

# 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 .....	18/01/2023 14:22 (SGT)
Reported by .....	Both
Date of Accident .....	17/01/2023 18:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	UBI AVENUE 3
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJQ9780P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEO ZHEN JOHNSON ( ZHANG ZHEN )
NRIC No .....	SXXXX851Z
Email Address .....	johnsonteo87@gmail.com
Mobile Phone No .....	(Phone) +65-93804192
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 .....	1497

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00034852200

### DRIVER

Name of Driver .....	TEO ZHEN JOHNSON ( ZHANG ZHEN )
NRIC No .....	SXXXX851Z
Date Of Birth .....	29/05/1987
Occupation .....	Indoor

Date Of Driving Pass .....	07/09/2012
Driving experience .....	10 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93804192
Alt. Phone Number .....	-
Email Address .....	johnsonteo87@gmail.com
Address .....	APT BLK 499A TAMPINES AVENUE 9
Address complement .....	# 03-204
Postcode .....	521499
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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 .....	Changi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005872999
Alt. Police Station Phone No .....	(Fax) +65-65872900
Police Station Address .....	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230117/2133

#### 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 .....	SNB8202E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-88386337
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 ZHEN JOHNSON ( ZHANG ZHEN )
Gender .....	Male
Phone No .....	(Phone) +65-93804192
Address .....	APT BLK 499A TAMPINES AVENUE 9
Address Complement .....	# 03-204
Post Code .....	521499
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK,SHOULDER AND HAND PAIN
Injured person in which vehicle? .....	SJQ9780P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

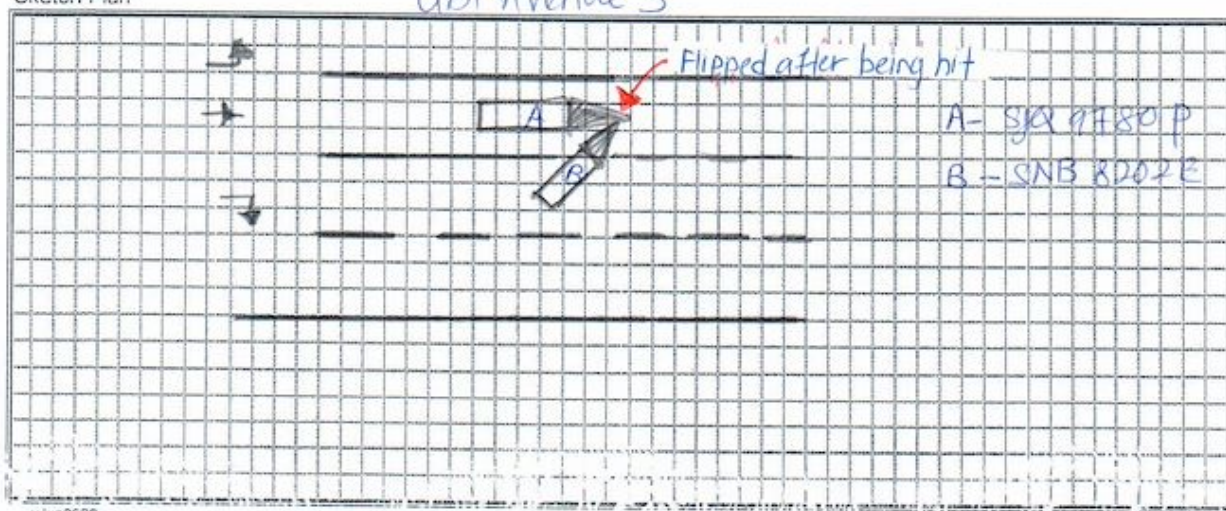
1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records 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' 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

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

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

Sketch Plan





Describe Circumstance of the Accident

- please Refer to the attached police Report  
- 7/20230117/2133

Declaration

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

18/1/2023  
Policyholder's Signature / Date & Time

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

18/1/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20230117/2133

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 3

Report No. T/20230117/2133

**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 ZHEN, JOHNSON	ID No.	S8717851Z
Related Vehicle	SJQ9780P (Car)	Contact No.	93804192
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	17/01/2023	Date Discharge	17/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN	ID No.	NIL
Related Vehicle	SNB8202E (Car)	Contact No.	88386337
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

**Brief Details.**

On the 17/01/2023 at around 1815hrs, I was driving along Ubi Ave 3 towards Kaki Bukit. I was driving on lane 2 (right turn lane) and I performed a lane change into lane 3 (straight lane). Upon completing the lane change, I was going straight and the other car, (SNB8202E) abruptly changed his lane from Lane 2 to Lane 3. The collision resulted in my car flipping towards the passenger side. The other party refused to provide me with his particulars and only gave me a name "Tan" and contact number: 88386337. He attempted to leave hastily. Ambulance arrived and attended to me, and I informed that I do not require any medical assistance at the moment. I later felt pain in my upper back and I went to Changi General Hospital to seek treatment where I was given 3 days medical leave.

I wish to state that I have video footage of the accident.

Traffic Police arrived and attended to the accident.

I am lodging this report as advised by Traffic Police and for insurance purposes.













































**SINGAPORE  
POLICE FORCE**



T/20230117/2133

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20230117/2133

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/01/2023 23:50	Vide Report No.:	Station Diary No.: 53
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**Informant's Particulars**

Name of Informant: TEO ZHEN, JOHNSON			Address: APT BLK 499A TAMPINES AVENUE 9 #03-204 SINGAPORE 521499	
ID Type / ID No.: NRIC NO / S8717851Z			Contact No.:	Mobile: 93804192
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 35	Date of Birth: 29/05/1987	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Warehouse worker			Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2023 18:15	Type of Location: Straight Road
Location:  UBI AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Heavy	
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 Passenger
SJQ9780P	Car	TOYOTA	VIOS E AUTO	White	Totally Damaged	0
SNB8202E	Car	PORSCHE		Black	No Damage	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ9780P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000348 52200	28/01/2022	27/01/2023



**SINGAPORE  
POLICE FORCE**



T/20230117/2133

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 3

Report No. T/20230117/2133

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO ZHEN, JOHNSON	ID No.	S8717851Z
Related Vehicle	SJQ9780P (Car)	Contact No.	93804192
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	17/01/2023	Date Discharge	17/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAN	ID No.	NIL
Related Vehicle	SNB8202E (Car)	Contact No.	88386337
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

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**SINGAPORE  
POLICE FORCE**



T/20230117/2133

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20230117/2133

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 2 Tan Wei Han, Melvin

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/01/2023 23:50

Officer In Charge Of Case:  
TP / GIT /  
SGT 2 PHUA TIAK YEE  
Contact No.: 65476200

Classification Of Case:

NP168






Changi  
General Hospital  
SingHealth

ORIGINAL

## MEDICAL CERTIFICATE

EMD202310543

Name TEO ZHEN, JOHNSON (ZHANG ZHEN)		NRIC No. S87178512
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>17-Jan-2023</u> to <u>19-Jan-2023</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on : _____
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Operated on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 17-Jan-2023	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  ANNISA DEWI UTAMI RAKUN , 651381



Changi  
General Hospital  
SingHealth

TEO ZHEN, JOHNSON (ZHANG  
ZHEN)

499A TAMPINES AVENUE 9  
TAMPINES RIA  
#03-204 SINGAPORE 521499

# TAX INVOICE

Page 1 of 2

BILL REF. NO.  
6923306253F

BILL DATE  
17 JAN 2023

LOCATION  
A&E

HRN  
692023306253F

NRIC / FIN / MRN  
S8717851Z

VISIT DATE ► 17 JAN 2023 09:07 PM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	422.40
GOVT SUBSIDY	\$	-283.00
TOTAL AMOUNT (BEFORE GST)	\$	139.40
8% GST	\$	11.15
GST absorbed by Govt	\$	-11.15
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	139.40
TOTAL AMOUNT PAYABLE	\$	139.40
Net Payment made	\$	-139.40
FINAL AMOUNT PAYABLE	\$	0.00



CGH - A&E  
2 SIMEL STREET 3  
A&E, LEVEL 1  
529889

DATE/TIME: 17/01/23 22:20:16  
NID: 000001050637765  
TID: 51527662 INV: 001609  
BATCH: 000138 TRACE: 001727  
ECR NO: 0000000003000089674  
S/W : 2326.00.01.1  
APPR CODE: 006274

CONTACTLESS SALE

VISA ONUS  
\*\*\*\* \* 0744  
ENT: PAYWAVE  
REF NUM: 000051001727

BASE : S\$ 139.40  
TOTAL : S\$ 139.40

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT.

\*\*\*\* CUSTOMER COPY \*\*\*\*  
THANK YOU. HAVE A NICE DAY

TEO ZHEN, JOHNSON (ZHANG ZHEN)

DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
X-RAY INVESTIGATIONS	138.00	0.00
DRUGS / PRESCRIPTIONS / INJECTIONS	8.40	1.40
A&E ATTENDANCE FEE	276.00	138.00
TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	422.40	
GOVT SUBSIDY	-283.00	
TOTAL AMOUNT (BEFORE GST)		139.40
8% GST		11.15
GST absorbed by Govt (for subsidised patient only)		-11.15
TOTAL AMOUNT (AFTER GOVT SUBSIDY)		139.40

TOTAL AMOUNT (AFTER GOVT SUBSIDY) 139.40

REFERENCE NO. AMOUNT PAYABLE (\$)

S8717851Z 139.40

Payment Summary to be continued on page 2

PRINTED ON: 17 JAN 2023 10:20 PM

Changi General Hospital Pte Ltd | www.cgh.com.sg  
2 Simei Street 3 Singapore 529889 | Tel: +65 6788 8833  
Company Registration No. 198904226R | GST Reg No. M90368910N

For bill enquiries, please contact us at  
Tel: +65 6407 8108  
<https://for.sg/askshs>



Changi  
General Hospital  
SingHealth

# TAX INVOICE

Page 2 of 2

BILL REF. NO.  
6923306253F  
HRN  
692023306253F

BILL DATE  
17 JAN 2023  
NRIC / FIN / MRN  
S8717851Z

PATIENT NAME  
TEO ZHEN, JOHNSON (ZHANG ZHEN)

TEO ZHEN, JOHNSON (ZHANG ZHEN)		TOTAL AMOUNT PAYABLE	139.40
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
TEO ZHEN, JOHNSON, (ZHANG ZHEN)	17 JAN 2023	VISA/MASTERCARD	-139.40
		Net Payment made	-139.40
ST: P SN: S8717851Z THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTERCARD PAYMENT OF \$ 139.40 RECEIVED ON 17.01.2023.		FINAL AMOUNT PAYABLE	\$ 0.00

## PAYMENT OPTIONS & ADVISORY

### Payment Policy

- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
- If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.
- Please ignore the tax invoice if you have made payment.

Changi General Hospital Pte Ltd | www.cgh.com.sg  
2 Simei Street 3 Singapore 529889 | Tel: +65 6788 8833  
Company Registration No. 198904226R | GST Reg No. M90368910N

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For bill enquiries, please contact us at  
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<https://for.sg/askshs>