

## 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 .....	26/10/2022 17:10 (SGT)
Reported by .....	Both
Date of Accident .....	22/10/2022 19:15 (SGT)
Exact Location of Accident .....	KPE, Singapore
Additional Location Information .....	TWDS ECP BEFORE TAMPINES RD EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNF212H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEO SIEW LIN
NRIC No .....	S0017128Z
Email Address .....	DEREKIS@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96385543
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Gla45
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 .....	2000

#### INSURANCE COMPANY

Name of Insurance Company .....	Singapore Life Ltd
Policy Number / Cover Note Number .....	11128337

#### DRIVER

Name of Driver .....	TEO TSE MIN
NRIC No .....	S8236028Z
Date Of Birth .....	15/12/1982
Occupation .....	Indoor

Date Of Driving Pass .....	08/12/2014
Driving experience .....	7 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91555906
Alt. Phone Number .....	-
Email Address .....	DEREKIS@GMAIL.COM
Address .....	BLK 325A SUMANG WALK #14-981
Address complement .....	-
Postcode .....	821325
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Raining
Road Surface .....	Wet

#### 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 .....	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

ON THE STATED DATE AND TIME, VEHICLE A (SNF212H) WAS TRAVELLING ALONG KPE TWDS ECP, JUST ABOUT TAMPINES ROAD EXIT. VEHICLE C (SJH2216X) WHOM WAS AHEAD OF ME JAMMED HIS BRAKES. I MANAGED TO STOP IN TIME. AFTER A FEW SECONDS, I FELT A HUGE IMPACT FROM MY REAR WHICH CAUSED MY VEHICLE TO PROPELLED FORWARD. I THEN REALISED VEHICLE B (SLJ933M) HAD SMASHED ONTO MY VEHICLE CAUSING SERIOUS DAMAGES TO THE FRONT AND REAR PORTION.

#### 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 .....	SLJ933M
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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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJH2216X
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 .....	VEHICLE C
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TEO TSE MIN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNF212H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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 willful 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. 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)**

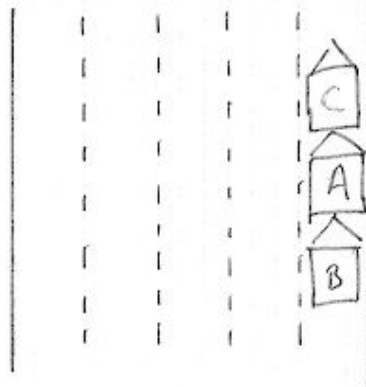
I understand, acknowledge, agree and consent that:

- (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' 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 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' 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 / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Location: KPE > ECP  
before Tampines Rd Exit

A: SNF 212H

B: SLS 933M

C: SJH 2216X

## Describe Circumstances of the Accident

On the stated date and time, I vehicle 'A' (SNF 212H) was travelling along KPE Twals ECP, just about Tampines road exit vehicle 'C' (SJH 2216X) whom was ahead of me jammed his brakes, I managed to stopped in-time. After a few seconds I felt a huge impact from my rear which caused my vehicle to propelled forward. I then realised vehicle 'B' (SLJ 933M) had smashed onto my vehicle causing serious damages to the front and rear portion.

## 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/20221024/7038

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

1 of 3

Report No. T/20221024/7038

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2022 22:49		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: TEO TSE MIN		Address: 325A SUMANG WALK #14-981 SINGAPORE 821325	
ID Type / ID No.: NRIC NO / S8236028Z		Contact No.: Home/Office: Mobile: 91555906	
Nationality: SINGAPORE CITIZEN		Email: DEREKIS@GMAIL.COM	
Sex: Male	Age: 39	Date of Birth: 15/12/1982	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales		Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2022 19:15	Type of Location:
Location: GREENWICH DRIVE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNF212H	Car					0

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20221024/7038

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

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Report No. T/20221024/7038

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TEO TSE MIN		ID No. S8236028Z
Related Vehicle	SNF212H (Car)		Contact No. 91555906
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SNF212H was travelling straight on lane 1 of KPE towards Airport Road.

As the vehicle in front stopped I follow suit.

Suddenly vehicle SLJ933M came from behind and hit onto my vehicle rear portion.

The impact was great and it causes my vehicle to propel forward to hit onto the vehicle in front.

I then alighted and realised that I was involved in a 3 vehicles chain collision and I am the 2nd car.

Order of the vehicles are as follows:

1. SJH2216X
2. SNF212H
3. SLJ933M

After a while I start to feel pain on my neck.

I did not bother about it and went back.

The next following day the pain on my body worsen.

I quickly proceeded to Minmed Clinic to seek treatment and I was given 3 days MC.



# SINGAPORE POLICE FORCE

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



T/20221024/7038

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Report No. T/20221024/7038

## 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 /  
TAY CHUN KEEN  
Contact No.: 65476436

NP168

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

Date/Time:  
24/10/2022 22:49

Classification Of Case:



Singapore Life Ltd. 4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807 Tel: (65) 68279933 singlife.com

## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION  
(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

CERTIFICATE NUMBER: 11128337

1) VEHICLE REGISTRATION NO.  
CHASSIS NO.  
ENGINE NO.

SNF212H  
WDC1569522J253826  
13398080064932

2) NAME OF INSURED

FAMILY NAME  
GIVEN NAME

TEO  
SIEW LIN

3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE  
PURPOSE OF THE ACT

07-Apr-2022 11:47hours

4) DATE OF EXPIRY OF INSURANCE

25-May-2023 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

You and any driver aged 30 or over

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been canceled at the time of accident or loss.

Please refer to the policy document for full terms and conditions.

6) LIMITATIONS AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

NAMED DRIVER

7) FINANCE COMPANY

MAYBANK SINGAPORE LIMITED

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 12-Apr-2022 at 18:55hours

Endorsement Effective Date: 07-Apr-2022

Singapore Life Ltd.

### IMPORTANT NOTE:

- If you want to cancel your policy at any time, you will need to return the certificate to us.
- You must report all accidents to Us within 24 hours of the occurrence or by the next working day at our accident reporting centre regardless of whether you intend to claim on your own policy or not, or whether your car is damaged or not. Should you fail to do so, Your NCD could be affected and your claim may be prejudiced.

For the list of our accident reporting centres, please visit <https://singlife.com/CarRepairers>. Alternatively, you may call us at 6333 2222 for assistance (including assistance on windscreen damage).

In case of accident or windscreen damage, please call 6333 2222 (24 hours) immediately.

Pearlyn Phau  
Chief Executive Officer

ORIGINAL

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com  
Company Reg. No. 196900499K GST Reg. No. MR-8500166-8