------------------------|---|--|--------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 14/03/2022 13:50 | Type of Location: Straight Road |
| Location: ALONG UPPER SERANGOON ROAD (OUTSIDE SEAH CONSTRUCTION BUILDING) | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| Type of Collision: Chain Collision | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|------|-----------------------------------|--------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SKU4915T | Car | | | | | 0 |
| SLW4170C | Car | OPEL | INSIGNIA GRANDSPO RT B16DTH | Silver | | 0 |
| SMW5663D | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20220314/7043

2 of 4

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

Report No. T/20220314/7043

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------|-----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLW4170C | EQ INSURANCE COMPANY LTD. | DMPPHQ22-001164 | 09/02/2022 | 08/02/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|--------------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | |
| Name | ANDY | | ID No. | NIL |
| Related Vehicle | SKU4915T (Car) | | Contact No. | 81264921 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of | NIL |
| Passenger | | | | |
| Name | SOH POH HOON | | ID No. | S8134143E |
| Related Vehicle | SLW4170C (Car) | | Contact No. | 91462379 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of | NIL |
| Driver | | | | |
| Name | TEO TAT YONG | | ID No. | S8024507F |
| Related Vehicle | SLW4170C (Car) | | Contact No. | 97858919 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of | NIL |



**SINGAPORE
POLICE FORCE**



T/20220314/7043

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

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Report No. T/20220314/7043

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|----------------|--|-----------------------------------|-----------------------------------|
| Passenger | | | | |
| Name | UNKNOWN | | ID No. | NIL |
| Related Vehicle | SMW5663D (Car) | | Contact No. | NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of | Slight |
| Driver | | | | |
| Name | MU YAO | | ID No. | NIL |
| Related Vehicle | SMW5663D (Car) | | Contact No. | 92346651 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of | NIL |

Brief Details.

On the stated date and time, I (SLW 4170 C) was travelling along the stated venue. As I saw front vehicles braked to stop, I quickly followed to stop too. When I was stationary, suddenly the vehicle bearing registration number; SKU 4915 T which was stationary too, collided onto the rear of my vehicle. I then alighted from my vehicle and realised that I was involved in a chain collision of 3 vehicles including mine. Another vehicle bearing registration number; SMW 5663 D had collided onto the rear of vehicle mo: SKU 4915 T. The impact was huge and caused vehicle no: SKU 4915 T to move forward and collided onto the rear of my vehicle. Not long after, an ambulance came and conveyed the passenger of vehicle no: SMW 5663 D. Traffic Police officer arrived at the scene too. The officer then advised us to lodge police report. He also gave me an acknowledgement slip with reference number: F/20220314/0121.



**SINGAPORE
POLICE FORCE**

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



T/20220314/7043

4 of 4

Report No. T/20220314/7043

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 /
SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476214

NP168

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

Date/Time:
14/03/2022 19:08

Classification Of Case: