

# 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 12:37 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	19/07/2023 12:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	RAFFLES LINK (INFRONT MARINA SQUARE)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNG4870B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TENG CHENG JUN, CLINT
NRIC No .....	SXXXX342A
Email Address .....	TENGCLINT@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91123375
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Attrage
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 .....	1193

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNW00018592200

### DRIVER

Name of Driver .....	TENG CHENG JUN, CLINT
NRIC No .....	SXXXX342A
Date Of Birth .....	12/04/1992
Occupation .....	Outdoor

Date Of Driving Pass .....	12/03/2012
Driving experience .....	11 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91123375
Alt. Phone Number .....	-
Email Address .....	TENGCLINT@GMAIL.COM
Address .....	BLK 455 SIN MING AVENUE
Address complement .....	#07-475
Postcode .....	570455
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 TO THE POLICE REPORT: T/20230720/7014

#### 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 .....	SW18D
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 .....	TENG CHENG JUN, CLINT
Gender .....	Male
Phone No .....	(Phone) +65-91123375
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON NECK, SHOULDER, BACK, CHEST AND HEAD (7 DAYS MC).
Injured person in which vehicle? .....	SNG4870B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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)**

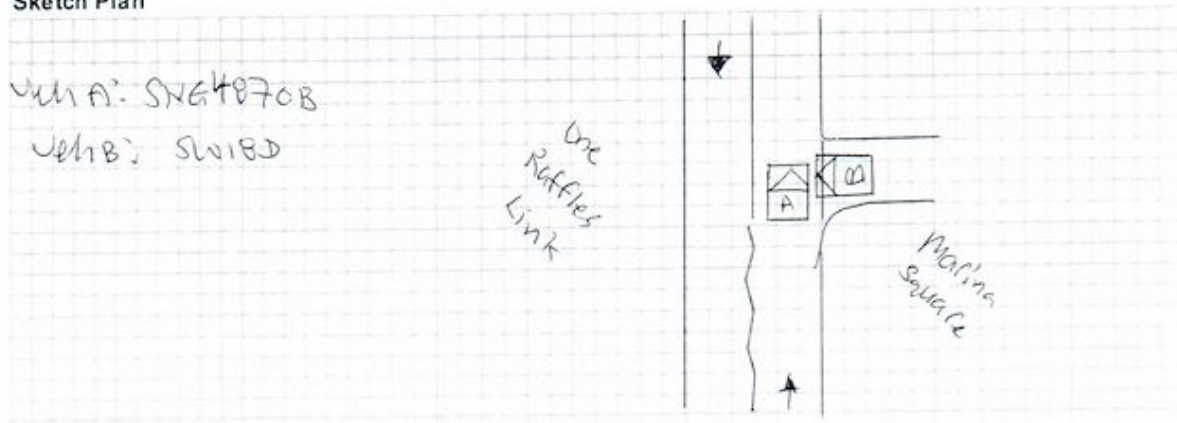
I understand, acknowledge, agree and consent that:

- (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.

CL  
Policyholder's Signature / Date & Time

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

Rm 20/7/23  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

A hand-drawn sketch on lined paper showing a road layout. The sketch includes several arrows indicating directions of travel. One arrow points towards the top right, another towards the bottom left, and a third towards the bottom right. The date '7/20/2014' is written in the center of the sketch. The sketch is drawn in blue ink.

## 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











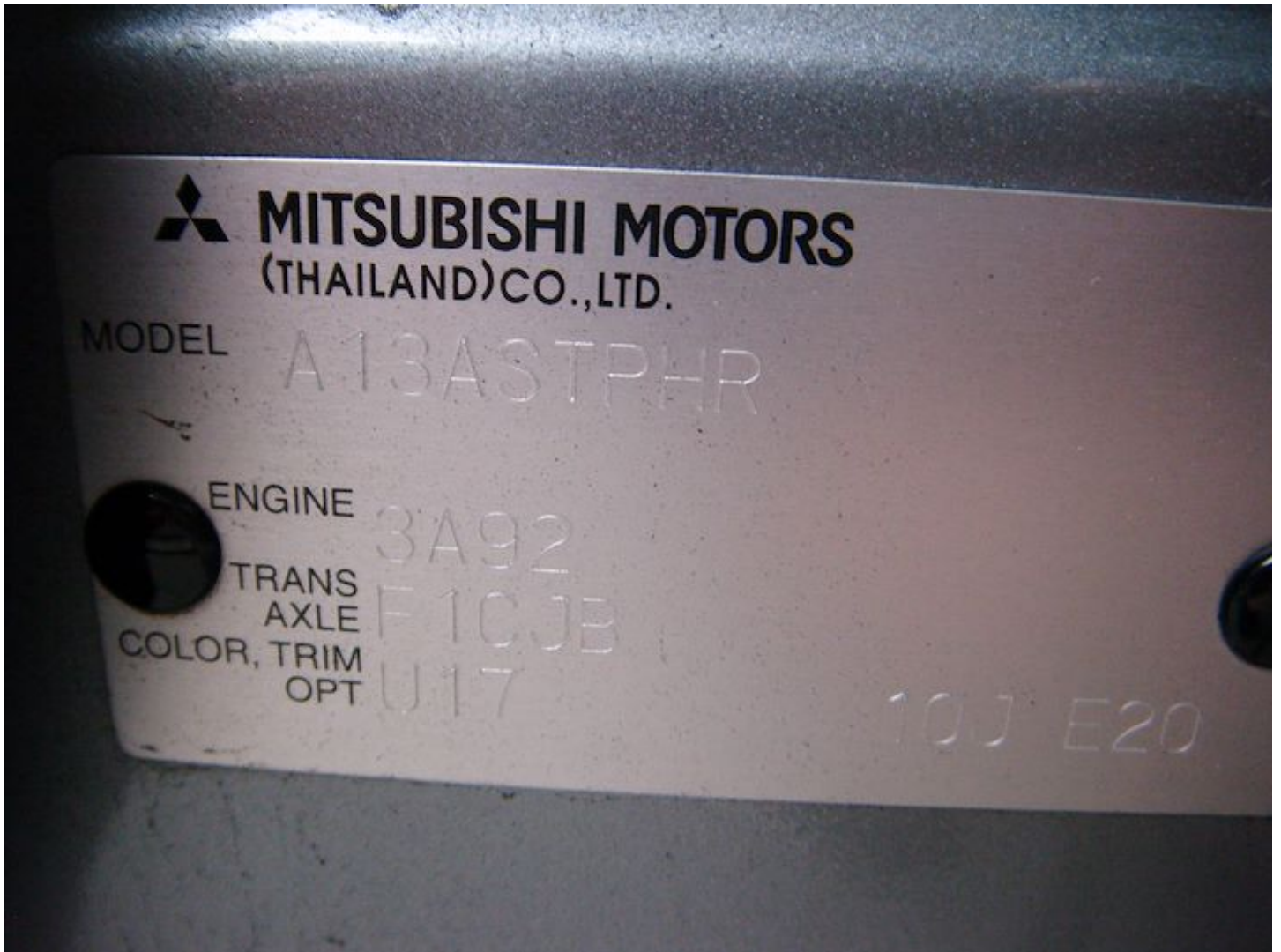
















# SINGAPORE POLICE FORCE



T/20230720/7014

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

1 of 3

Report No. T/20230720/7014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2023 11:26	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: TENG CHENG JUN, CLINT	Address: 455 SIN MING AVENUE #07-475 SINGAPORE 570455
ID Type / ID No.: NRIC NO / S9212342A	Contact No.: Home/Office: Mobile: 91123375
Nationality: SINGAPORE CITIZEN	Email: TENGCLINT@GMAIL.COM
Sex: Male Age: 31 Date of Birth: 12/04/1992	Type of Informant: Driver
Race: Chinese	Language: English
Occupation: PRIVATE HIRE DRIVER	Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/07/2023 12:25	Type of Location: Straight Road
Location:  RAFFLES BOULEVARD				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SNG4870B	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Grey		0
SW18D	Car	MERCEDES BENZ				0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNG4870B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000185 92200	30/09/2022	29/09/2023



**SINGAPORE  
POLICE FORCE**



T/20230720/7014

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

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Report No. T/20230720/7014

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TENG CHENG JUN, CLINT	ID No.	S9212342A
Related Vehicle	SNG4870B (Car)	Contact No.	91123375
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date	19/07/2023	Date	19/07/2023
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated date and time. I, Vehicle A (SNG4870B) was travelling straight on Raffles Link. Suddenly, Vehicle B (SW18D) dashed out from the exit of Marina Square without stopping at the stop link and collided onto my vehicle right portion.

I wish to state that due to the huge impact i felt pain on my neck,shoulder,back,chest and head. I went to consult a doctor @ Intemedical Kovan and was given 7 days mc.



**SINGAPORE  
POLICE FORCE**



T/20230720/7014

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

3 of 3

Report No. T/20230720/7014

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
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 11:26

Classification Of Case:

NP168