

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	19/07/2022 17:41 (SGT)
Reported by	Both
Date of Accident	15/07/2022 17:25 (SGT)
Exact Location of Accident	Tampines Ave 4, Singapore
Additional Location Information	CARPARK BEHIND BLOCK 802
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EQ18B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN ZHAO TONG DERRICK
NRIC No	SXXXX099C
Email Address	vonn19@gmail.com
Mobile Phone No	(Phone) +65-91666666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	740li
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01008052

DRIVER

Name of Driver	TEO JING LIN YVONNE
NRIC No	SXXXX905E
Date Of Birth	19/06/1982
Occupation	Indoor

Date Of Driving Pass	14/05/2004
Driving experience	18 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91666666
Alt. Phone Number	-
Email Address	vonn19@gmail.com
Address	BLK 842B TAMPINES STREET 82 #15-20
Address complement	-
Postcode	522842
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	Collision - Head on collision
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
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?	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/20220718/7032

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	GBJ4294R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 JING LIN YVONNE
Gender	Female
Phone No	(Phone) +65-91666666
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	EQ18B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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)

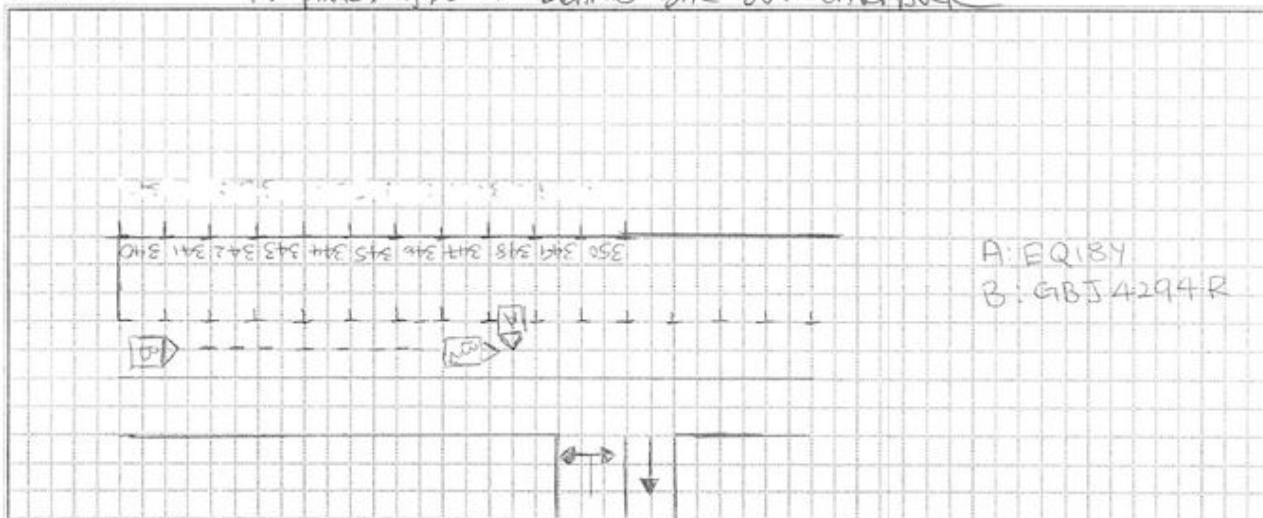
I understand, acknowledge, agree and consent that:

- (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: [Signature]
 Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature]
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): 19/07/2022

Sketch Plan

TAMPINES AVE 4 BEHIND BIK 802 CARPARK



Describe Circumstance of the Accident

Refer to Police report. T/20220718/7032



Declaration

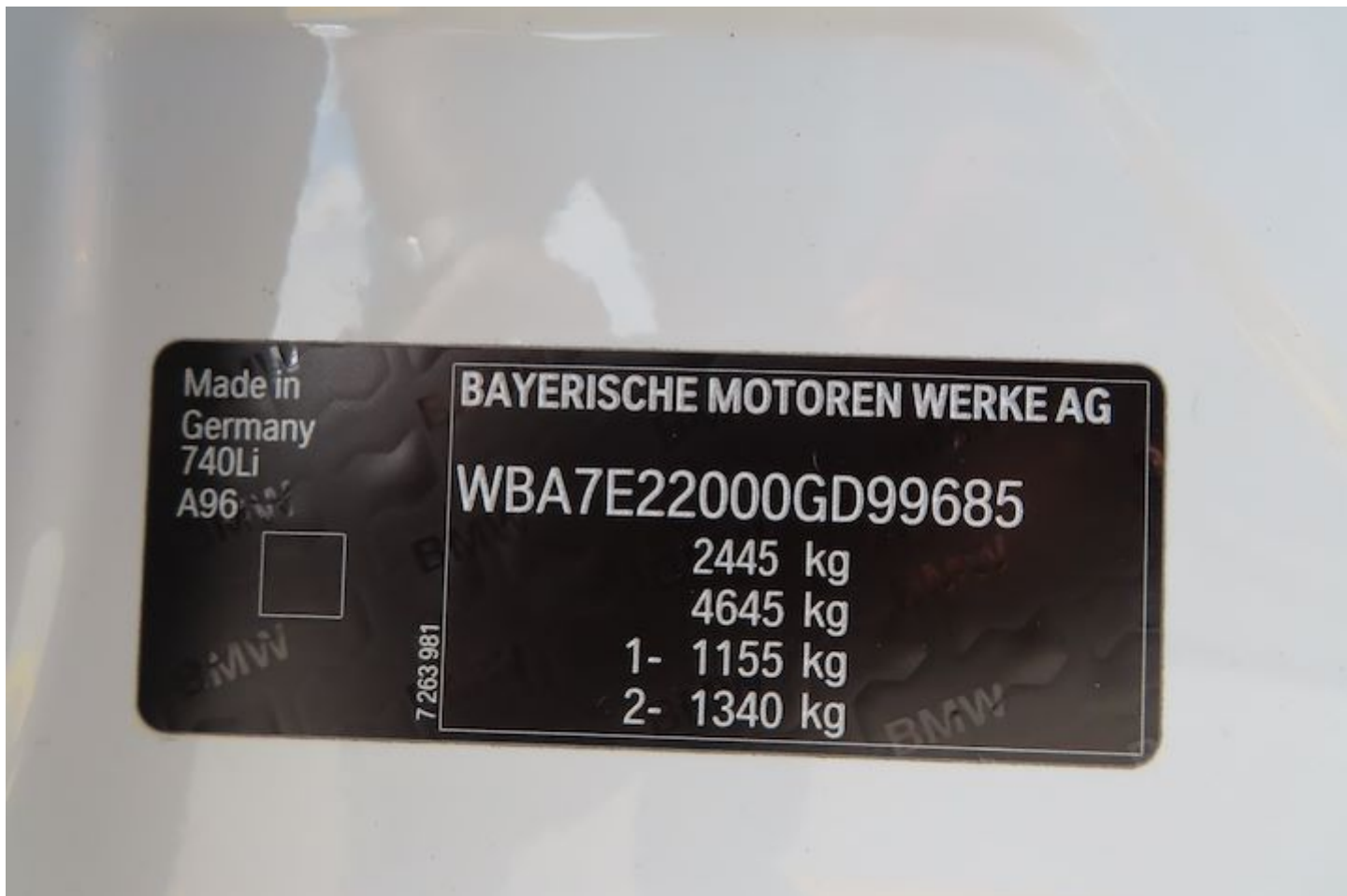
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)


























**SINGAPORE
POLICE FORCE**


T/20220718/7032

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

1 of 3

Report No. T/20220718/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2022 15:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEO JING LIN YVONNE		Address: 842B TAMPINES STREET 82 #15-20 SINGAPORE 522842			
ID Type / ID No.: NRIC NO / S8219905E		Contact No.: Home/Office:		Mobile: 91666666	
Nationality: SINGAPORE CITIZEN		Email: vonn19@gmail.com			
Sex: Female	Age: 40	Date of Birth: 19/06/1982	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2022 17:25	Type of Location: Car Park
Location: TAMPINES AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 15 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
EQ18B	Car				Seriously Damaged	0
GBJ4294R	Van				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220718/7032

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

2 of 3

Report No. T/20220718/7032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO JING LIN YVONNE	ID No.	S8219905E
Related Vehicle	EQ18B (Car)	Contact No.	91666666
Hospital/Clinic	TAMPINES CLINIC AND SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/07/2022	Date	17/07/2022
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details:

On the stated date and time, I was driving vehicle A (EQ18B) and heading out of my lot (348). Before turning out, I checked left and right to ensure it is safe to do so. While moving out a little bit more which my car was already half way out. There were two passerby in front of me, I waited for them to finish crossing before continuing moving out fully again. Before moving out, Vehicle B was a few lots away from me and it was safe to do so. And I continue inching out of the lot as I was already halfway out of the lot. Suddenly Vehicle B (GBJ4294R) hit me with a huge impact at fast speed causing my car to be slanted 45 degree. As Vehicle B was a few lots away from me, travelling at such speed in a carpark was very dangerous and he could have hit me intentionally knowing my car was already half way out and stationary at that point of time. After hitting me the driver continue to drag my car and he did not stopped immediately when he hit my front right portion.

I felt pain on my left shoulder and right knee, which such injuries if a vehicle is driving slow in the carpark it would not have caused me this injuries and damaged to my car.

I went to True Medical Clinic At Tampines West to do a review of my injuries. I was given 4 days MC. I am unable to locate the True medical clinic in the system.

My car's shattered parts was in between the 2 way lane meaning to say that I was already half way out. I have the scene photos of my car damaged parts and also video. If any officer requires any footage & photos can contact me at 9166 6666. As I am unable to attached it in this portal.



SINGAPORE POLICE FORCE

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



T/20220718/7032

3 of 3

Report No. T/20220718/7032

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
18/07/2022 15:22

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09227J0009 Vehicle Registration No: EQ18B
 Name (as shown in NRIC) : Teo Jing Lin Yvonne NRIC/FIN/Passport No : S8219905E
 (*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate
 Address : Blk 842B Tampines Street 82 #15-20 Singapore (522842)
 Contact (Tel) : _____ Mobile No. : 9166 6666
 Email Address : yvonne19@gmail.com
 Date of Accident : 15/07/2022 Time of Accident : 17:25
 Place of Accident : Blk 802 Tampines Ave 4 Carpark
 Insurance Company : Sampo Insurance Singapore PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would want to amend to claim (Own Damage).

 Policyholder / Driver's Signature
 Date:

26/07/2022
 Reporting Centre Personnel's Signature
 Name: Roshan
 NRIC/FIN No.: _____
 Date: