

# 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 .....	17/07/2023 13:03 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	15/07/2023 05:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF NEW BRIDGE ROAD/EU TONG SEN ST
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMR3550K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ZODAK PTE LTD
Company Reg No .....	2XXXXX966H
Email Address .....	ZODAK.CARS@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91398600
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
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 .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2002741462

### DRIVER

Name of Driver .....	TEO HENG HUAT
NRIC No .....	SXXXX133I
Date Of Birth .....	22/02/1952
Occupation .....	Outdoor

Date Of Driving Pass .....	23/03/1972
Driving experience .....	51 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83799209
Alt. Phone Number .....	-
Email Address .....	ZODAK.CARS@GMAIL.COM
Address .....	BLK 170 LOR 1 TOA PAYOH
Address complement .....	#02-1106
Postcode .....	310170
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Major/Minor Rd
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 .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO 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 .....	SD CARD TAKEN BY TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	QX693Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	SGT AFIQ
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

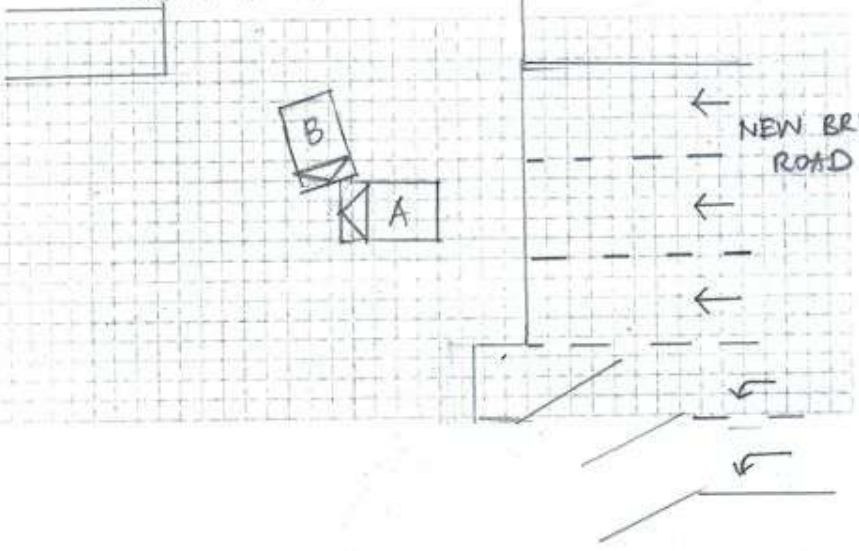
Name of injured person .....	TEO HENG HUAT
Gender .....	Male
Phone No .....	(Phone) +65-83799209
Address .....	BLK 170 LOR 1 TOA PAYOH
Address Complement .....	#02-1106
Post Code .....	310170
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMR3550K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# 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.

 Policyholder's Signature / Date & Time  Sketch Plan	 Driver's Signature (if driver is not the policyholder) / Date & Time EUTONG SEN ST	 Witnessed by Reporting Centre Personnel 
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## Describe Circumstances of the Accident

Please refer to police report attached.

7/20230715/2049

## Declaration

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 & Time



Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20230715/2049

1 of 3

Report No. T/20230715/2049

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/07/2023 12:02		Vide Report No.: A/20230715/0072		Station Diary No.: 55
<b>Informant's Particulars</b>				
Name of Informant: TEO HENG HUAT		Address: APT BLK 170 LORONG 1 TOA PAYOH #02-1106 SINGAPORE 310170		
ID Type / ID No.: NRIC NO / S0126133I		Contact No.: Home/Office: Mobile: 83799209		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 71	Date of Birth: 22/02/1952	Type of Informant: Rider	
Race: Chinese		Language: English		
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 15/07/2023 05:50	Type of Location: X-Junction
Location:  NEW BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX693Y	Car				Slightly Damaged	0
SMR3550K	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230715/2049

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20230715/2049

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
F /  
SGT 2 TAN CHEE HEIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Signature Of Informant:

Date/Time:  
15/07/2023 12:02

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20230715/2049

2 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20230715/2049

**CONTINUATION OF REPORT**

Rider			
Name	TEO HENG HUAT		ID No. S0126133I
Related Vehicle	QX693Y (Car)		Contact No. 83799209
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/07/2023 at about 0550hrs, I was driving my vehicle, SMR3550K, along the junction of New Bridge Road and Upper Pickering Street. When I was at the middle of the junction, a police car, QX693Y, had made a right turned and collided at the front of my vehicle. Traffic police recorded my statement and my in-car camera SD card was seized. I was provided with a case card and was advised to lodge a police report.

My front right bumper was dented and broken.