

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	31/05/2023 17:36 (SGT)
Reported by	Actual Driver
Date of Accident	30/05/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	210 BEDOK CENTRAL CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3451E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO SOCK HWA
NRIC No	S1514811Z
Email Address	SG86115300@GMAIL.COM
Mobile Phone No	(Phone) +65-98280634
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Allion
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131026246

DRIVER

Name of Driver	TEO MING JIE
NRIC No	S9544552G
Date Of Birth	30/11/1995
Occupation	Indoor

Date Of Driving Pass	12/08/2022
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98280634
Alt. Phone Number	-
Email Address	SG86115300@GMAIL.COM
Address	79 DAWSON ROAD #22-63
Address complement	-
Postcode	141079
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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 TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ5426C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KONG CHUNLI
NRIC No	S8266496C
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 MING JIE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJL3451E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

REFER TO
POLICE REPORT

Declaration

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



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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]


[Signature]

Policyholder's Signature / Date & Time

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

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

Sketch Plan

<p>310 BEDOK CENTRAL CP</p>	<p></p>	<p>A: SJL3451E B: SLJ5426C</p>
<p>↑</p>		



**SINGAPORE
POLICE FORCE**



T/20230531/7019

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

1 of 3

Report No. T/20230531/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2023 12:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEO MING JIE			Address: 79 DAWSON ROAD #22-63 SINGAPORE 141079		
ID Type / ID No.: NRIC NO / S9544552G			Contact No.: Home/Office: Mobile: 98280634		
Nationality: SINGAPORE CITIZEN			Email: TEOMINGJIE@HOTMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 30/11/1995	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: SALES			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: 30/05/2023 12:30	Type of Location: ONE WAY CAR PARK
Location: NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJL3451E	Car				Slightly Damaged	0
SLJ5426C	Car				Slightly Damaged	0



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Traffic Police
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Tel No: 65470000

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Report No: T/20230531/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO MING JIE	ID No.	S9544552G
Related Vehicle	SJL3451E (Car)	Contact No.	98280634
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details:

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SJL3451E SAW A VEHICLE, BEARING CAR PLATE SJL5426C WAS STATIONARY ON THE RIGHT WITHOUT HAZARD LIGHT.

SO I SLOWLY PASSED HER FROM THE LEFT.

WHILE PASSING THRU, SUDDENLY, SHE REVERSED WITH HER STEERING WHEEL LOCKED TO THE RIGHT AND BANG HARD ONTO THE RIGHT PORTION OF MY VEHICLE WITH HER GETGO VEHICLE, FRONT LEFT PORTION.

WE ALIGHTED AND EXCHANGED PARTICULARS.

AFTER THE ACCIDENT, I SUFFERED DIZZINESS, HEADACHE AND PAIN ON MY NECK. SO I WENT TO LOH & LOH CLINIC & SURGERY AT AMK TO CONSULT A DOCTOR. I RECEIVED 5 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20230531/7019

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

3 of 3

Report No. T/20230531/7019

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
31/05/2023 12:42

Classification Of Case:

NP168