

# 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 .....	17/04/2023 17:42 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	15/04/2023 00:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ESPLANADE DRIVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLA6493Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEH YI JUN
NRIC No .....	SXXXX796I
Email Address .....	jmartauto@gmail.com
Mobile Phone No .....	(Phone) +65-93364557
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Jazz
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 .....	1498

### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	A 300539234 QMY

### DRIVER

Name of Driver .....	TEH SOON HON
NRIC No .....	SXXXX462C
Date Of Birth .....	22/09/1954
Occupation .....	Indoor

Date Of Driving Pass .....	08/09/1978
Driving experience .....	44 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93364557
Alt. Phone Number .....	-
Email Address .....	jmartaauto@gmail.com
Address .....	APT BLK 249 KIM KEAT LINK
Address complement .....	# 09-87
Postcode .....	310249
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230415/2027

#### 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 .....	XD8850E
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 .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TEH SOON HON
Gender .....	Male
Phone No .....	(Phone) +65-93364557
Address .....	APT BLK 249 KIM KEAT LINK
Address Complement .....	# 09-87
Post Code .....	310249
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON WHOLE BACK AREA - GIVEN 4 DAYS OF MC
Injured person in which vehicle? .....	SLA6493Z
Were seat belts worn? .....	-
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:

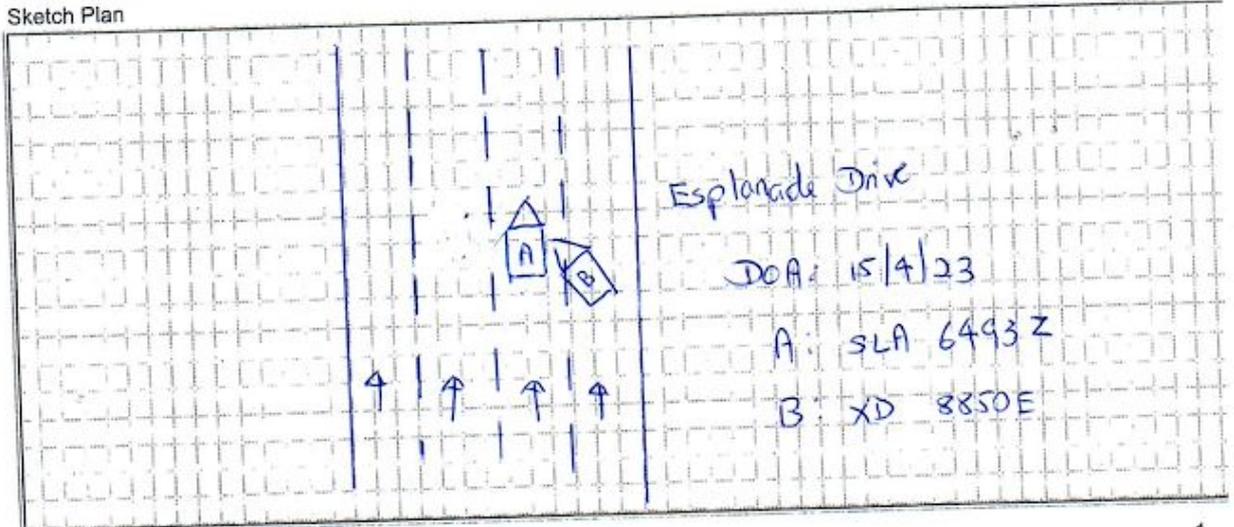
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

[Signature]  
 Policyholder's Signature / Date & Time

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

[Signature] 17/04/2023  
 Witnessed by Reporting Centre Personnel  
 (Name as on NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

Refer to Police Report

— T/20230415/2027—

Declaration

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

 x  
Policyholder's Signature / Date & Time

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

 17/04/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20230415/2027

2 of 3

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20230415/2027

**CONTINUATION OF REPORT**

Driver			
Name	TEH SOON HON		ID No. S2506462C
Related Vehicle	SLA6493Z (Car)		Contact No. 93364557
Hospital/Clinic	HORIZON MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	15/04/2023	Date Discharge	15/04/2023
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 15/04/2023 at about 0010hrs, I was driving my personal vehicle which belongs to my daughter along Esplanade Dr towards Shenton Way. The weather was clear and traffic flow was smooth.

As I was travelling along the road, a prime mover bearing XD8850E who was travelling on my right side swiped my vehicle. My vehicle skidded, turned around and ended up facing the prime mover vehicle. Both the driver and I went out of our vehicles and made a check. Nobody was injured at that point of time. No Traffic police or ambulance was activated. There was also no government property damaged.

As I do not want to prolong the situation, we decided to drive off. When I returned home, I felt some pains on my whole back area. I went to see a doctor from Horizon Medical Pte Ltd and was given 4 days of MC by Dr Lim Heng Wei (MC no: #1393).

My vehicle is equipped with camera and the accident was captured in the footage. I have saved the video for investigation purpose.

I am lodging this report for record and claiming purposes.


















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T/20230415/2027

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Report No. T/20230415/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/04/2023 11:00	Vide Report No.:	Station Diary No.: 19
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**Informant's Particulars**

Name of Informant: TEH SOON HON		Address: APT BLK 249 KIM KEAT LINK #09-87 SINGAPORE 310249	
ID Type / ID No.: NRIC NO / S2506462C		Contact No.: Home/Office:                      Mobile: 93364557	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 22/09/1954	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3,4,5                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/04/2023 00:10	Type of Location: X-Junction
Location:  ESPLANADE DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SLA6493Z	Car	HONDA	Jazz	White	Slightly Damaged	0
XD8850E	Prime mover	OTHERS		White	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230415/2027

2 of 3

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**CONTINUATION OF REPORT**

Driver			
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Related Vehicle	SLA6493Z (Car)		Contact No. 93364557
Hospital/Clinic	HORIZON MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	15/04/2023	Date Discharge	15/04/2023
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T/20230415/2027

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3 of 3

Report No. T/20230415/2027

CONTINUATION OF REPORT

Signature of Officer Recording The Report: E / SGT 3 AHMAD MUHAIMIN AMZAR BIN MOHD YUSOF	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG LESLIE Contact No.: 65476151	

NP168

Signature Of Informant:	
Date/Time: 15/04/2023 11:00	
Classification Of Case:	