

## 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	10/01/2023 13:13 (SGT)
Reported by	Driver
Date of Accident	09/01/2023 18:20 (SGT)
Exact Location of Accident	Upper Changi Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS SIMEI AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9173Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MAPLE CATERING PTE LTD
Company Reg No	201909003R
Email Address	RESTERJESTER@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94521541
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Commercial vehicle
Transmission	Manual
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123667288

#### DRIVER

Name of Driver	TEO WAI JIE ZET
NRIC No	S9449363C
Date Of Birth	05/12/1994
Occupation	Outdoor

Date Of Driving Pass	13/09/2018
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94521541
Alt. Phone Number	-
Email Address	RESTERJESTER@HOTMAIL.COM
Address	BLK 14B LORONG 7 TOA PAYOH #16-247
Address complement	-
Postcode	312014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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

REFER TO POLICE REPORT: T/20230110/7010

#### 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	GBK7992J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
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	VEHICLE B
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX1702H
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)	4

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	TEO WAI JIE ZET
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBJ9173Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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where stated, provided that the information is truthful and accurate as possible. Any of the foregoing information will have no effect on the fact that the company may remain responsible for immediate policy liability.

Any false reporting may be referred to the Police for investigation.

$$2^{\frac{1}{2}} \cdot 2^{\frac{1}{2}} \cdot 2^{\frac{1}{2}} \cdot 2^{\frac{1}{2}} = 2^2 \cdot 2^{\frac{1}{2}} = 2^{\frac{5}{2}} = 2^2 \cdot 2^{\frac{1}{2}} = 4 \cdot 2^{\frac{1}{2}} = 4 \cdot \sqrt{2} = 4\sqrt{2}$$

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Providing testimony as expert can include the making of correspondence statements, answers, reports or notices to law, which could include disclosure of certain data and/or, about which bring about or rely on the same or knowledge for the effectiveness of the analysis or philosophy of law.

"It is important that appropriate law enforcement, processing, handling and reporting with my name, relative value purposes".

201 All materials were made in accordance with the standard assay the number of suspensions from a single petri plate is collected and the new media is put away and replaced with a fresh media. After the media is changed, most of the shake flasks are used.

1) my Personal Information is not to be used by any of the insurers and/or their third party agents or agents-including the claimers, ins. broker, who may be located outside of Singapore for any purpose of the above Purpose

3. By Design: Educators will use technology as a tool to enhance classroom for the purpose of increasing student learning and engagement of present and future times.

4-1. Information collected under 25 USC 1621(a)(2) is exempt from release.

only a few studies have examined the relationship between the use of the Internet and the use of other information sources. For example, a study by Kuhlman and colleagues (2000) found that the use of the Internet was associated with the use of other information sources, such as books, newspapers, and television. However, the study did not examine the use of the Internet in relation to the use of other information sources for the purpose of health information seeking.

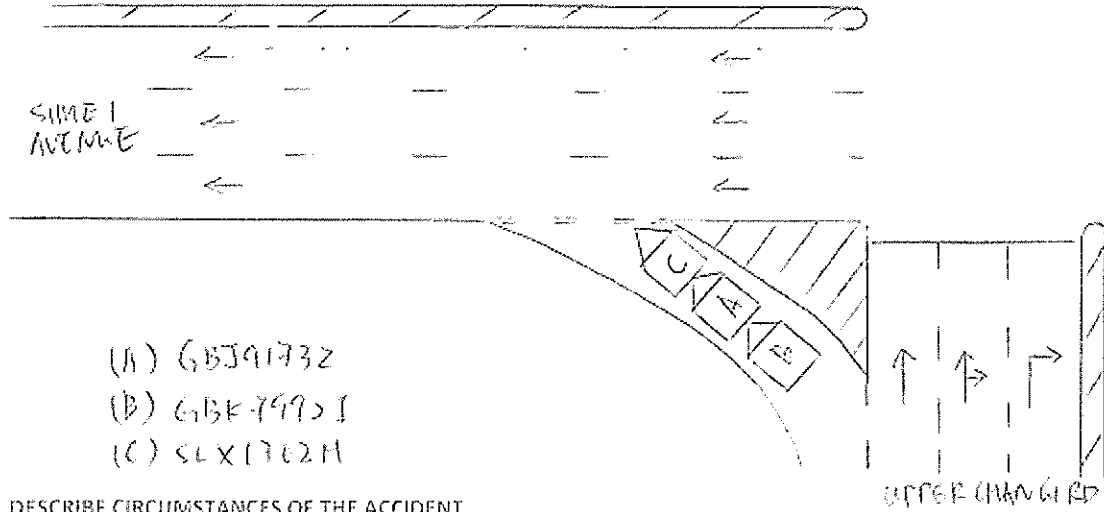
[illegible]

10. *Chrysomelidae*  
11. *Chrysomelidae*  
12. *Chrysomelidae*

Reception: Course: Foreign Affairs Signature:  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

I hereby authorise SME Motor Pte Ltd to send my  
Accident report to my workshop \_\_\_\_\_  
via email / fax \_\_\_\_\_  
Signature \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO TP REPORT

No. T/2023/116/7610

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature  
Date & Time

Driver's Signature  
If covered by third party insurance  
Date & Time

Reporting Centre Representative's Signature  
Name  
NRK/PA/5/1



**SINGAPORE  
POLICE FORCE**



T:20230110/7010

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

1 of 3

Report No: T:20230110/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/01/2023 10:55	Video Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TEO WAI JIE, ZET			Address: 14B LORONG 7 TOA PAYOH #16-247 SINGAPORE 312014		
ID Type / ID No.: NRIC NO / S9449363C			Contact No.: Home/Office: Mobile: 94521541		
Nationality: SINGAPORE CITIZEN			Email: RESTERJESTER@HOTMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 05/12/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: driver			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2023 18:20	Type of Location: SLIP ROAD
Location:  UPPER CHANGI ROAD TOWARDS SIMEI AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ9173Z	Van					0
GBK7992J	Van					0
SLX1702H	Car					0



**SINGAPORE  
POLICE FORCE**



T/20230110/7010

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

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Report No: T/20230110/7010

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TEO WAI JIE, ZET	ID No.	S9449363C
Related Vehicle	GBJ9173Z (Van)	Contact No.	94521541
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/01/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 09/01/2023 AT ABOUT 1820HRS AT ALONG SLIP ROAD OF UPPER CHANGI ROAD TOWARDS SIMEI AVENUE. I WAS TRAVELLING ON THE ABOVE MENTIONED SLIP ROAD AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP WHILE WAITING FOR THE CLEARANCE OF THE MAIN TRAFFIC. HENCE I FOLLOW SUIT. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND THE IMPACT FORCED MY VEHICLE (A) TO HIT ONTO THE FRONT VEHICLE (C) IN FRONT OF ME. AFTER I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED. AFTER THE ACCIDENT, I FELT UNWELL AND WAS AWARDED 5 DAYS OF MC FOR MY INJURY.

VEHICLE A: GBJ9173Z  
VEHICLE B: GBK7992J  
VEHICLE C: SLX1702H



SINGAPORE  
POLICE FORCE



T/20230110/7010

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

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Report No: T/20230110/7010

## 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 / TP1B /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
10/01/2023 10:55

Classification Of Case:

NP155