

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 20/06/2022 15:43 (SGT)
Reported by -
Date of Accident 17/06/2022 18:05 (SGT)
Exact Location of Accident Commonwealth Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK700B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO SHUNJIE IAN
NRIC No S8733083D
Email Address iantsj@gmail.com
Mobile Phone No (Phone) +65-97325737
Alternative Phone No +65-97325737

VEHICLE PARTICULARS

Manufacturer BMW
Model M3
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 4000

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd
Policy Number / Cover Note Number 11130769

DRIVER

Name of Driver TEO SHUNJIE IAN
NRIC No S8733083D
Date Of Birth 22/10/1987
Occupation Indoor

Date Of Driving Pass	02/04/2007
Driving experience	15 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97325737
Alt. Phone Number	+65-97325737
Email Address	iantsj@gmail.com
Address	232 COMMONWEALTH AVE #35-13
Address complement	-
Postcode	149740
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 17/06/2022 AT AROUND 6.05PM ALONG COMMONWEALTH AVE TOWARDS COMMONWEALTH AVE WEST, I WAS TRAVELLING ON THE ABOVE MENTIONED ROAD AFTER THE JUNCTION OF STIRLING WALK AND WAS MAKING AN U-TURN TO GO TO MY RESIDENCE, COMMONWEALTH TOWERS. I WAS STATIONARY AS I WAS WAITING TO GIVE WAY TO THE MAIN TRAFFIC. SUDDENLY, I FELT A HUGE IMPAC FROM THE REAR. WHEN I ALIGHTED, I REALISED IT WAS VEHICLE B WHO COLLIDED ONTO THE REAR PORTION OF MY VEHICLE A, CAUSING DAMAGES TO MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW3342S
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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

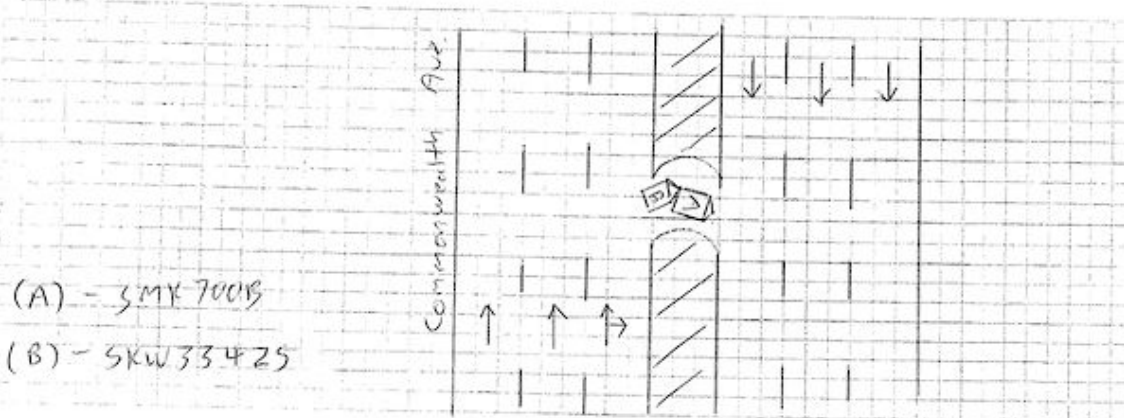
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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.

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

On the 17/06/2022 @ around 6.05pm, along Commonwealth Ave. towards Commonwealth Ave. West. I was travelling on the above mentioned road after the junction of Stirling Walk and was making a u-turn to go to my residence, Commonwealth Towers. I was stationary as I was waiting to give way to the main traffic, and suddenly, I felt a huge impact from the rear. When I alighted, I realised it was Vehicle (B) who collided into the rear portion of my Vehicle (A), causing damages to my Vehicle

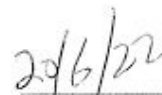
Declaration

We declare the foregoing particulars are true in every respect.

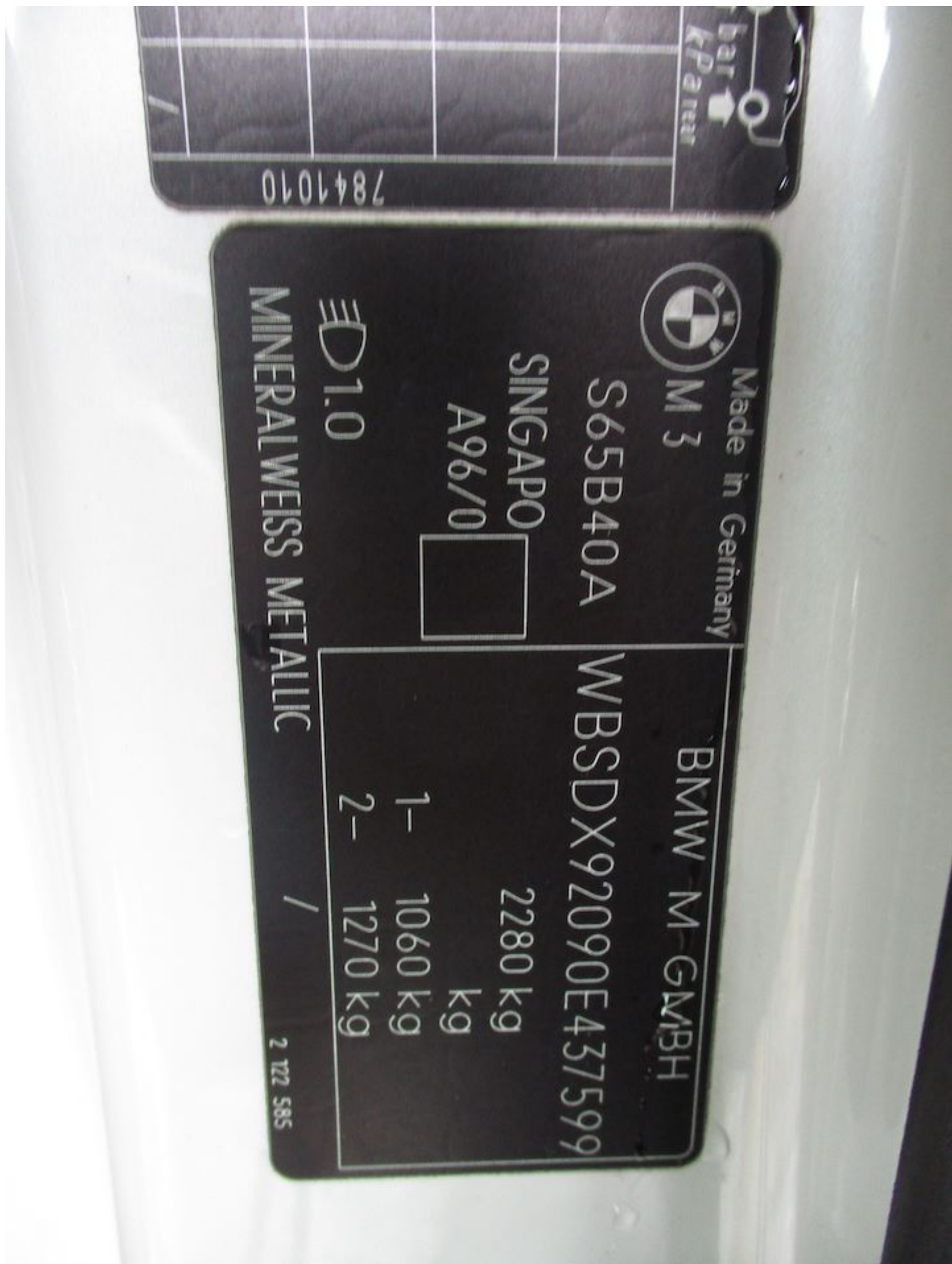


Policy holder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
















Singapore Life Ltd. 4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807. Tel: 65 6333 2222. www.singlife.com

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (REGULATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT 1987 OF THE REVISED EDITIONS
(OFFICIAL OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 (REGULATIONS
OFFICIAL OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

CERTIFICATE NUMBER: 11130769

1) VEHICLE REGISTRATION NO.	SMK700B
2) NAME OF INSURED	
FAMILY NAME	TEO
GIVEN NAME	SHUNHE TAN
3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT	07-Jun-2022 00:00hours
4) DATE OF EXPIRY OF INSURANCE	06-Jun-2023 23:59hours
5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE	
<p>You and any driver aged 20 or over</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss</p> <p><small>We refer to the policy document for full terms and conditions</small></p>	
6) LIMITATIONS AS TO USE*	
<p>Use only for social, domestic and pleasure purposes and for the insured's business. The Policy does not cover use for hire or reward, nation or driving tests, racing, pace-making, rally/baby trials, speed-testing or the carriage of goods other than samples in connection with any study of business or use for any purpose in connection with the Motor Trade.</p> <p><small>* Limitations not covered by Section 7 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) and Section 63 of the Road Traffic Act, 1987 (Malaysia) are hereby excluded under these headings.</small></p>	
NAMED DRIVER	
7) FINANCE COMPANY	LAY AUTO

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) and Part IV of the Road Transport Act, 1987 (Malaysia), or any amendment, act or acts passed in substitution thereof.


Issued in Singapore: 25-Apr-2022 at 16:12hours

IMPORTANT NOTE

- If you want to cancel your policy at any time, you will need to return the certificate to us.
- You must report all accidents to us within 24 hours of the occurrence or by the next working day at our accident reporting centre regardless of whether you intend to claim on your own policy or not, or whether your car is damaged or not. Should you fail to do so, your NCD could be affected and your claim may be prejudiced.

For the list of our accident reporting centres, please visit <https://singlife.com/CarRepairs>. Alternatively, you may call us at 6333 2222 for assistance (including assistance on windscreen damage).

Singapore Life Ltd.



Pearllyn Pham
Chief Executive Officer

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours) immediately.

ORIGINAL

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg. No. 196900199K GST Reg. No. MR 6500164-B