



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	11/05/2023 10:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/05/2023 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF TAMPINES AVE 2 AND TAMPINES AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ER3322Y
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TENG YEW WAH
NRIC No	S2163875G
Email Address	tengyewwah2007@hotmail.com
Mobile Phone No	(Phone) +65-81887255
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V010874

DRIVER

Name of Driver	TENG YEW WAH
NRIC No	S2163875G
Date Of Birth	08/03/1956
Occupation	Indoor



Date Of Driving Pass	18/04/1977
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81887255
Alt. Phone Number	-
Email Address	tengyewwah2007@hotmail.com
Address	BLK 298A COMPASSVALE STREET 04-174 SINGAPORE 541298
Address complement	-
Postcode	-
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	Collision - Head on 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	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	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 ATTACHED POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG5705M
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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 willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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 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.

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

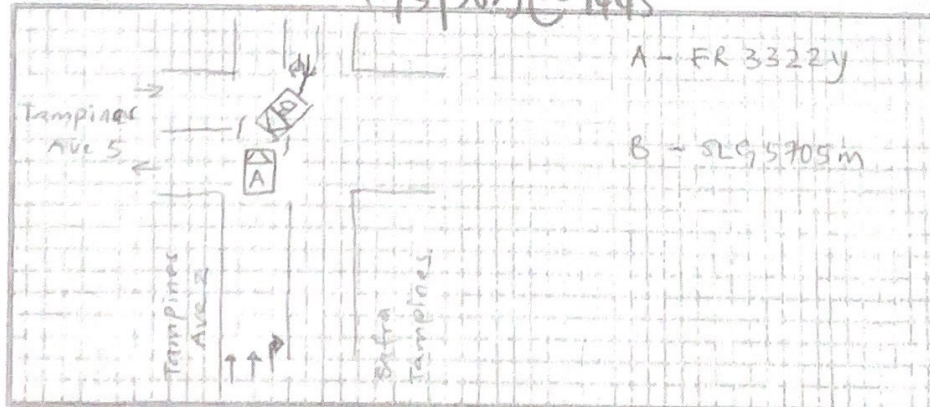
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to police report
7/20260504/2089

[A large, faint, handwritten 'Z' or '2' is visible across the middle of the form area.]

Declaration

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

[Signature]
Policyholder's Signature / Date & Time

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



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

10/5/2023 @ 1445H



**SINGAPORE
POLICE FORCE**



T/20230504/2089

1 of 3

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

Report No. T/20230504/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2023 17:42	Vide Report No.: G/20230504/0083	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: TENG YEW WAH	Address: 298A COMPASSVALE STREET #04-174 COMPASSVALE GREEN SINGAPORE 541298		
ID Type / ID No.: NRIC NO / S2163875G	Contact No.: Home/Office: Mobile: 81887255		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 67	Date of Birth: 08/03/1956	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: OFFICE MANAGER	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/05/2023 12:15	Type of Location: X-Junction
Location: TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
ER3322Y	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Red	Seriously Damaged	0
SLG5705M	Car	TOYOTA	PRIUS HYBRID 1.8 CVT		Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230504/2089

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

2 of 3

Report No. T/20230504/2089

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
ER3322Y	OVERSEAS ASSURANCE CORPORATION LIMITED	V5010874	29/12/2022	28/12/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TENG YEW WAH	ID No.	S2163875G
Related Vehicle	ER3322Y (Car)	Contact No.	81887255
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/05/2023	Date Discharge	04/05/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the abovementioned date and time, I, Teng Yew Wah (S2163875G) was driving my car bearing the plate number ER3322Y at the cross junction between Tampines Avenue 2 and Tampines Avenue 4. I was travelling straight along Tampines Avenue 2 and proceeded to cross the junction as the light was green in my favor when suddenly a car bearing the plate number SLG5705M, travelling from the opposite way, turned right abruptly making a head-to-head collision with my vehicle. The impact caused a major damage to the front bumper of my vehicle as well as the other vehicle which collided with my car. After the accident, I was assisted by bystanders off my vehicle and onto the roadside curb. I was questioned by the traffic police while I was sitting in the ambulance before finally being conveyed to Changi General Hospital. I was also given two days medical leave from 04 May 2023 to 05 May 2023. That is all.



SINGAPORE
POLICE FORCE



T/20230504/2089

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

3 of 3

Report No. T/20230504/2089

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
TP /
SC JUMILL NOEL MACADAEG
BIGUERAS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI PAN JIANHONG
Contact No.: 65476904

Signature Of Informant:

Date/Time:
04/05/2023 17:42

Classification Of Case:

NP168