

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 22:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/05/2023 08:05 (SGT)
Exact Location of Accident	Near 60 Woodlands Industrial Park D St 2, Singapore 738406
Additional Location Information	BKE EXIT TO WOODLANDS CENTRE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3546J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO NGUAN PENG
NRIC No	S7776765G
Email Address	nguanpeng@hotmail.com
Mobile Phone No	(Phone) +65-81635666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VP05032085

DRIVER

Name of Driver	TEO NGUAN PENG
NRIC No	S7776765G
Date Of Birth	16/12/1977
Occupation	Indoor

Date Of Driving Pass	24/11/2003
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81635666
Alt. Phone Number	-
Email Address	nguanpeng@hotmail.com
Address	BLK 365C SEMBAWANG CRESCENT
Address complement	#06-155
Postcode	753365
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	WYX5521
Vehicle Category	Commercial vehicle

PASSENGER 1

Name	KIRA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang North Neighbourhood Police Post
Police Station Address	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	SMR8596X
Vehicle Manufacturer	Subaru
Vehicle Model	Forester
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	TOH KIT YEE
Contact Number	(Phone) +65-97680331
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION DAMAGED
Details of property damaged in accident	REAR PORTION DAMAGED
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KIRA
Gender	Female
Phone No	(Phone) +65-86850335
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK REGIONS
Injured person in which vehicle?	SMP3546J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

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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

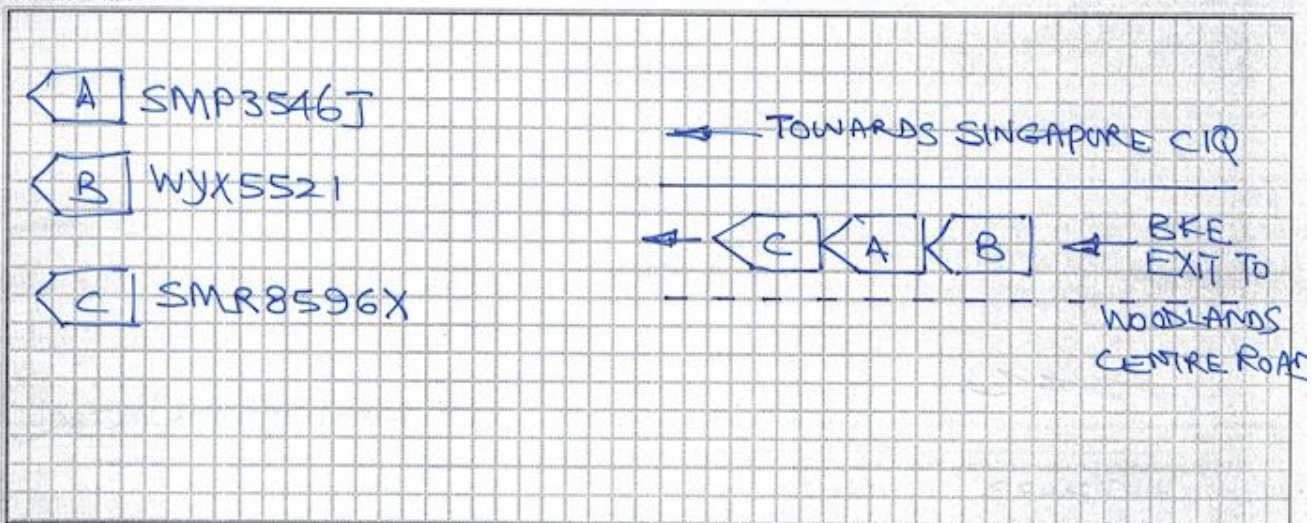
11/05/2023

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

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

Lim Auyong Victor

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

REFER TO REPORT

Declaration

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

Policyholder's Signature / Date & Time

11/05/2023

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

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

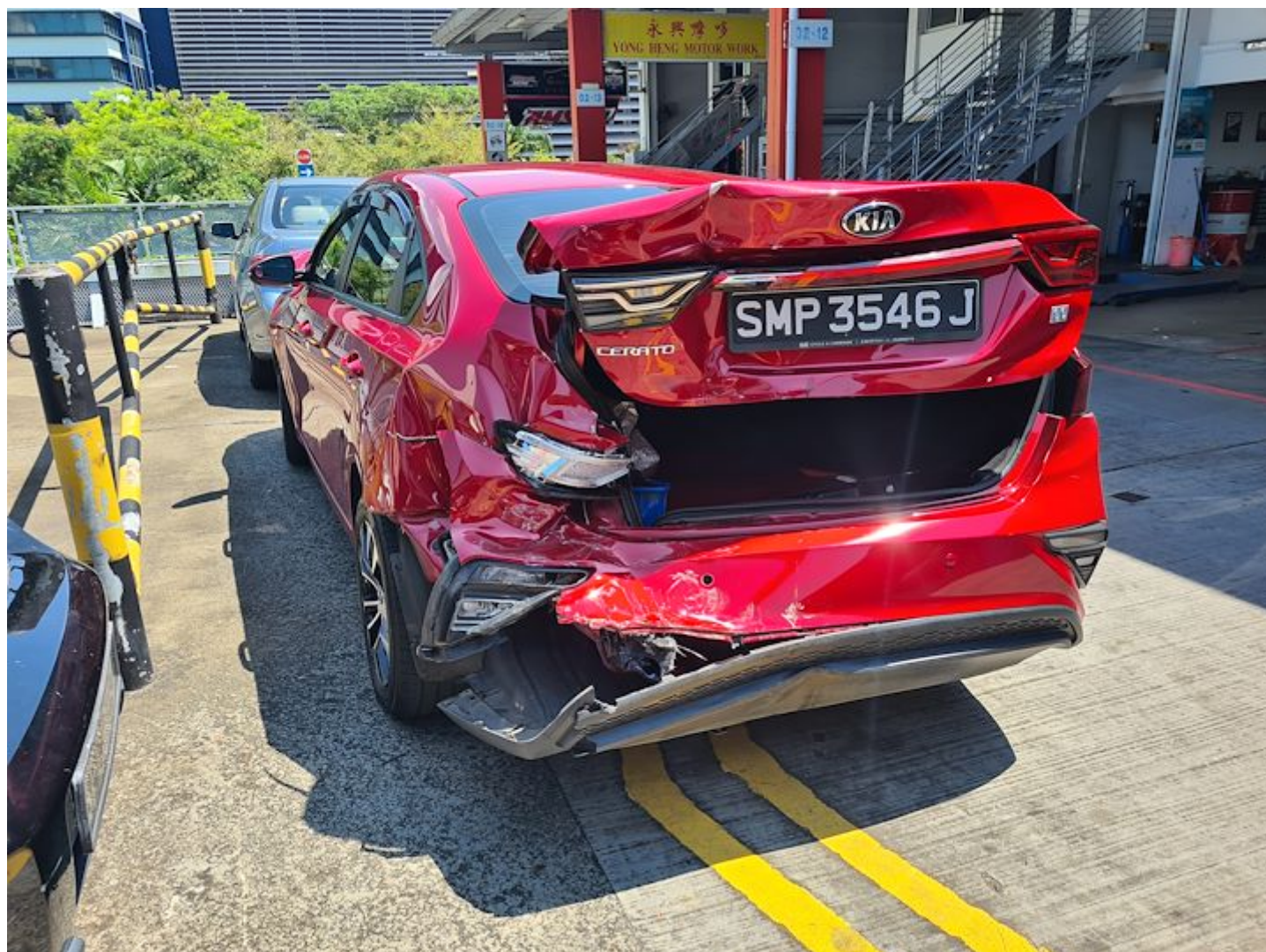
Lum Puay Hong Victor



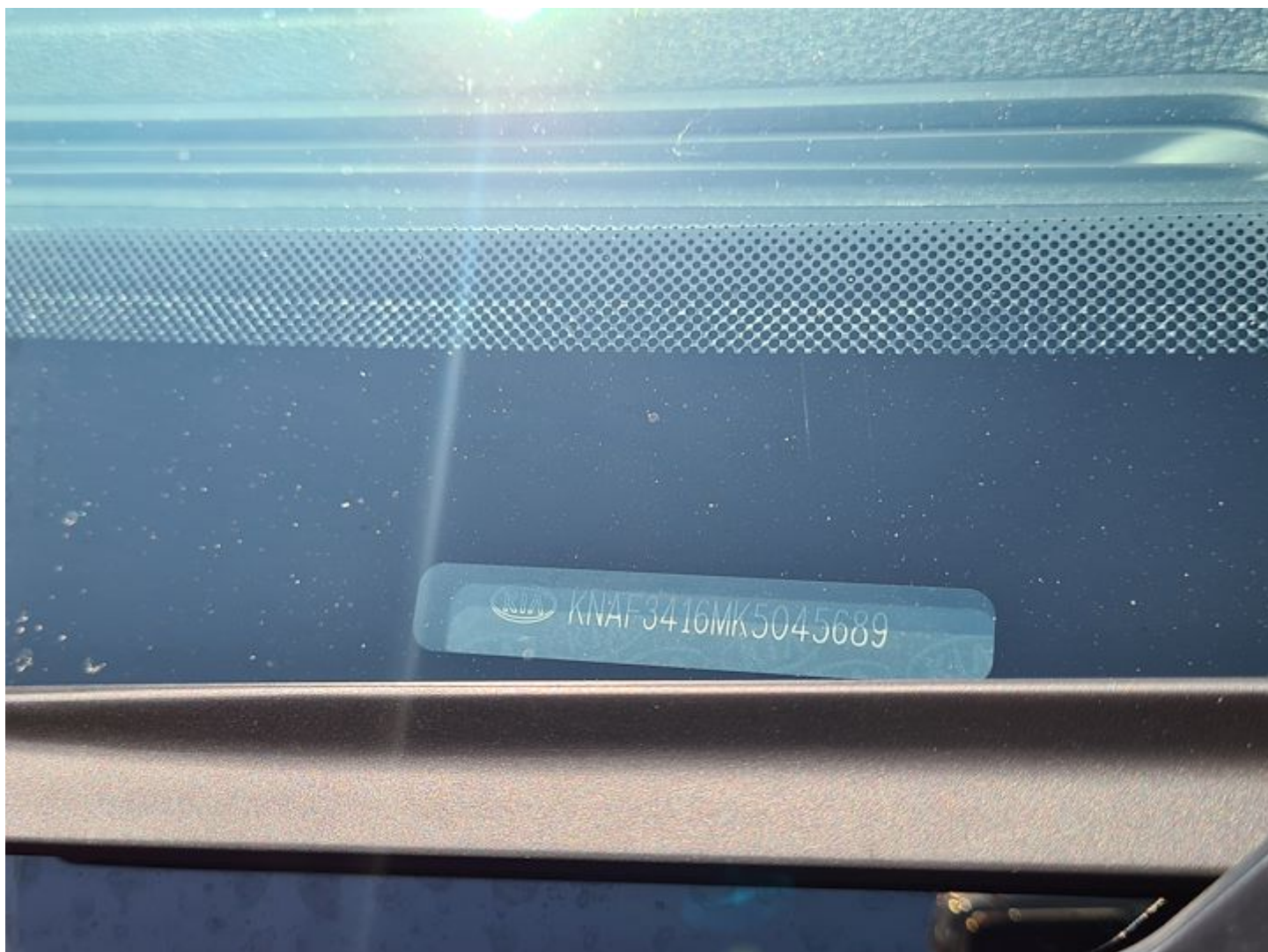










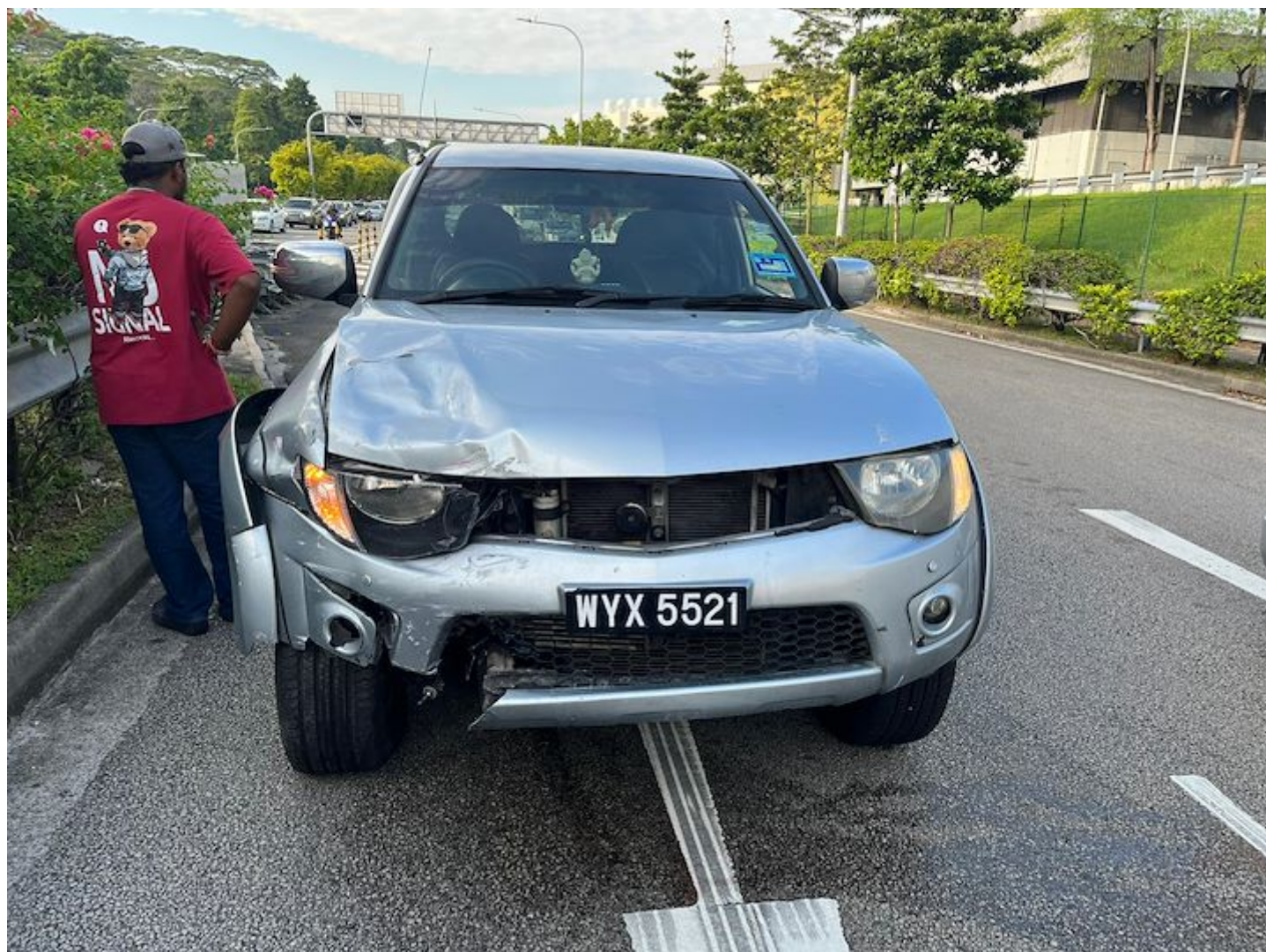
















SINGAPORE POLICE FORCE



T/20230511/2080

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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Report No. T/20230511/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2023 15:35	Vide Report No.: E/20230511/0041	Station Diary No.: 11
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Informant's Particulars

Name of Informant: TEO NGUAN PENG	Address: C4-01-09 NUSAVILLA JALAN JATI 11 TAMAN NUSA BESTARI JAYA 81300		
ID Type / ID No.: NRIC NO / S7776765G	Contact No.: Home/Office: Mobile: 91804306		
Nationality: MALAYSIAN	Email: nguanpeng@hotmail.com		
Sex: Male	Age: 45	Date of Birth: 16/12/1977	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: ENGINEER	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 11/05/2023 08:05	Type of Location:
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		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
SMP3546J	Car	KIA	CERATO 1.6(A) EX	Red	Seriously Damaged	1
SMR8596X	Car				Slightly Damaged	0
WYX5521	Pick Up	MITSUBISHI		Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999



T/20230511/2080

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Report No. T/20230511/2080

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP3546J	LONPAC INSURANCE BHD.	Z22VP05032085	24/09/2022	23/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	Kira		ID No.	NIL
Related Vehicle	SMP3546J (Car)		Contact No.	86850335
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/05/2023		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	TEO NGUAN PENG		ID No.	S7776765G
Related Vehicle	SMP3546J (Car)		Contact No.	91804306
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	Toh Kit Yee		ID No.	NIL
Related Vehicle	SMR8596X (Car)		Contact No.	97680331
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	Slight



SINGAPORE
POLICE FORCE



T/20230511/2080

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Report No. T/20230511/2080

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

CONTINUATION OF REPORT

Brief Details.

On the 11/05/2023 at a0805hrs, I was travelling along BKE exit to Woodlands Centre Road direction, at that time, I had stopped my vehicle SMP3546J behind another vehicle (SMR8596X) as the traffic lights in front was red. Moments later, I heard a very loud bang sound and felt my vehicle (SMP3546J) jolted forward. I immediately realised that the vehicle behind me (WYX5521) had collided into the rear portion of my stationary vehicle (SMP3546J). The impact was so great that it pushed my vehicle (SMP3546J) to move forward and collided into the rear portion of SMR8596X.

Next I checked with my passenger, Ms Kira if she was alright. She was in a shock and started crying.

I then alighted and check on the damages. I took photo and exchange particulars with the person involved in the accident. My car SMP3546J had damages at the front and back portion.

Later the LTA officer came to scene followed by the police, then the ambulance and the emergency tow truck.

Ms Kira told me she feel pain at the neck and back area.

My mailing address is as follows : Blk 365C Sembawang Crescent #06-155, S(753365).



**SINGAPORE
POLICE FORCE**



T/20230511/2080

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Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20230511/2080

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L/
SI MOHAMAD FAIZAL BIN
SIKEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/05/2023 15:35

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168