

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	20/07/2023 16:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/07/2023 11:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YUAN CHING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK6807B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO YEOW WAH
NRIC No	SXXXX690I
Email Address	TEOEUGENE700@GMAIL.COM
Mobile Phone No	(Phone) +65-97707749
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALPHARD 7-SEATER 2.5 SC CVT
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	2493

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5136385811

DRIVER

Name of Driver	TEO YEOW WAH
NRIC No	SXXXX690I
Date Of Birth	11/04/1980
Occupation	Indoor

Date Of Driving Pass	06/11/2020
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97707749
Alt. Phone Number	-
Email Address	TEOEUGENE700@GMAIL.COM
Address	BLK 438A BUKIT BATOK WEST AVE 8 #05-1019
Address complement	-
Postcode	S651438
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	Raining
Road Surface	Wet

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

PLEASE REFER ATTACHMENT : T/20230720/7007

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	YM9939T
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 YEOW WAH
Gender	Male
Phone No	(Phone) +65-97707749
Address	BLK 438A BUKIT BATOK WEST AVE 8 #05-1019
Address Complement	-
Post Code	S651438
Approximate Age Years Old	43
Injuries Sustained	-
Injured person in which vehicle?	SNK6807B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GETUDOM NATTAPAT
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNK6807B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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")

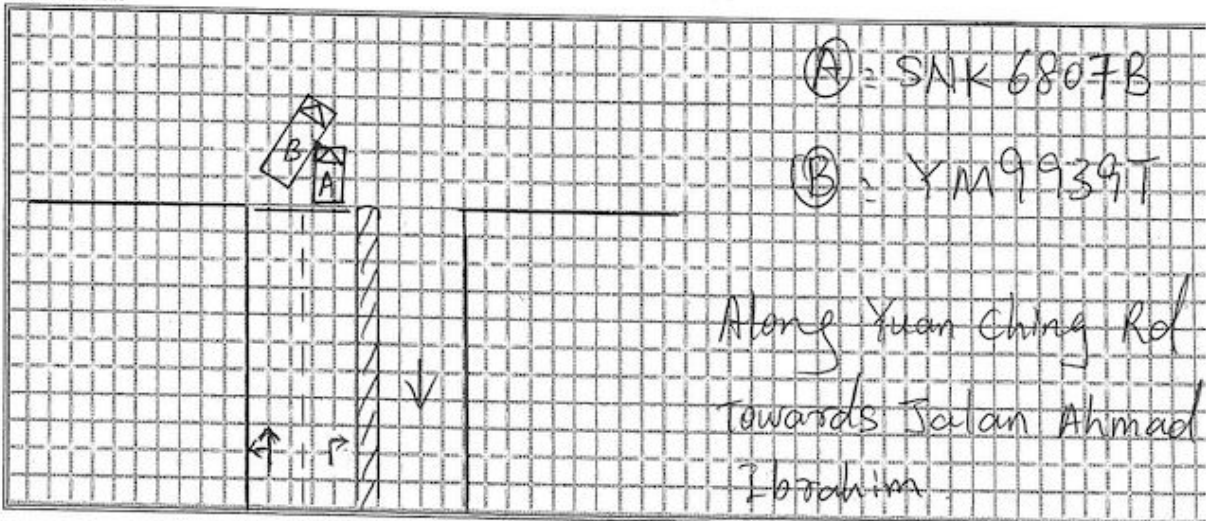
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

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

Sketch Plan

Describe Circumstance of the Accident


pls Refer TO police Report!


Report NO : T/20230720/7007


Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


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)



















**SINGAPORE
POLICE FORCE**



T/20230720/7007

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

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Report No. T/20230720/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2023 09:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEO YEOW WAH			Address: 438A BUKIT BATOK WEST AVENUE 8 #05-1019 SINGAPORE 651438		
ID Type / ID No.: NRIC NO / S8009690I			Contact No.: Home/Office: Mobile: 97707749		
Nationality: SINGAPORE CITIZEN			Email: TEOEUGENE700@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 11/04/1980	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: SERVICES MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/07/2023 11:05	Type of Location: X-Junction
Location: YUAN CHING ROAD				
Weather: Raining		Road Surface: Wet		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNK6807B	Car	TOYOTA	ALPHARD 7-SEATER 2.5 SC CVT	White		1
YM9939T	Lorry		DYNA			0

Details of Vehicle Insurance

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



T/20230720/7007

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

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Report No. T/20230720/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNK6807B	NTUC Income Insurance Co-Operative Limited	5136385811	17/05/2023	16/05/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	GETUDOM NATTAPAT		ID No.	NIL
Related Vehicle	SNK6807B (Car)		Contact No.	NIL
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/07/2023		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight	
Driver				
Name	TEO YEOW WAH		ID No.	S8009690I
Related Vehicle	SNK6807B (Car)		Contact No.	97707749
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/07/2023		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight	

Brief Details.

ON 19/07/2023 AT ABOUT 11:04 AM, I WAS DRIVING MY CAR (SNK 6807B) ALONG YUAN CHING ROAD TOWARDS JALAN AHMAD IBRAHIM IN RIGHT LANE WITH 1 PASSENGER (MY WIFE) INSIDE MY CAR. UPON REACHING THE TRAFFIC JUNCTION AHEAD, THE TRAFFIC LIGHT GREEN IN MY FAVOUR, SO I PROCEED FURTHER TO TURN RIGHT IN MY OWN LANE.

WHILE I WAS JUST ABOVE CROSSING OVER THE TRAFFIC JUNCTION, THERE'S A LORRY (YM 9939T) WHO WAS DRIVING ON MY LEFT-HAND SIDE SUDDENLY SWERVE INTO MY LANE WITHOUT CHECKING AND GIVE WAY TO THE ONCOMING TRAFFIC FROM HIS RIGHT-HAND SIDE AND THEN COLLIDED ONTO FRONT LEFT PORTION OF MY CAR. I WISH TO STATE THAT THE LANE OF THE LORRY TRAVELLING ONLY ALLOWS TO GO STRAIGHT AND TURN LEFT. MY CAR HAS INSTALLED CAR CAM RECORDER AND I AM WILLING TO PROVIDE MY ACCIDENT VIDEO FOOTAGE FOR INSURANCE CLAIM PURPOSES.

DUE TO THE ACCIDENT IMPACT, I AND MY WIFE FELT DISCOMFORT SO WE WENT TO SEEK



**SINGAPORE
POLICE FORCE**



T/20230720/7007

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

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Report No. T/20230720/7007

CONTINUATION OF REPORT

FOR MEDICAL ASSIST AND WERE GIVEN 5 DAYS OF MC. WE'LL OBSERVE OUR CONDITION AND WILL FOLLOW UP OUR MEDICAL TREATMENT IF NECESSARY.

HENCE, I HERETO LODGE THIS REPORT TO CLAIM AGAINST THE LORRY (YM 9939T)'S INSURANCE FOR MY ACCIDENT DAMAGES.



**SINGAPORE
POLICE FORCE**



T/20230720/7007

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

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Report No. T/20230720/7007

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
LEE GUANG HUI
Contact No.: 65476204

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

Date/Time:
20/07/2023 09:49

Classification Of Case:

NP168