

# 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 17:18 (SGT)  
Date of Accident ..... 18/06/2022 11:20 (SGT)  
Exact Location of Accident ..... Dunman Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJJ4242X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAN CHEOW YANG  
NRIC No ..... SXXXX015B  
Email Address ..... jasterchan@ultrexauto.com.sg  
Mobile Phone No ..... (Phone) +65-96645388  
Alternative Phone No ..... +65-96645388

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Stream  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 2021-V0118325  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEO GUAN LEE  
NRIC No ..... SXXXX280F

Date Of Birth .....	18/07/1962
Occupation .....	Indoor
Date Of Driving Pass .....	06/08/1982
Driving experience .....	39 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90067816
Alt. Phone Number .....	-
Email Address .....	teoguanlee@live.com
Address .....	BLK 103 PASIR RIS ST 12 #07-123
Address complement .....	-
Postcode .....	510103
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Thomson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004529999
Alt. Police Station Phone No .....	(Fax) +65-65535740
Police Station Address .....	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - THIAM HENG HUAT

#### 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 .....	SMF1562C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KIM
Contact Number .....	(Phone) +65-91190456
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 GUAN LEE
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJJ4242X
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

# SKETCH PLAN

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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.

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 18.6.2022 at about 1120hrs. I was driving my vehicle  
 SJS 4242X along <sup>Opposite</sup> Carpmael Road and going into Carpmael Road. A  
 car with bearing carplate number SMF1562C just suddenly reversed  
 his car and hit onto my rear right of my car. We stopped our car  
 at the road side and alighted from the car to check the damaged. The  
 driver SMF1562C appologised to me for his careless driving.

**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

  
 Witnessed by Reporting Centre  
 Personnel





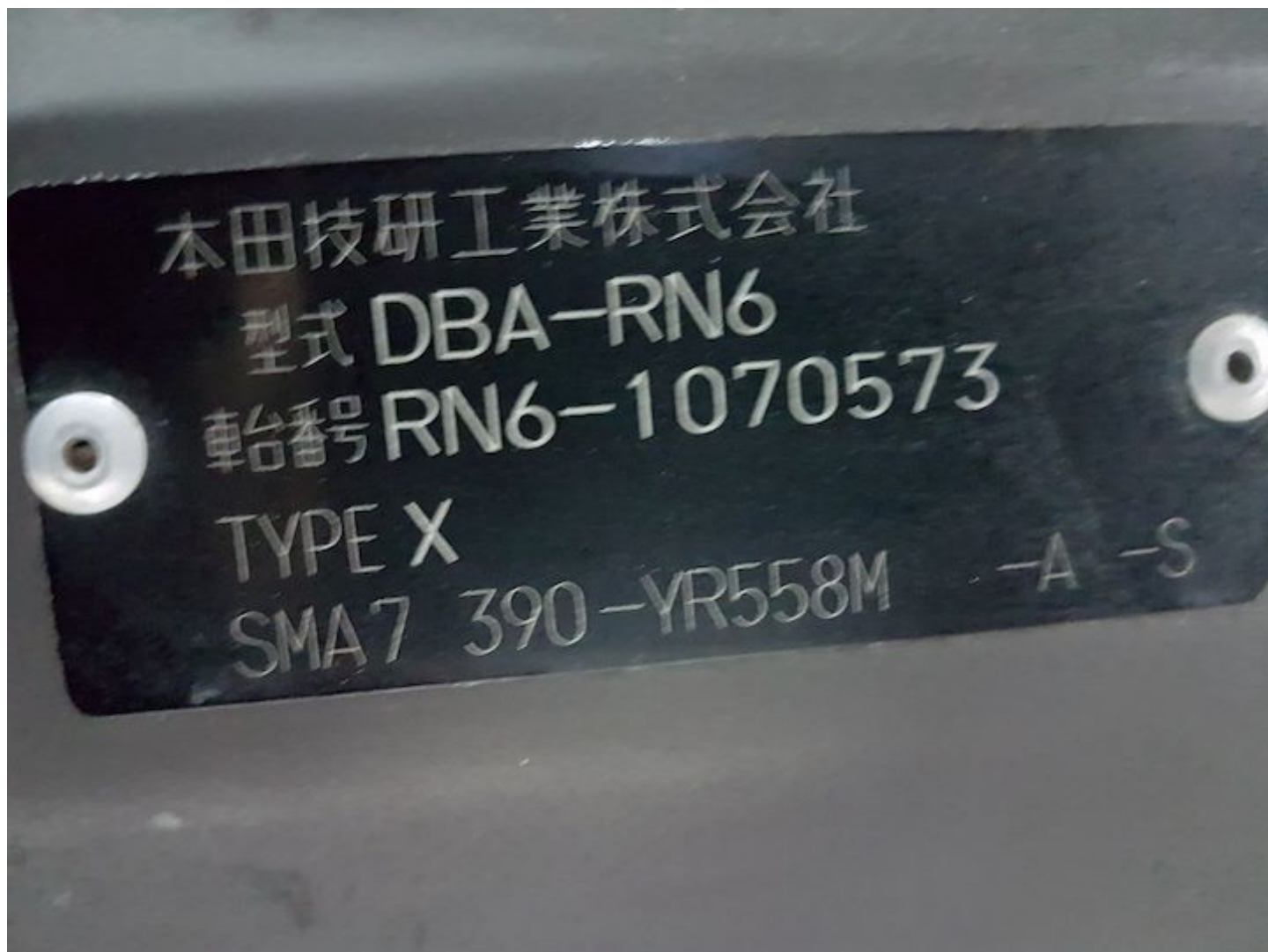
























**SINGAPORE  
POLICE FORCE**



T/20220620/2041

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 3

Report No. T/20220620/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/06/2022 14:22	Vide Report No.:	Station Diary No.: 19
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**Informant's Particulars**

Name of Informant: TEO GUAN LEE			Address: APT BLK 103 PASIR RIS STREET 12 #07-123 SINGAPORE 510103	
ID Type / ID No.: NRIC NO / S1540280F			Contact No.:	Mobile: 90067816
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 18/07/1962	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: CONTRACTOR			Driving Licence Information: Class: 3,4,5 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/06/2022 11:20	Type of Location: Straight Road
Location:  DUNMAN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
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
SJJ4242X	Car	HONDA	STREAM 1.8X A	Brown		0
SMF1562C	Car	BMW	318I LED NAV	Red		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220620/2041

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Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20220620/2041

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TEO GUAN LEE		ID No. S1540280F
Related Vehicle	SJJ4242X (Car)		Contact No. 90067816
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	Kim		ID No. NIL
Related Vehicle	SMF1562C (Car)		Contact No. 91190456
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 the above mentioned date, time and location. I was driving (SJJ4242X) along Carpmael road going straight into the opposite of Carpmael Road. Subsequently, one vehicle (SMF1562C) at Dunman Road suddenly reverse and collided onto the rear right of my vehicle. Both parties alighted from the vehicle to make a check on the damages and i observed scratches and dents on the rear right of my vehicle. I wish to inform that i do not have an in-car camera installed in my vehicle and after the accident, i felt pain on my shoulder and lower back thus i visited Mount Alvernia Hospital and received 5Days MC.



**SINGAPORE  
POLICE FORCE**



T/20220620/2041

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20220620/2041

**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:  
E /  
SGT 1 SHAWN KOH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
20/06/2022 14:22

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168