

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 12/11/2022 10:23 (SGT)
Reported by Both
Date of Accident 05/11/2022 09:00 (SGT)
Exact Location of Accident Near 31 Pasir Ris Street 72, Singapore 518769
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA8486U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEH GUAN HOE
NRIC No S1591338Z
Email Address GUANHOE8000@GMAIL.COM
Mobile Phone No (Phone) +65-85189268
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 1200

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00246252101

DRIVER

Name of Driver TEH GUAN HOE
NRIC No S1591338Z
Date Of Birth 30/11/1963
Occupation Outdoor

Date Of Driving Pass	12/04/1988
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85189268
Alt. Phone Number	-
Email Address	GUANHOE8000@GMAIL.COM
Address	BLK 221 PASIR RIS ST 21 #12-108
Address complement	-
Postcode	510221
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	Collision - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE 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	SJE1436A
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEH GUAN HOE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMA8486U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

12-11-22 9.45AM
Sketch Plan

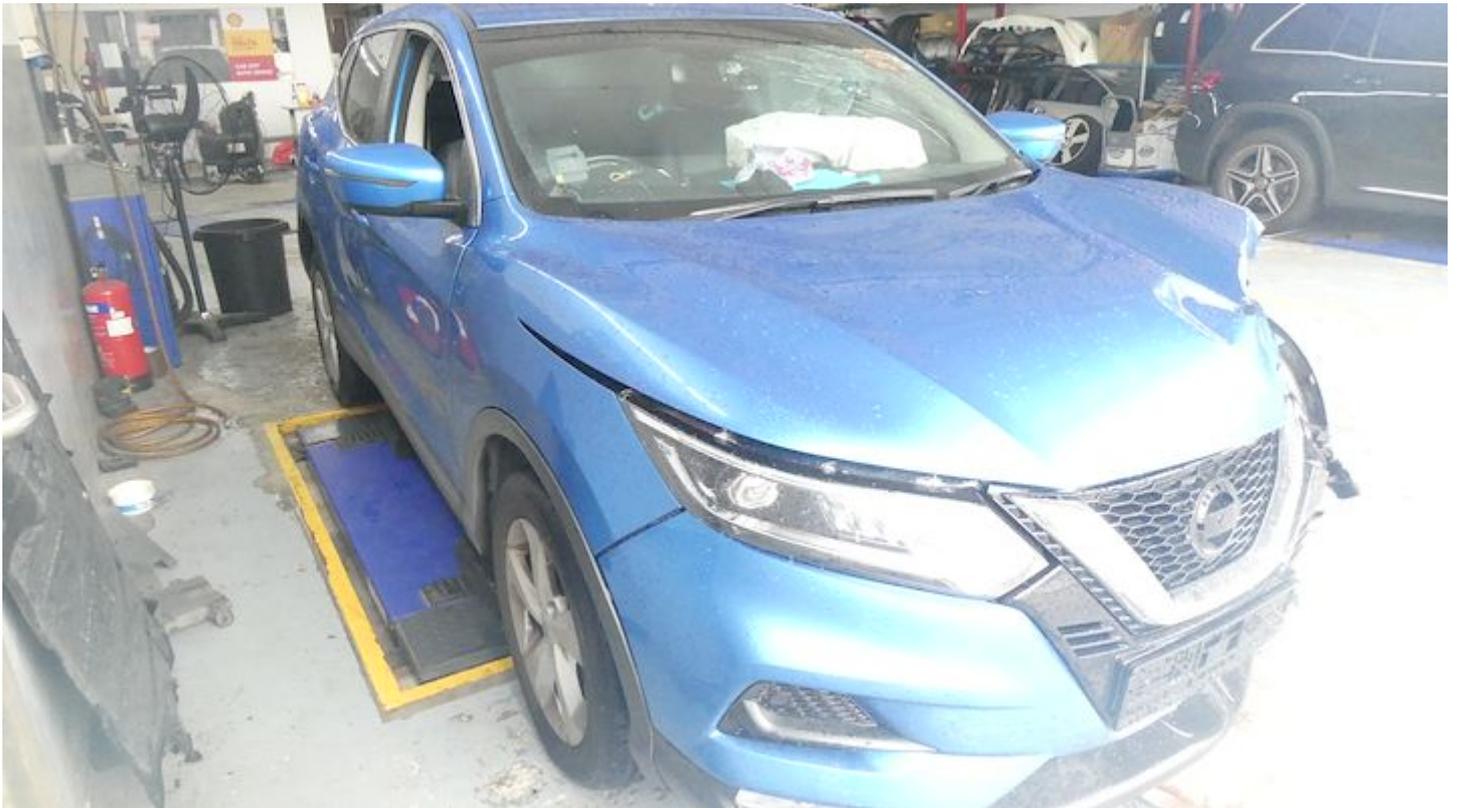
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Unable to sketch











**SINGAPORE
POLICE FORCE**



T/20221106/2012

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4
Report No. T/20221106/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2022 07:50	Vide Report No.: G/20221105/0088	Station Diary No.: 14
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Informant's Particulars

Name of Informant: TEH GUAN HOE		Address: APT BLK 221 PASIR RIS STREET 21 #12-108 SINGAPORE 510221	
ID Type / ID No.: NRIC NO / S1591338Z		Contact No.: Home/Office: Mobile: 84280188	
Nationality: SINGAPORE CITIZEN		Email: guanhoe800@gmail.com	
Sex: Male	Age: 58	Date of Birth: 30/11/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PARCEL DELIVERY		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/11/2022 09:00	Type of Location: T-Junction
Location: PASIR RIS DRIVE 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE1436A	Car			Black		0
SMA8486U	Car	NISSAN	QASHQAI 1.2 DIG-T CVT	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20221106/2012

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20221106/2012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA8486U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002462 52101	21/12/2021	20/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	DINIE		ID No.	NIL
Related Vehicle	SJE1436A (Car)		Contact No.	91894829
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TEH GUAN HOE		ID No.	S15913382
Related Vehicle	SMA8486U (Car)		Contact No.	84280188
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 05 November 2022 at about 0900hrs, I was driving my vehicle (Blue Nissan Qashqai bearing registration plate number SMA8486U) along Pasir Ris Drive 12 towards Tampines Avenue 10. As I approached the traffic light at the T-junction of Pasir Ris Drive 12 and Pasir Ris Street 72, my vehicle collided into another vehicle (Black vehicle bearing registration plate number SJE1436A) that was making a right turn from Pasir Ris Street 72 onto Pasir Ris Drive 12. The front left area of my vehicle had collided into the front right area of the Black vehicle.

After the accident occurred, the driver of the Black vehicle and I alighted from our vehicles to check on the situation. We then moved to the side of the road and waited for ambulance arrival. While waiting for ambulance, I exchanged contact details with the driver of the Black vehicle.

Subsequently, ambulance and Traffic Police arrived. After providing my statement to the Traffic Police, my front-facing in-vehicle camera memory card was taken by the Traffic Police. My vehicle had to be towed. I was also instructed to report to the Investigation Officer at Traffic Police headquarters on 07



**SINGAPORE
POLICE FORCE**



T/20221106/2012

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
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Report No. T/20221106/2012

CONTINUATION OF REPORT

November 2022 at 9am.

I suffered some superficial injuries on my right forearm and lower lip area. I did not consult any doctor and will apply some medication at home.



**SINGAPORE
POLICE FORCE**



T/20221106/2012

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Report No. T/20221106/2012

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G / SGT 3 CHAN XIANG DA 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2022 07:50
Officer In Charge Of Case: TP / GIT / SR STAFF SGT JOFILIANO BIN MOHAMED ALI Contact No.: 65476960	Classification Of Case:

NP168