

## 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 .....	13/02/2023 10:07 (SGT)
Reported by .....	Driver
Date of Accident .....	10/02/2023 13:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS CHANGI BEFORE STEVEN EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SML2641U
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	BIS MOTORING PTE LTD
Company Reg No .....	2XXXXX055D
Email Address .....	KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No .....	(Phone) +65-86881311
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Renault
Model .....	Scenic
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
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 .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2002451400

#### DRIVER

Name of Driver .....	TEO HONG ANN
NRIC No .....	SXXXX088A
Date Of Birth .....	04/12/1983
Occupation .....	Outdoor

Date Of Driving Pass .....	08/03/2012
Driving experience .....	10 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98112112
Alt. Phone Number .....	-
Email Address .....	ALTEOHA9595@GMAIL.COM
Address .....	668C JURONG WEST STREET 64
Address complement .....	#10-148
Postcode .....	643668
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Head to Rear
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	GOJEK PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFE TO POLICE REPORT NO: T/20230210/2083

#### 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 .....	SLD460S
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 .....	TEO HONG ANN
Gender .....	Male
Phone No .....	(Phone) +65-98112112
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAY MEDICAL LEAVE
Injured person in which vehicle? .....	SML2641U
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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11.02.23 1030

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

*P/E Towards Changi before Stevens exit*

4 A ~~X~~ B

← ←

A vehicle: SML 2641 U  
B vehicle SLD 4608

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Attached Report NO. 7/20230210/2083*

DECLARATION

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

Policyholder's Signature  
Date & Time:

GIARSMC SketchPlanForm\_V8

Driver's Signature  
(If driver is not the policyholder)

Date & Time: *11.02.23 10:30*

Reporting Centre Personnel's Signature  
Name:

NRIC/PIN No.:



















**SINGAPORE  
POLICE FORCE**



T/20230210/2083

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20230210/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/02/2023 16:31		Vide Report No.:		Station Diary No.: 99
<b>Informant's Particulars</b>				
Name of Informant: TEO HONG ANN		Address: APT BLK 668C JURONG WEST STREET 64 #10-148 SINGAPORE 643668		
ID Type / ID No.: NRIC NO / S8368088A		Contact No.: Home/Office: Mobile: 98112112		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 39	Date of Birth: 04/12/1983	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: PRIVATE HIRE 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: 10/02/2023 13:55	Type of Location: Flyover
Location:  PAN-ISLAND EXPRESSWAY				
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	Condition	No of Passenger
SLD460S	Car	HONDA	VEZEL 1.5X A	Silver	Slightly Damaged	0
SML2641U	Car	RENAULT	GRAND SCENIC IV 1.5 DCI AT EU6	Red	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20230210/2083

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20230210/2083

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO HONG ANN	ID No.	S8368088A
Related Vehicle	SML2641U (Car)	Contact No.	98112112
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/02/2023	Date Discharge	10/02/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Mok Kheng Rong Darren	ID No.	S9331016J
Related Vehicle	NIL	Contact No.	96402450
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 above-mentioned date, time, and location, I was driving along PIE towards Changi. The traffic was slow moving. Upon reaching somewhere near Stevens Road exit, the vehicle in front of me applied e-brake and stopped as such, I applied my ebrake and stopped my vehicle as well. I managed to stop behind the vehicle in time.

Suddenly, another vehicle hit my vehicle from the rear causing my rear bumper to be damaged.

I wish to state that there is another passenger in my vehicle, and she told me that she was not injured. I told her to seek medical treatment if required and she acknowledged.

I also wished to state that I had seek medical treatment at Mount Alvernia Hospital and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20230210/2083

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20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20230210/2083

**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: E / SGT 3 EMILY CHAN MUN YI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2023 16:31
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168



