

# 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 .....	17/10/2022 15:01 (SGT)
Reported by .....	Both
Date of Accident .....	15/10/2022 20:15 (SGT)
Exact Location of Accident .....	Punggol Way, Singapore
Additional Location Information .....	EXITING TO TPE TOWARDS CHANGI
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNE3944P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEO ZHI YONG
NRIC No .....	SXXXX373D
Email Address .....	kelvin020181@gmail.com
Mobile Phone No .....	(Phone) +65-90881246
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD22V03767/VPL/R00

### DRIVER

Name of Driver .....	TEO ZHI YONG
NRIC No .....	SXXXX373D
Date Of Birth .....	02/01/1981
Occupation .....	Outdoor

Date Of Driving Pass .....	03/10/2005
Driving experience .....	17 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90881246
Alt. Phone Number .....	-
Email Address .....	kelvin020181@gmail.com
Address .....	BLK 213A PUNGGOL WALK #08-747
Address complement .....	-
Postcode .....	821213
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 .....	Chain 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 .....	3
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 .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20221017/7013

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKN9846M
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SHA1881S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 ZHI YONG
Gender .....	Male
Phone No .....	(Phone) +65-90881246
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SNE3944P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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**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 (Name as in NRIC/ID card)

Sketch Plan

17/10/22 9am

17/10/2022

Public Way EXITING TO THE TOWARDS

Vehicle A: SNE3944P

Vehicle B: SKN9846M

Vehicle C: SHA1881S

Describe Circumstance of the Accident

As per police report. (Report No. 1/20221017/7013)

Declaration

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

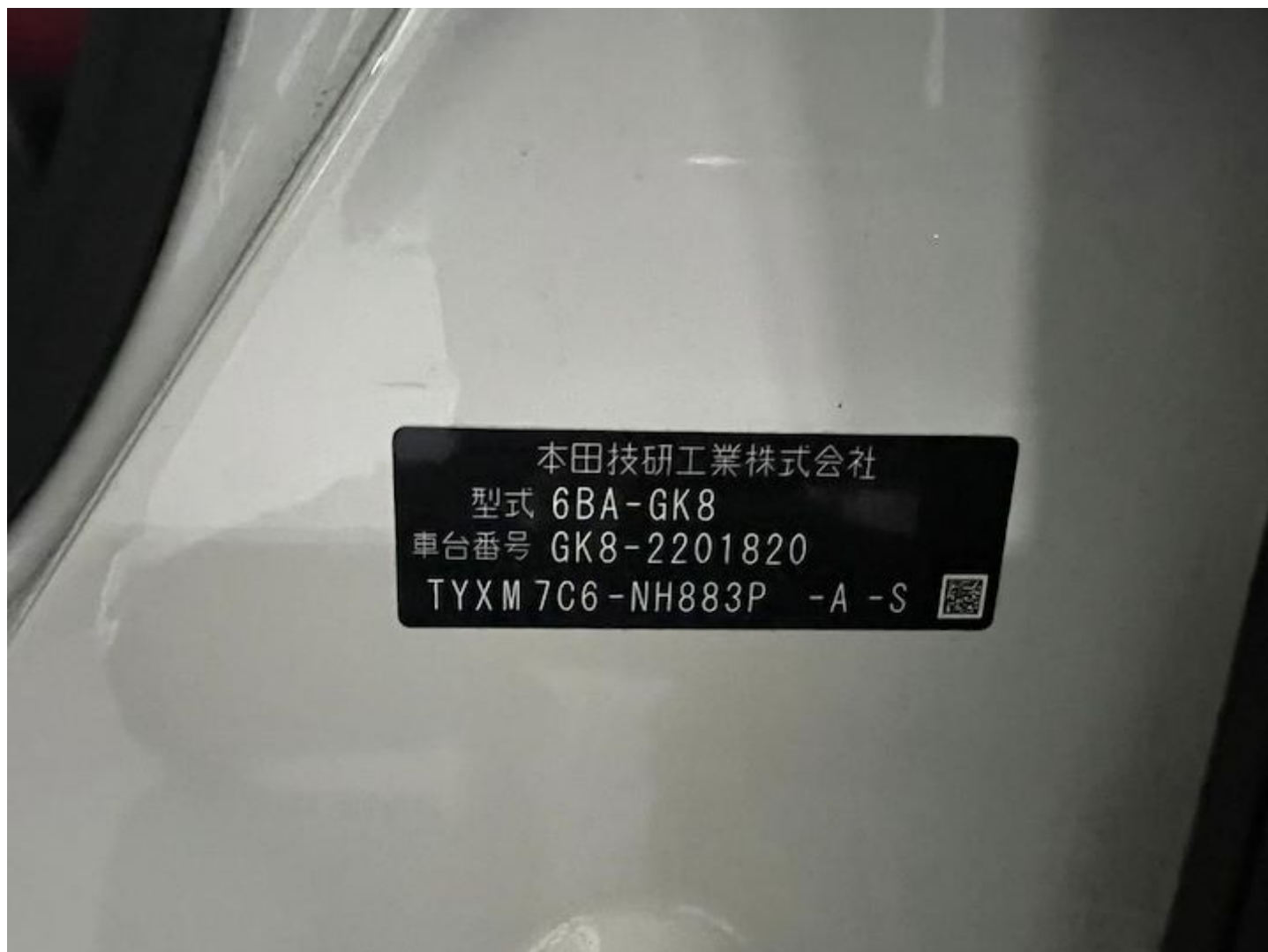
 17/10/22  
 Policyholder's Signature / Date & Time  
 1 am

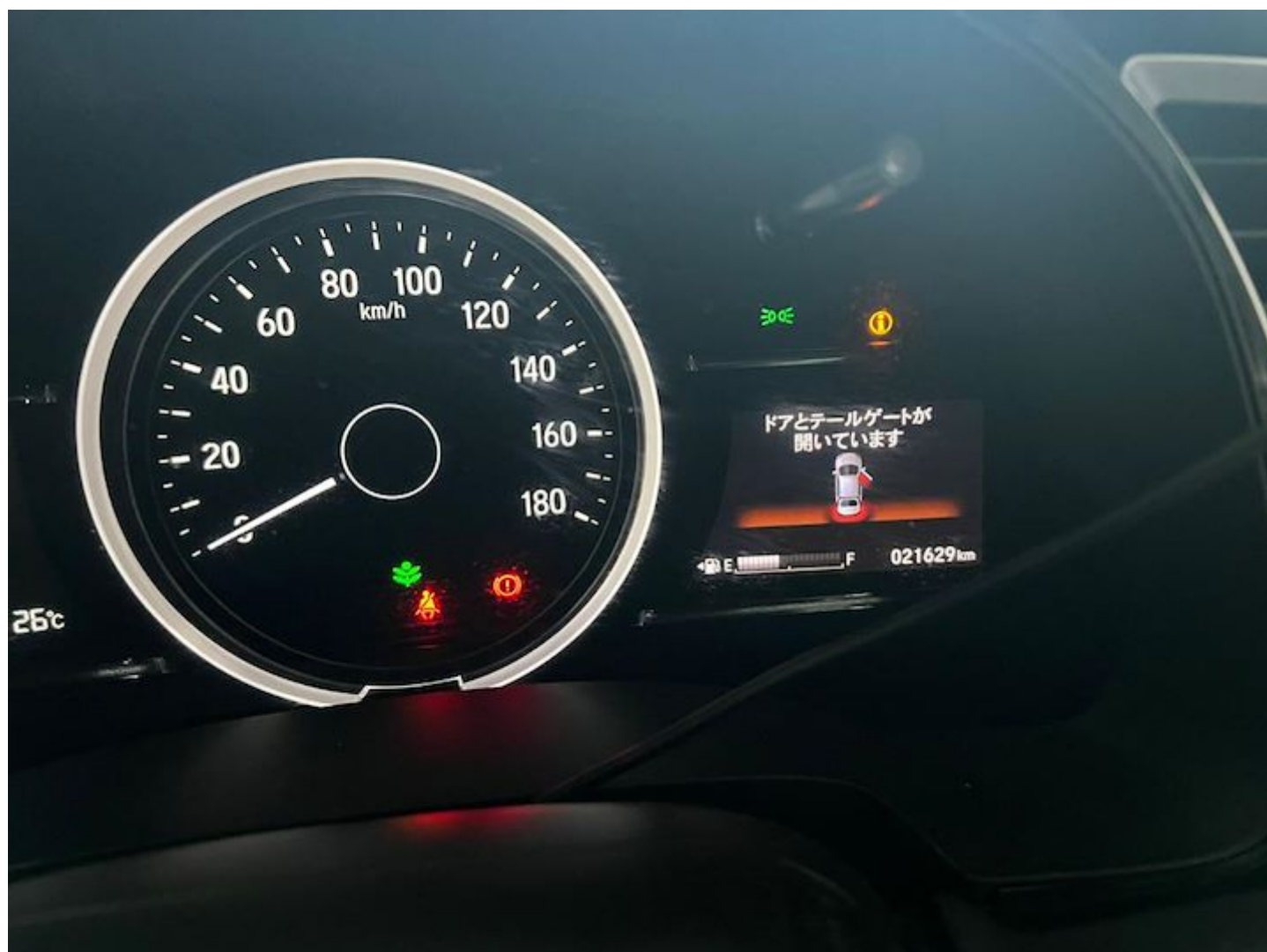
Driver's Signature (if driver is not the policyholder) / Date & Time

 17/10/2022  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)




























**SINGAPORE  
POLICE FORCE**
**POLICE REPORT (NP299)**

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-2180000



F/20221017/7013

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Report No. F/20221017/7013

Date/Time Report Made 17/10/2022 10:18	Vide Report No.	Station Diary No.
Name Of Informant TEO ZHI YONG	Address 213A PUNGGOL WALK #08-747 SINGAPORE 821213	
ID Type / ID No. NRIC NO / S8100373D	Contact No. Home/Office:	Mobile: 90881246
Nationality SINGAPORE CITIZEN	Email Address KELVIN020181@GMAIL.COM	
Occupation PHV Driver	Sex Male	Age 41
Institution/School Name	Date of Birth 02/01/1981	Race Chinese
Date/Time Of Incident 15/10/2022 20:15	Location Of Incident TPE 9KM	

**Brief details.**

Note: This report is to overwrite the earlier Report No. F/20221017/7010.

On 15/10/2022 at about 8.15pm, I was driving in my vehicle A (SNE3944P) along Punggol Way exiting to TPE towards Changi.

At the filter lane, all the front vehicles slowed down and came to a stop hence I follow suit with a safety distance with the front vehicle. Suddenly, vehicle B (SKN9846M) collided into the rear of my vehicle. I got down from my vehicle to check on the damage and came to realize that vehicle C (SHA1881S) had

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: 17/10/2022 10:18
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE  
POLICE FORCE**

F/20221017/7013

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20221017/7013

collided with vehicle B.

Due to the impact, I was not feeling well after the incident and visited the doctor. I was given 4 days MC.

Signature Of Officer Recording The Report:  
Not applicableSignature Of Informant:  
The identity of the person making this  
report has been authenticated by Singpass.  
No signature is required.Signature Of Interpreter:  
Not applicableDate/Time:  
17/10/2022 10:18

Officer In-Charge Of Case:

Classification Of Case:

