

# 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 .....	05/05/2023 08:26 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	04/05/2023 09:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BEDOK NORTH ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNK2239S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEO LEONG YE
NRIC No .....	SXXXX839D
Email Address .....	teo_0114@hotmail.com
Mobile Phone No .....	(Phone) +65-94883037
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Camry
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 .....	2487

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNW00005172300

### DRIVER

Name of Driver .....	TEO LEONG YE
NRIC No .....	SXXXX839D
Date Of Birth .....	14/01/1994
Occupation .....	Outdoor

Date Of Driving Pass .....	13/06/2014
Driving experience .....	8 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94883037
Alt. Phone Number .....	-
Email Address .....	teo_0114@hotmail.com
Address .....	APT BLK 107 ANG MO KIO AVENUE 4
Address complement .....	# 10-164
Postcode .....	560107
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) .....	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 .....	UNKNOWN
Gender .....	Female

#### 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/20230504/2035

#### 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 .....	SNB6097E
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 LEONG YE
Gender .....	Male
Phone No .....	(Phone) +65-94883037
Address .....	APT BLK 107 ANG MO KIO AVENUE 4
Address Complement .....	# 10-164
Post Code .....	560107
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON NECK AND BACK - GIVEN 3 DAYS OF MC
Injured person in which vehicle? .....	SNK2239S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**IMPORTANT NOTICE**

**SKETCH PLAN**

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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.

B. 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.
- (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

Bedok North Road

A - SNK2239S  
B - SNB 6047E

Please Refer to the attached



5/4/23, 12:11 PM

88 Bedok North Ave 4 - Google Maps

Google Maps 88 Bedok North Ave 4

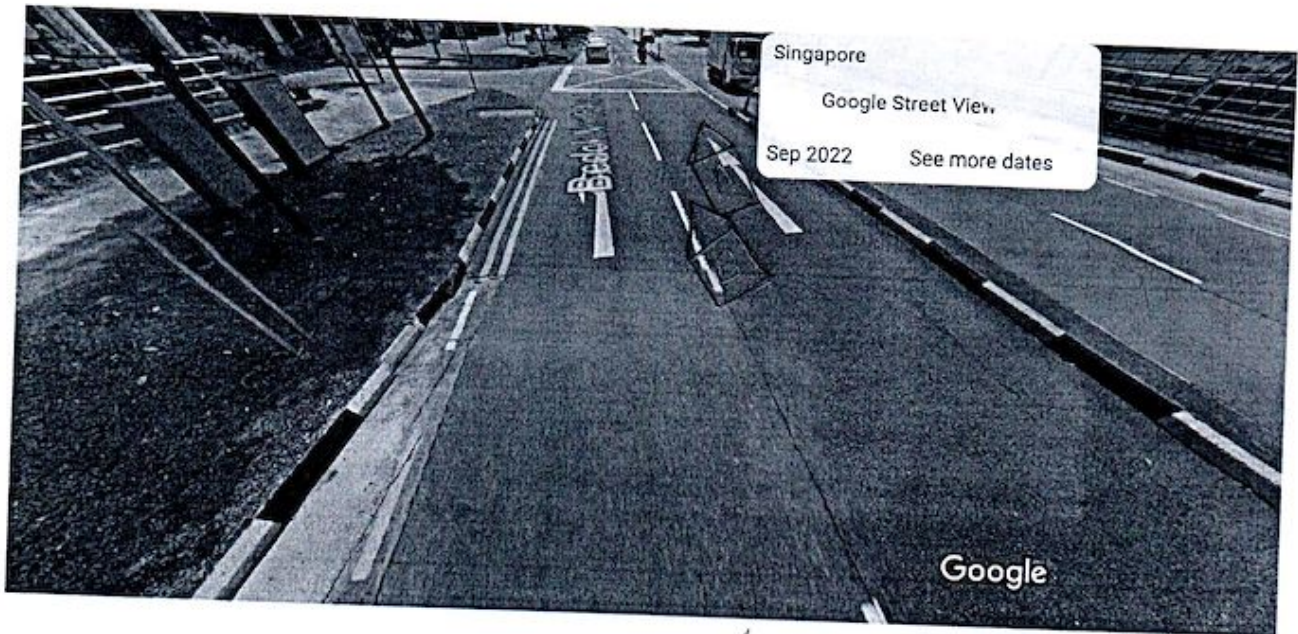


Image capture: Sep 2022 © 2023 Google



85 Bedok North Rd

All

Street View & 360°

A - SNK 2239 S

B - SNB 6097 E

4/5/23

Bedok North Road

North 511  
Food Centre  
North Rd

<https://www.google.com/maps/place/85+Bedok+North+Rd/@1.333296,103.938783,3a,90y,267.71h,44.02t/data=!3m6!1e1!3m4!1sv6qRvk7!3mQL8scz...> 1/1

Describe Circumstance of the Accident

Please Refer to the attached  
police Report  
- T/20230504/2035

Declaration

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

  
Policyholder's Signature / Date & Time  
4/5/23

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

 5/5/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

vJun2022

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# SINGAPORE POLICE FORCE

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



T/20230504/2035

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Report No. T/20230504/2035

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNK2239S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000051 72300	03/03/2023	02/03/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	TEO LEONG YE	ID No.	S9475839D
Related Vehicle	SNK2239S (Car)	Contact No.	94883037
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/05/2023	Date Discharge	04/05/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 04/05/2023, at about 0930hrs, I was travelling along Bedok North Street.

The vehicle in front of me came to a smooth stop as the traffic light turned red. As such, I followed suit. However, I later felt an impact from the left rear of my vehicle.

Both parties alighted from our respective vehicles and made a check on each other. Since no one required any immediate medical attention, we took some photos and left. I requested for the other's driver particulars however he did not provide me with it.

My in-car camera footage showed that the vehicle did not slow down despite me slowing down, and he tried to filter towards the lane on his left.

My vehicle had a dent on the spot of collision. I experience pain on my neck and back area thus proceeded to Horizon Medical Pte Ltd and was given 3 days outpatient medical leave.

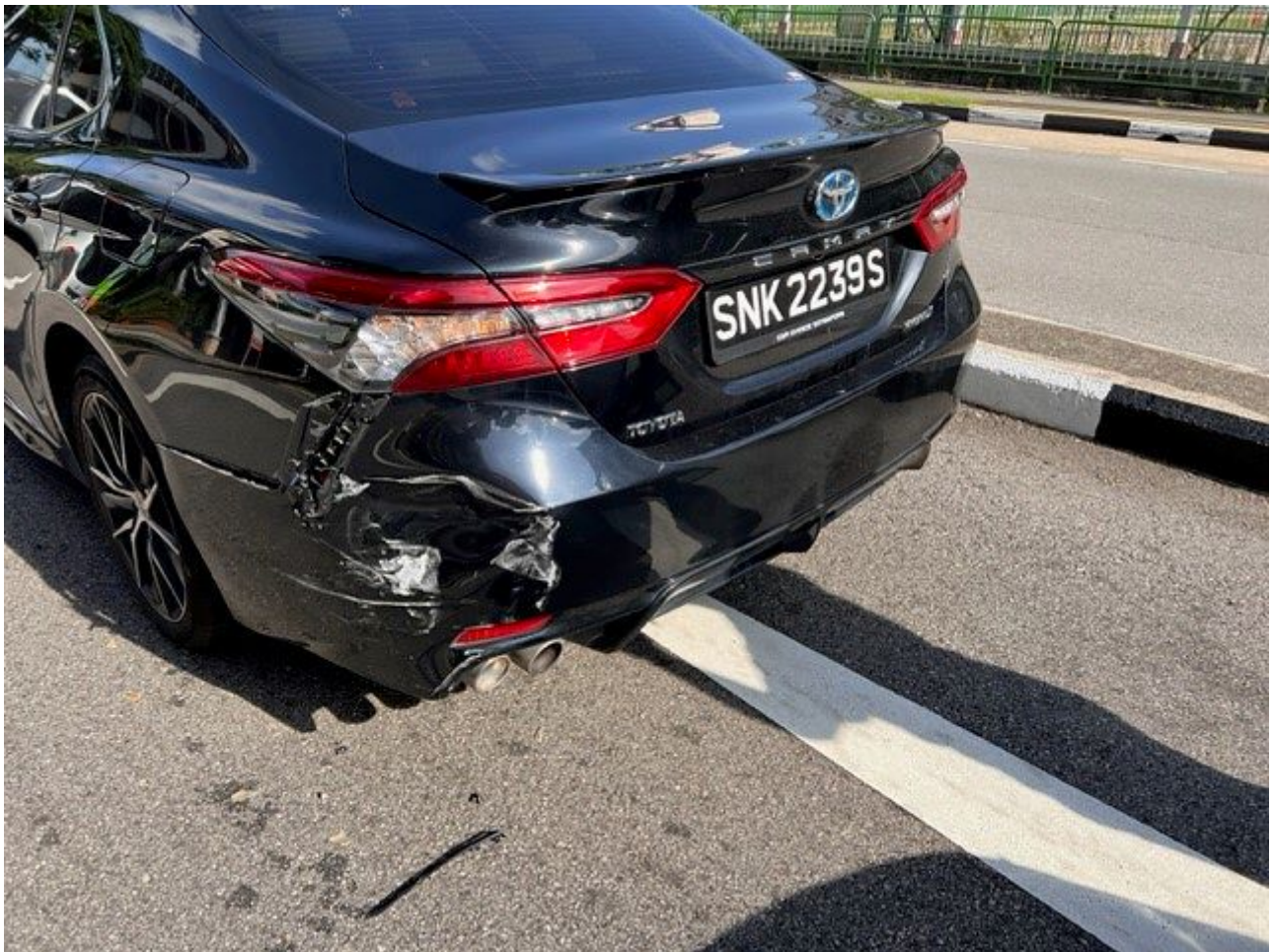






























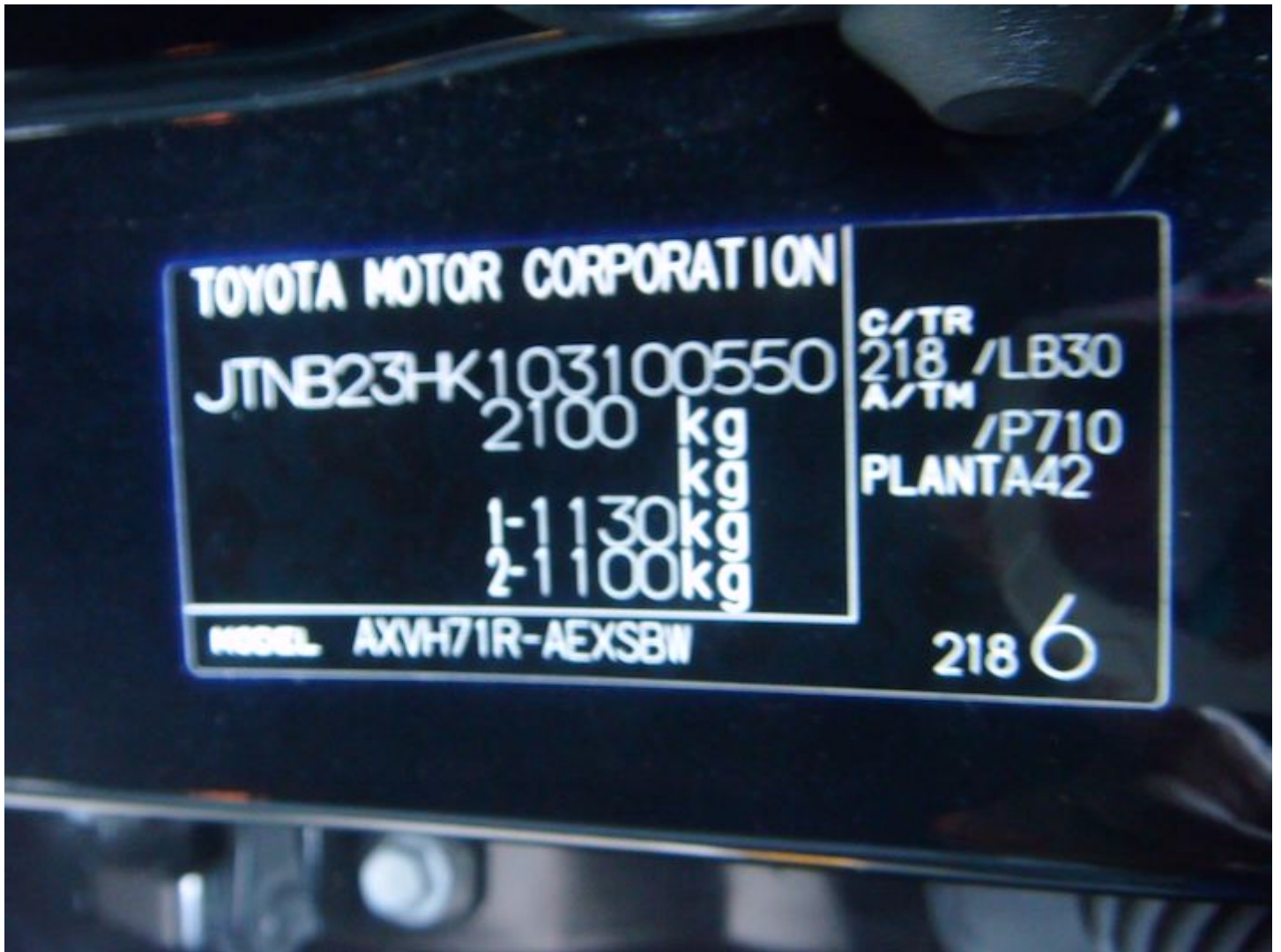













**SINGAPORE  
POLICE FORCE**


T/20230504/2035

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

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Report No. T/20230504/2035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/05/2023 11:26	Vide Report No.:	Station Diary No.: 49
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**Informant's Particulars**

Name of Informant: TEO LEONG YE	Address: APT BLK 107 ANG MO KIO AVENUE 4 #10-164 SINGAPORE 560107		
ID Type / ID No.: NRIC NO / S9475839D	Contact No.: Home/Office:                      Mobile: 94883037		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 29	Date of Birth: 14/01/1994	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: PRIVATE HIRE DRIVER	Driving Licence Information: Class: 3                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2023 09:30	Type of Location: Roundabout
Location:  BEDOK NORTH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SNB6097E	Car	SUBARU	IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG	White	Slightly Damaged	1
SNK2239S	Car	TOYOTA	CAMRY HYBRID 4DR SEDAN (AT) ELEGANCE	Black	Slightly Damaged	1





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T/20230504/2035

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Report No. T/20230504/2035

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNK2239S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000051 72300	03/03/2023	02/03/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	TEO LEONG YE	ID No.	S9475839D
Related Vehicle	SNK2239S (Car)	Contact No.	94883037
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/05/2023	Date Discharge	04/05/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

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**SINGAPORE  
POLICE FORCE**



T/20230504/2035

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

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Report No. T/20230504/2035

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
E /  
SGT 3 DOUGLAS GOH JIALE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT FAH KRUL RAZI BIN SUHAIME  
Contact No.: 65470000

NP168

Signature Of Informant:

Date/Time:  
04/05/2023 11:26

Classification Of Case:

