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 05/03/2022 21:19 (SGT) Date of Accident 04/03/2022 22:55 (SGT) Exact Location of Accident Neil Road Park, Singapore Additional Location Information Junction of Neil Road and Cantonment rd Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volvo

Vehicle Registration Number SMS755B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE SOO PENG NRIC No. S6829772I Email Address jeslyn.teo38@gmail.com Mobile Phone No (Phone) +65-96780420 Alternative Phone No (Home) +65-96780420

VEHICLE PARTICULARS

Manufacturer

Model Xc60 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 1999

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA480762 Cover Note Number

DRIVER

Name of Driver **TEO LAN ENG** NRIC No. S7325491D

Date Of Birth 24/07/1973 Occupation Outdoor Date Of Driving Pass 09/12/1993 Driving experience 28 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-83742026 Alt. Phone Number Email Address jeslyn.teo38@gmail.com Address 33 Hume ave Address complement #10-02 Postcode 598734 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Spouse 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? No 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? Nο

Lee Soo Peng

Charlyn Lee

Female

Male

DETAILS OF POLICE ACTION

Gender

PASSENGER 1

PASSENGER 2

Name

Gender

Name

Was the accident reported to the police?

Police Station Name

Clementi Neighbourhood Police Centre
Police Station Phone No

(Phone) +65-18008729999

Alt. Police Station Phone No

(Fax) +65-68728039

Police Station Address

No. Singapore 129858

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220304/2150 LODGED AT CLEMENTI N P C

Brief Details

On 04/03/2022 at 2259hrs, I was driving my vehicle (SMS755B) along Neil Road on right side of the three lane road.

While driving my vehicle right after Shake Shack Building located at 89 Neil Road closing into a right turn at the X-Junction. I notice one Comfort Taxi (SHD4203P) driving from the middle lane (three lane road), was signaling to turn right at the last minute. As I was unable to slow down. I honked the driver to alert him in which the taxi side swiped the left side of my vehicle in the midst of cutting into my lane. I wish to state that the middle lane and the right lane (three lane road) was a turning right at the X-Junction.

Due to this, I stopped my vehicle and went out to make a check. We do not require any medical assistance or police assistance as non of us were injured. I wish to state that there is in-vehicle camera installed in the taxi. There is in-vehicle camera in my vehicle however it was not operating. My vehicle was slightly damage with scratch mark on the front left side of my vehicle.

REFER TO AMENDED POLICE REPORT: T20220305/2086 LODGED AT CLEMENTI N P C

Brief Details

Reference to the previous traffic accident report made t/20220304/2150

I wish to state that there was a mistake in previous report, the "Related Vehicle portion should be my vehicle registration number instead of the other party which is SMS755B

That's all.

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	SHD4203P
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS 5 DR HATCHBACK (AUTO)
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
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)	1

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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- By the lodgment 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)

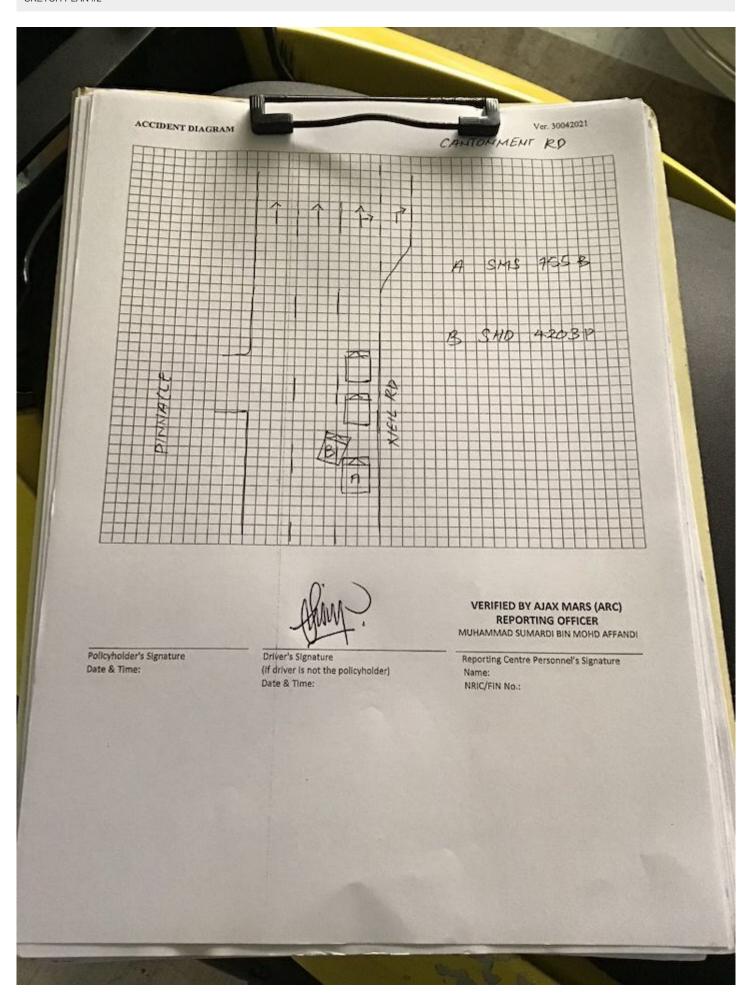
I understand, acknowledge, agree and consent that:

- (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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIAHMC SketchPlanForm, V3



escribe circumstance Refer as police rep	4/2150)				

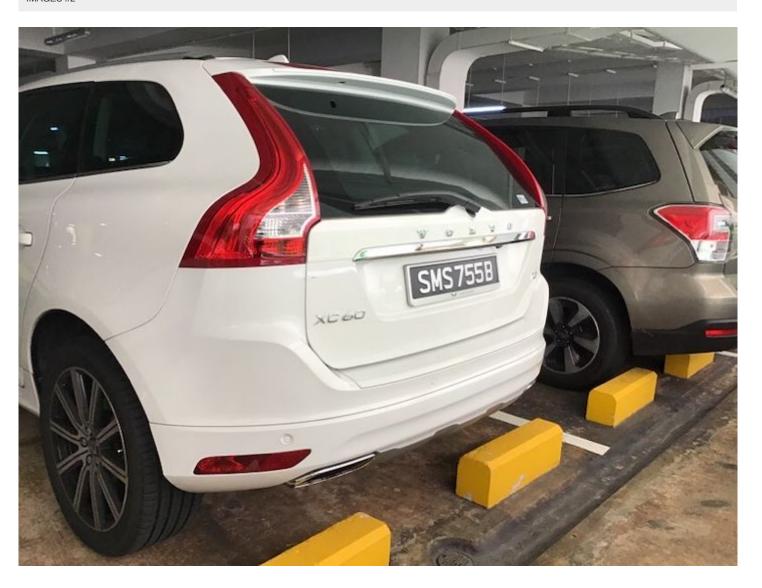
Date & Time:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

2



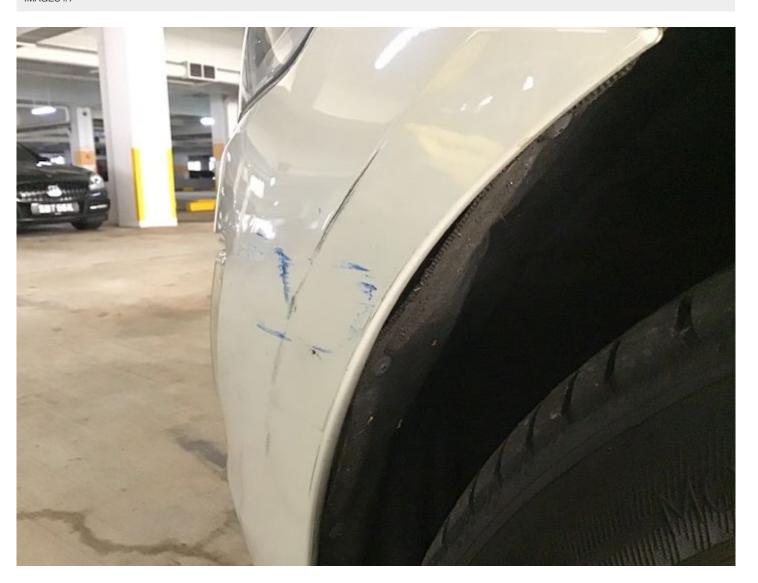






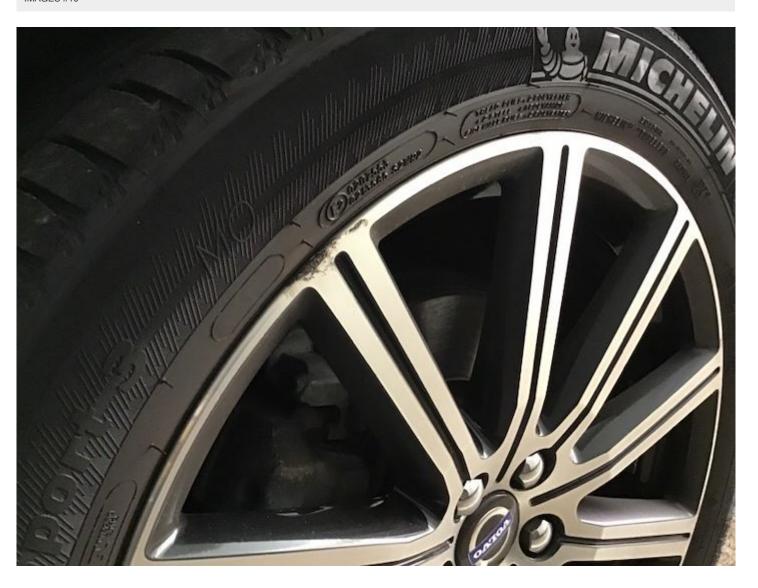








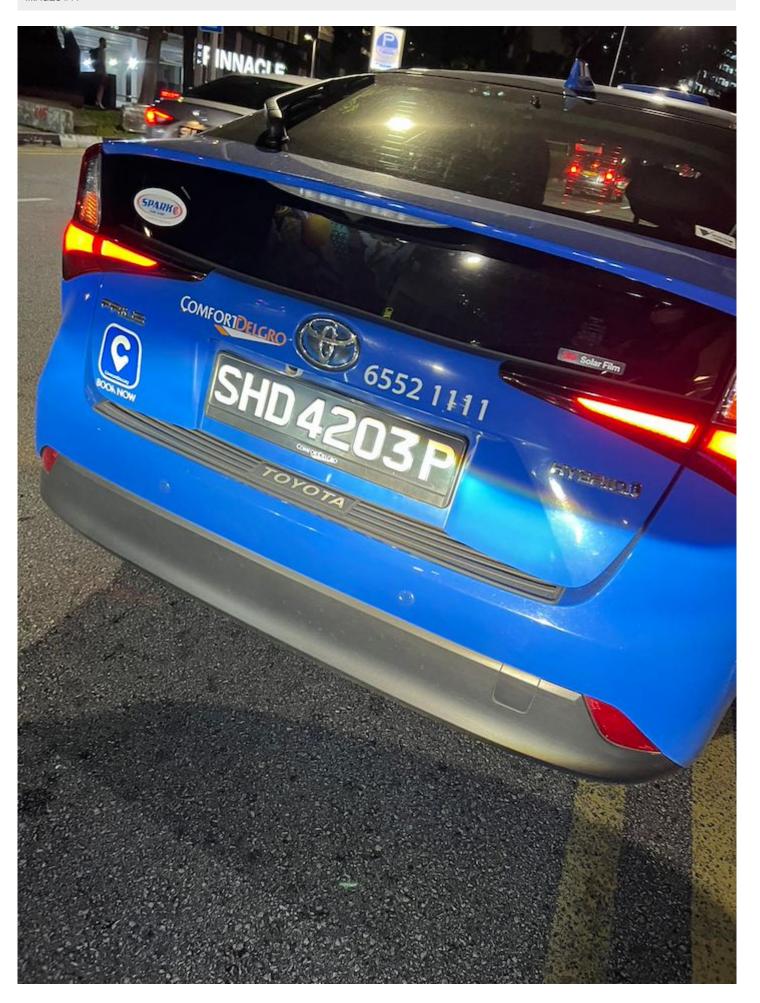


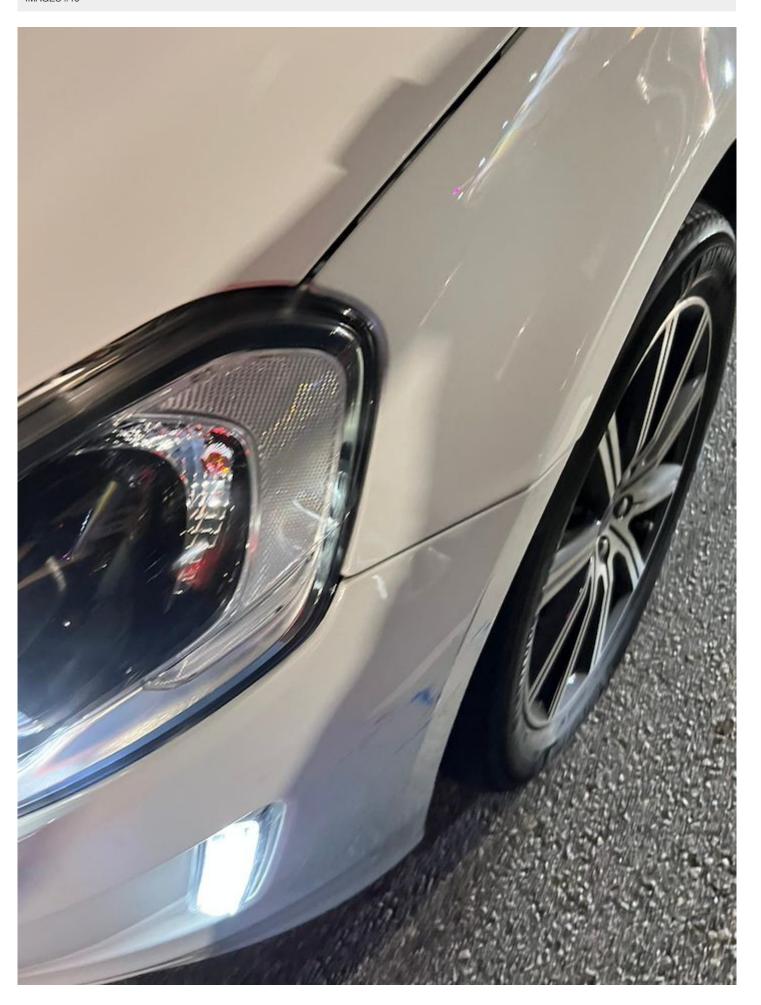




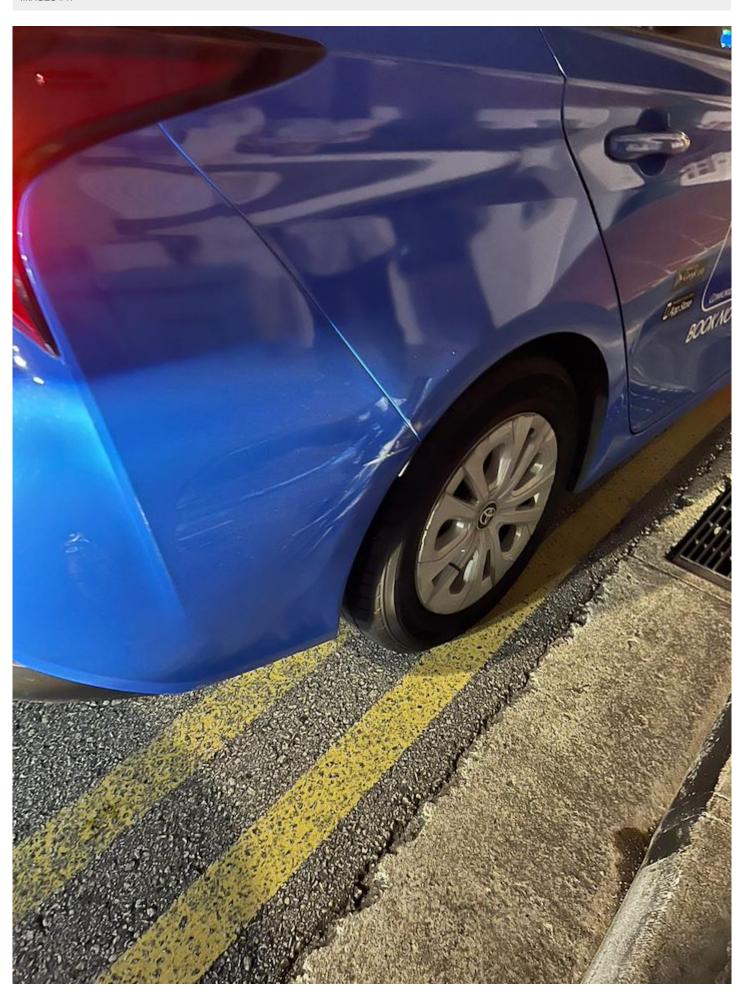
















Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

I of 3 Report No. T/20220304/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2022 23:54			Vide Report No.:	Station Diary No.: 322		
Informan	t's Partic	ulars				
Name of I TEO LAN	0700000000		Address: 33 HUME AVENUE #10-02 SINGAPORE 598734			
ID Type / ID No.: NRIC NO / S7325491D			Contact No.: Home/Office: Mobile: 83742026			
Nationalit SINGAPO	y: DRE CITIZ	EN.	Email: jeslyn.teo38@gmail.com			
Sex: Female	Age: 48	Date of Birth: 24/07/1973	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Other commercial and marketing sales representatives			Driving Licence Information Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/03/2022 22:55	Type of Location Straight Road
NEIL ROAD Weather:		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collisi Between Movi		wipe - Same Direction		Anyone conveyed by ambulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Mode	Color	Condition	No of Passenger	
SHD4203P	Car				Slightly Damaged	1	
SMS755B	Car				Slightly Damaged	2	

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Report No. T/20220304/2150

2 of 3

Tel No: 1800-8729999 CONTINUATION OF REPORT

Driver	-00			700		w.		
Name	TEO LAN ENG			ID No		S7325491D		
Related Vehicle	SHD4203P (Car)			SHD4203P (Car)		Conta	ct No.	83742026
Hospital/Clinic	NIL			Class Drivin Licens Expire	g ce &	Class: 3 Date of Expiry: NIL		
Date Treatment	NIL	30	Date Disc	charge	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL			

Brief Details.

On 04/03/2022 at 2259hrs, I was driving my vehicle (SMS755B) along Neil Road on right side of the three lane road.

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Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999 CONTINUATION OF REPORT

3 of 3 Report No. T/20220304/2150

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: D / SGT 2 CHONG SHAO XUAN, VANESSA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2022 23:54
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:
NP168	1, 1





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

l of 3 Report No. T/20220305/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time	e Report N	Made:	Vide Report No.:	Station Diary No.:		
05/03/202	22 20:06		T/20220304/2150	174		
Informan	t's Partic	ulars				
Name of	Informant:	8	Address:			
TEO LAN	ENG		33 HUME AVENUE #10-02 SINGAPORE 598734			
ID Type /	ID No.:	91D	Contact No.:			
NRIC NO	/ S732549		Home/Office: Mobile: 83742026			
Nationality:			Email:			
SINGAPORE CITIZEN			jeslyn.teo38@gmail.com			
Sex: Female	Age: 48	Date of Birth: 24/07/1973	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: OTHER COMMERICAL AND MARKETING SALES REPRESENTATIVES			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/03/2022 22:55	Type of Location: Straight Road
NEIL ROAD Weather:		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Side Sw	ripe - Same Direction		Anyone conveyed by ambulance: No

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge		
SHD4203P	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)		Slightly Damaged	1		
SMS755B	Car	VOLVO	XC60 T5	White	Slightly Damaged	2		





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

Report No. T/20220305/2086

2 of 3

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I wish to state that, there was a mistake in the previous report, the "Related Vehicle" portion should be my vehicle registration number instead of the other party, which is SMS755B.

CONTINUATION OF REPORT

That's all.

Brief Details.





Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999 CONTINUATION OF REPORT

3 of 3 Report No. T/20220305/2086

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Signature of Officer Recording The Report: D / SGT 1 HENG BOONCHAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2022 20:06
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:
NP168	