

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 Actual 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 08/09/2022 15:30 (SGT)
Reported by Driver
Date of Accident 16/08/2022 12:25 (SGT)
Exact Location of Accident Genting Highlands, Pahang, Malaysia
Additional Location Information -
Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF1232R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG TUCK CHOY
NRIC No SXXXX432B
Email Address teoh51@hotmail.com
Mobile Phone No (Phone) +65-97504448
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 1799

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00213282100

DRIVER

Name of Driver MARSHALL TEOH FOOK HENG
NRIC No SXXXX798J
Date Of Birth 16/08/1995
Occupation Indoor

Date Of Driving Pass	17/09/2020
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97504448
Alt. Phone Number	-
Email Address	teoh51@hotmail.com
Address	BLK 986A BUANGKOK CRESCENT #05-44
Address complement	-
Postcode	531986
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	4
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	VBC8870
Vehicle Category	Commercial vehicle

PASSENGER 1

Name	YEO SIEW ENG
Gender	Female

PASSENGER 2

Name	MICHELLE TEOH FOOK YI
Gender	Female

PASSENGER 3

Name	LOW TYAN HUEY
Gender	Female

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/20220818/7049

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 VBC8870
Vehicle Manufacturer Nissan
Vehicle Model Nv350
Vehicle Variant -
Vehicle Colour White
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 MARSHALL TEOH FOOK HENG
Gender Male
Phone No (Phone) +65-97504448
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SJF1232R
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person YEO SIEW ENG
Gender Female
Phone No (Phone) +65-96340431
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SJF1232R
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person MICHELLE TEOH FOOK YI
Gender Female
Phone No (Phone) +65-96404141
Address -
Address Complement -
Post Code -
Approximate Age Years Old -

Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJF1232R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	LOW TYAN HUEY
Gender	Female
Phone No	(Phone) +65-89382744
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJF1232R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


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.

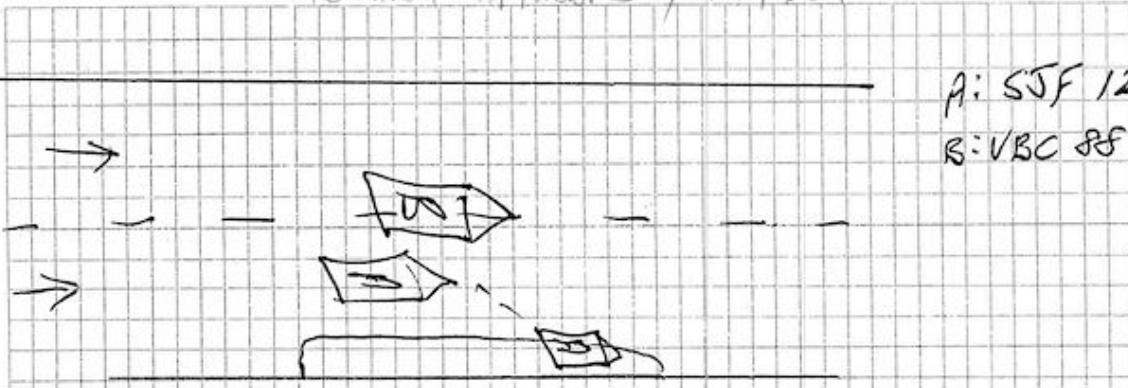

 Policyholder's Signature Date
 & Time:


 Driver's Signature
 (If driver is not the policyholder) Date
 & Time:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN

GEMINEX HIGHLAND, PAHANG




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/20220818/7049

DECLARATION

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

X 
Policyholder's Signature Date
& Time:

GIARMC SketchPlanForm_V3


Driver's Signature
(If driver is not the policyholder) Date
& Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

















SINGAPORE POLICE FORCE



T/20220818/7049

1 of 4

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

Report No. T/20220818/7049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2022 20:52		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MARSHALL TEOH FOOK HENG		Address: 986A BUANGKOK CRESCENT #05-44 SINGAPORE 531986			
ID Type / ID No.: NRIC NO / S9528798J		Contact No.: Home/Office:		Mobile: 97504448	
Nationality: SINGAPORE CITIZEN		Email: teoh51@HOTMAIL.COM			
Sex: Male	Age: 27	Date of Birth: 16/08/1995	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 16/08/2022 12:25	Type of Location: GENTING HIGHLAND
Location: GENTING HIGHLAND, PAHANG				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SJF1232R	Car					0

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



SINGAPORE POLICE FORCE

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



T/20220818/7049

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Report No: T/20220818/7049

CONTINUATION OF REPORT

Driver			
Name	MARSHALL TEOH FOOK HENG		ID No. S9528798J
Related Vehicle	SJF1232R (Car)		Contact No. 97504448
Hospital/Clinic	PINNACLE FAMILY CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	18/08/2022	Date	18/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	YEO SIEW ENG		ID No. S1428149E
Related Vehicle	SJF1232R (Car)		Contact No. 96340431
Hospital/Clinic	SHENTON MEDICAL GROUP		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	18/08/2022	Date	18/08/2022
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	MICHLLE TEOH FOOK YI		ID No. S9643469C
Related Vehicle	SJF1232R (Car)		Contact No. 96404141
Hospital/Clinic	PINNACLE FAMILY CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	18/08/2022	Date	18/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LOW TYAN HUEY		ID No. S9513639G
Related Vehicle	SJF1232R (Car)		Contact No. 89382744
Hospital/Clinic	PINNACLE FAMILY CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	18/08/2022	Date	18/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20220818/7049

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

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Report No. T/20220818/7049

CONTINUATION OF REPORTBrief Details.

ON DATE 16/08/2022 AT ABOUT 12:25PM I WAS DRIVING A HONDA CIVIC FD1 (SJF 1232R) FROM GEO38 RESIDENCE OVER TO GENTING HIGHLAND (FIRST WORLD). WHEN I WAS DRIVING TOWARDS GENTING HIGHLANDS, I WAS AT THE 2ND LANE AND HAD SIGNALLED RIGHT TO CHANGE OVER TO THE FIRST LANE. AS I WAS ON THE FIRST LANE THERE WAS A BEND TURNING TO THE RIGHT, AS I WAS KEEPING ON MY LANE WHILE TURNING RIGHT ON THE BEND, A WHITE NISSAN VAN NV350 (VBC 8870) WITHOUT SIGNALING CHANGED LANE TO THE FIRST LANE WHERE I WAS AT AND RAM ON TO MY CAR WHICH THEN I HAD BEEN PUSHED TO THE DRAINAGE AND HAD RESULTED MY CAR TO HIT THE WALL. LIST OF THINGS THAT IS DAMAGED DURING THE ACCIDENT. LEFT RIM/TYRE, FRONT BUMPER, HOOD, RIGHT FRONT TYRE/RIM, DRIVER DOOR, DRIVER WINDOW AND OTHER DAMAGED YET TO BE FOUND. THE PURPOSE OF THIS REPORT IS FOR THE REFERENCE OF THE INSURANCE/THIRD PARTY AND THE CONCERNED PARTY. THAT IS ALL FOR MY REPORT.



**SINGAPORE
POLICE FORCE**



T/20220818/7049

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

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Report No. T/20220818/7049

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
18/08/2022 20:52

Classification Of Case: