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 26/07/2022 14:22 (SGT) Reported by Date of Accident 07/07/2022 14:30 (SGT) Exact Location of Accident Tras St. Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SMK8068R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TENG YONG KOON DERRICK NRIC No SXXXX298E Email Address derrick@dsglobaltech.com Mobile Phone No (Phone) +65-98366123 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Gla200 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 No - Reporting only

your vehicle? Vehicle Category Private car Transmission Auto CC 1332

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00053352200

DRIVER

Name of Driver TENG YONG KOON DERRICK NRIC No SXXXX298E Date Of Birth 12/11/1981 Occupation Indoor

Date Of Driving Pass 04/12/2003 Driving experience 18 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-98366123 Alt. Phone Number Email Address derrick@dsglobaltech.com Address **5 SENGKANG EAST AVE** Address complement #12-13 Postcode 544740 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 No 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 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? 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLIE REPORT. 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 **SLG7773C**

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	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- 5. Any false reporting may be referred to the Police for investigation.
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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) w ho 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
- (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
- (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' 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 / Dale & Time

Driver's Signature (# driver is not the policyholder) / Date

Sketch Plan

Witnessed by Reporting Centre Personnel

NO SKETCH AUMCABLE

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



Report No. T/20220725/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK8068R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000533 52200	29/03/2022	28/03/2023

Details of Perso	n Involved	77 July 132		SEDERAL DE	
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL		Use of Peo	lestrian Cros	sing: NA
Driver		HOUSE PAR	LABOR DE LA	Philippine Street	
Name	TENG YONG KOO	N, DERRIC	K	ID No.	S8137298E
Related Vehicle	SMK8068R (Car)			Contact No.	98366123
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Value of the second	Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

I received a letter (Ref: TP/IP/18344/2022) stating that my vehicle (SMK8068R) was involved in a traffic accident along Tras Street on 7/7/2022 @ 2:30pm.

I am the said owner and driver of the vehicle on that day.

As I was supposed to attend to a meeting nearby, I drove and parked my vehicle along Tras Street that afternoon, for a couple of minutes.

After reading the message on my phone, I noticed that the meeting was at a later time.

I then got into my vehicle and drove my vehicle to the nearby Tanjong Pagar Center and parked in the multi-story carpark there while I got a drink.

I am unaware of any accident that happened, and as such am puzzled about the notice.

In any case, if there was any damage done by me to anyone, anything, or any other public objects, please let me know and I will want to repair it and make good of it.























T/20220725/7002

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220725/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2022 08:41			Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ulars				
Name of Informant:			Address:			
TENG YONG KOON, DERRICK			5 SENGKANG EAST AVENUE #12-13 SINGAPORE 544740			
ID Type / ID No.:			Contact No.:			
NRIC NO / S8137298E			Home/Office: Mobile: 98366123			
Nationality:			Email:			
SINGAPORE CITIZEN			DERRICK_DERRICK@HOTMAIL.COM			
Sex: Age: Date of Birth:			Type of Informant:			
Male 40 12/11/1981			Driver			
Race: Chinese		Language: Institution / School Name				
Occupat	ion:		Driving Licence Info Class:	Date of Expiry:		

Type of	Non-Injury Government Proper	rty	Drink Drive:	Date/Time of Accident:	Type of Location Parking lots
Accident:			No	07/07/2022 14:30	along roadside
Location:					
TO A O OTDE					
TRAS STREE	:1				
Moothor		Dood	Surfaces		Dood Coood Linet
Part State of the			Surface:		Road Speed Limit:
Weather: Clear Traffic Flow:		Dry			10 Km/h
Clear		Dry Traffic	Surface: Control:		

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMK8068R	Car	MERCEDES BENZ	GLA200 SPORT EXECUTIVE AUTO	Red		0

Details of V	ehicle Insurance			A PARTITION OF THE PARTY OF THE
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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



Report No. T/20220725/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK8068R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000533 52200	29/03/2022	28/03/2023

Details of Perso	n Involved	77 July 132		SEDERAL DE	
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL		Use of Peo	lestrian Cros	sing: NA
Driver		HOUSE PAR	LABOR DE LA	Philippine Street	
Name	TENG YONG KOO	N, DERRIC	K	ID No.	S8137298E
Related Vehicle	SMK8068R (Car)			Contact No.	98366123
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Value of the second	Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

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In any case, if there was any damage done by me to anyone, anything, or any other public objects, please let me know and I will want to repair it and make good of it.



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



Informant is not able to provide sketch



3 of 3 Report No. T/20220725/7002

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2022 08:41
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:
NP168	