

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 First Submission	25/10/2024 19:03 (SGT)
Reported by	Actual Driver
Date of Accident	24/10/2024 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SUNGEI KADUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1107U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMBI DESIGN
Company Reg No	53311087D
Email Address	KENGSENG527@GMAIL.COM
Mobile Phone No	(Phone) +65-92977355
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1560
Vehicle Fuel	Diesel
First Registration Date	08/09/2015
Chassis no	VF77F9HF8FJ562855
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z24VC05026420

DRIVER

Name of Driver	TEO KENG SENG
NRIC No	S1441220D
Date Of Birth	11/06/1960
Occupation	Indoor
Driving Pass Date	31/07/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92977355
Alt. Phone Number	-
Email Address	KENGSENG527@GMAIL.COM
Address	BLK 402 WOODLANDS ST 41 #04-134
Address complement	-
Postcode	730402
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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?	Yes
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	GBF4070R
Vehicle Manufacturer	-
Vehicle Model	-
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 KENG SENG
Gender	Male
Phone No	(Phone) +65-93977355
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE1107U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT 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 my lawyers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.

COMBI DESIGN

Reg No 53311087D
50 Choa Chu Kang Track 14
Singapore 698940
HP: 92977355

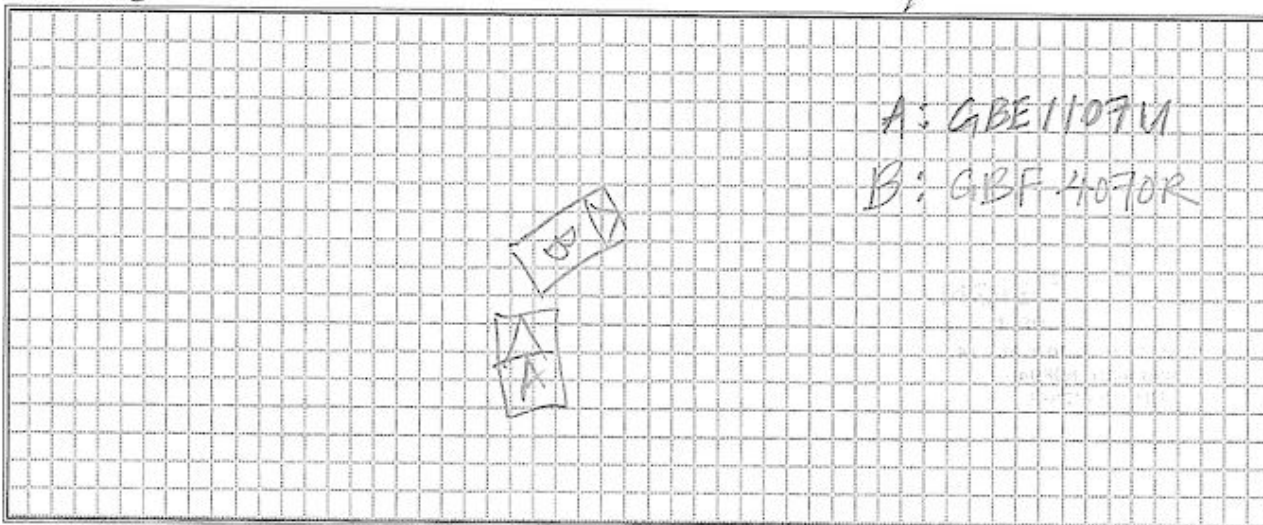



Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

I HIT THE TRUCK REAR PORTION
AS HE WAS LIKE STOPPING OR NOT STOPPING.
IT WAS GETTING DARK. MY CAR WAS
TOWED BY TRAFFIC POLICE.

I WENT TO HOSPITAL BY AMBULANCE.

Declaration

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

COMBI DESIGN

Reg No 53311087D

50 Choa Chu Kang Track 14

Singapore 698940

HP: 92977355

Policyholder's Signature / Date & Time

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

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

vJun2022

2

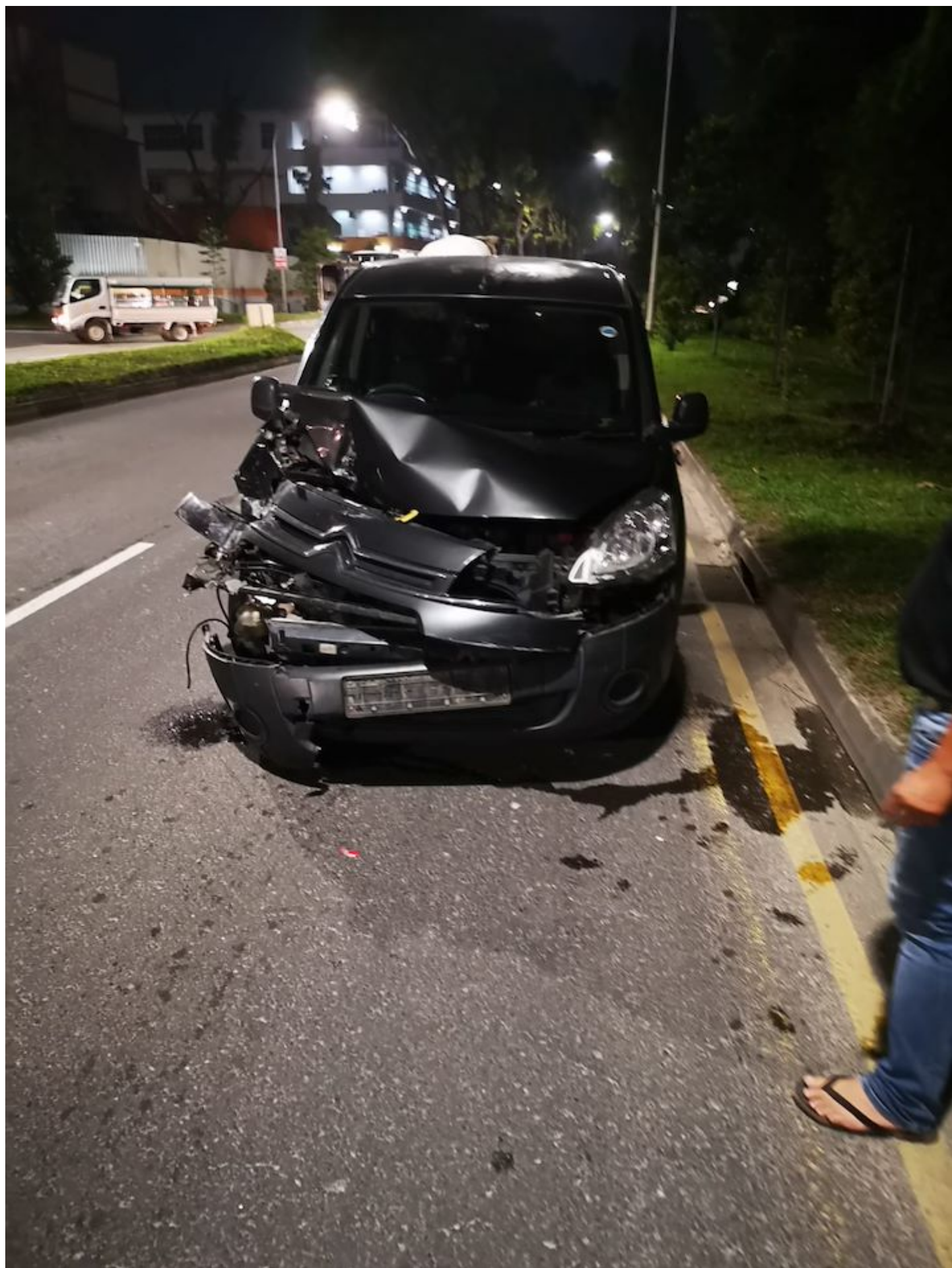


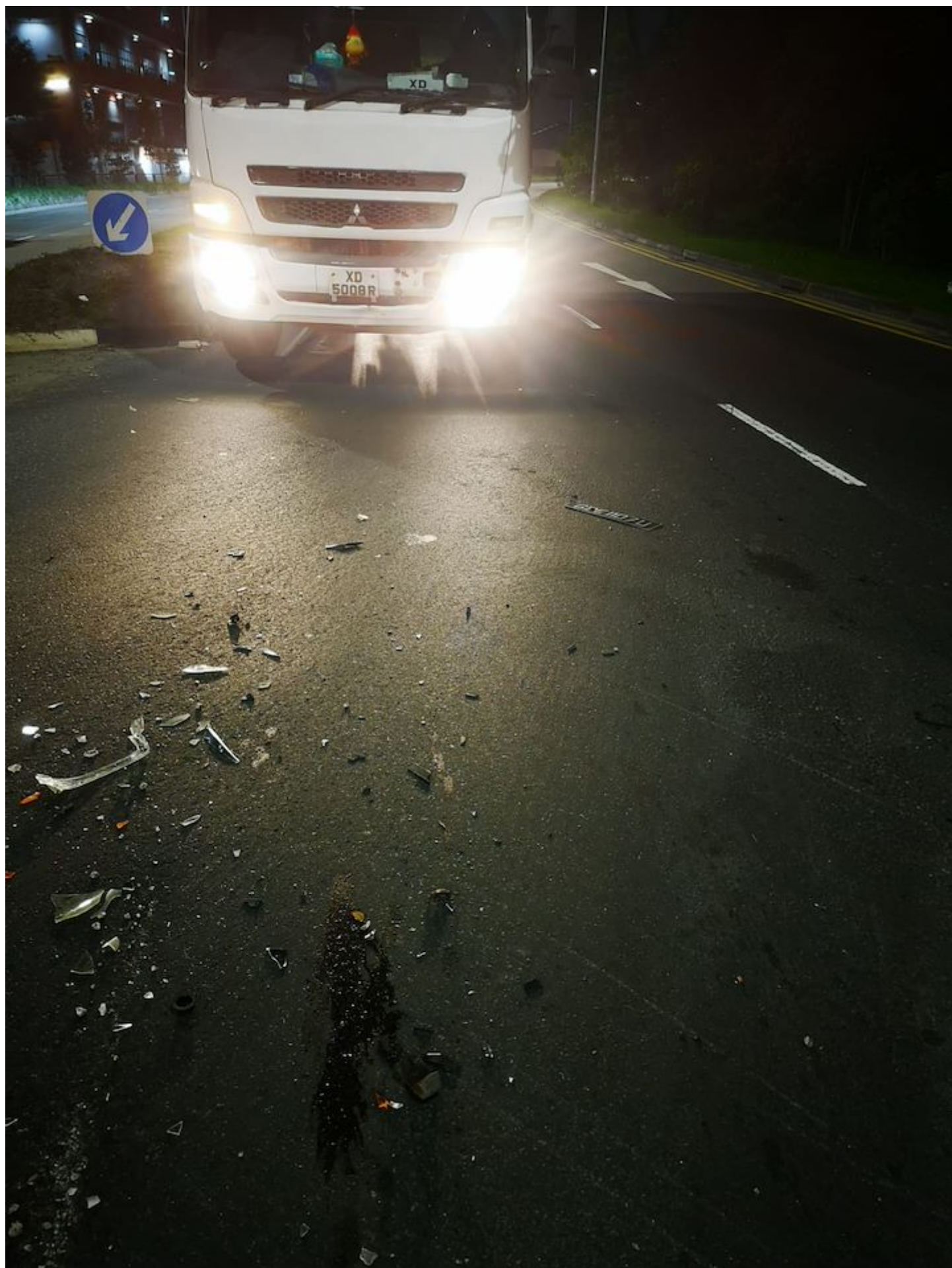












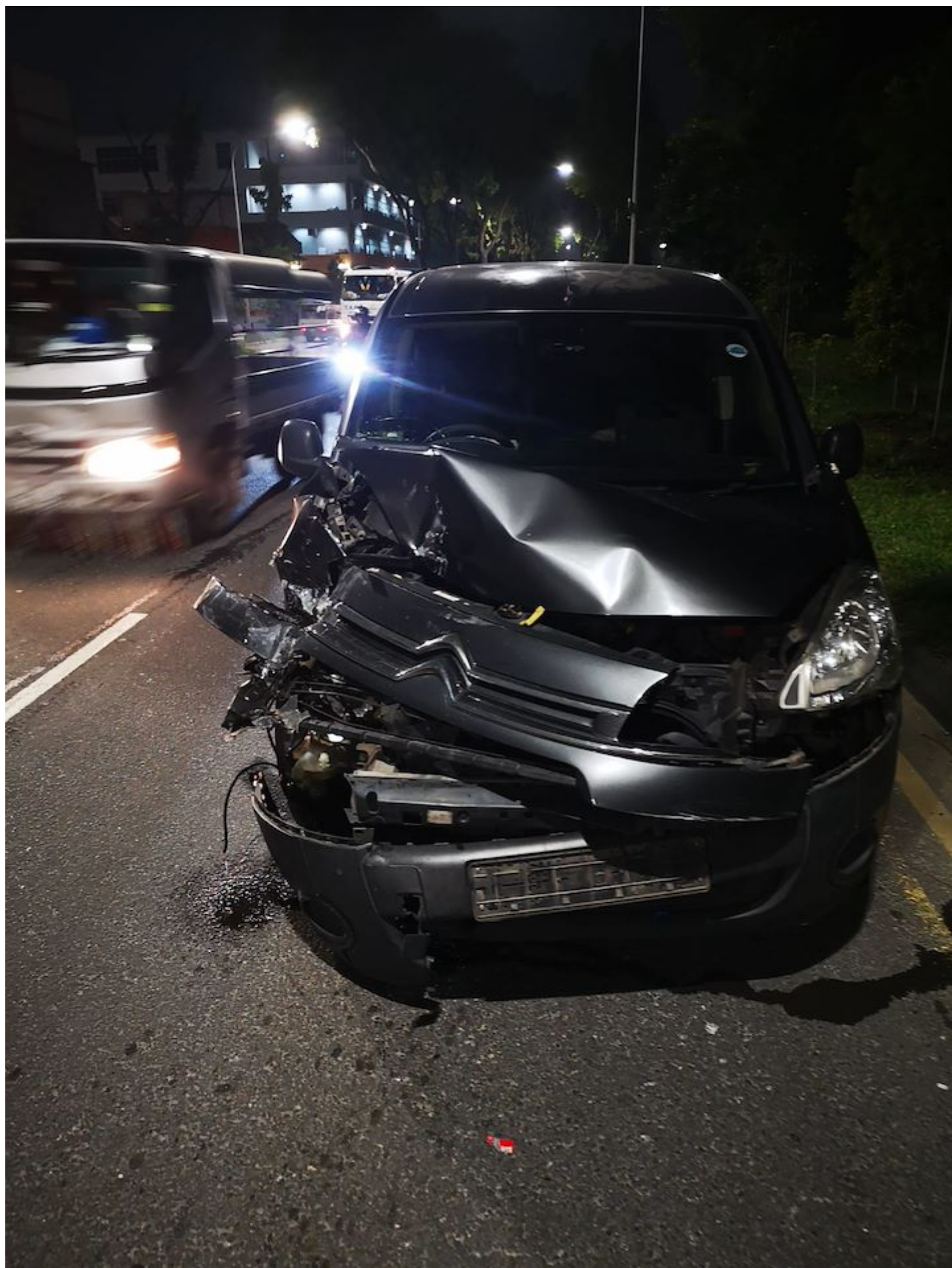














**SINGAPORE
POLICE FORCE**



T/20241025/2043

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20241025/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2024 12:42		Vide Report No.: ..		Station Diary No.: 72
Informant's Particulars				
Name of Informant: TEO KENG SENG		Address: APT BLK 402 WOODLANDS STREET 41 #04-134 SINGAPORE 730402		
ID Type / ID No.: NRIC NO / S1441220D		Contact No.: Home/Office: Mobile: 92977355		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 11/06/1960	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: Self-employed		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/10/2024 19:30	Type of Location: Straight Road
Location: SUNGEI KADUT DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBE1107U						0
GBF4070R						0

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



**SINGAPORE
POLICE FORCE**



T/20241025/2043

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20241025/2043

CONTINUATION OF REPORT

Driver			
Name	TEO KENG SENG		ID No. S1441220D
Related Vehicle	GBE1107U		Contact No. 92977355
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
Driver			
Name	KYAW SWA AUNG		ID No. S7064823G
Related Vehicle	GBF4070R		Contact No. 97548625
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

On 24/10/2024 at about 1930hrs, I was driving along Sungei Kadut Dr at the junction of Sungei Kadut Street 6 on the first lane out of a two lanes road. At that juncture, I was driving behind a lorry, GBF4070R and I saw that the said lorry, GBF4070R was filtering to his right with the intention to turn into Sungei Kadut Street 6. However, when he was turning right into Sungei Kadut Street 6, I thought that he was about to turn completely towards Sungei Kadut Street 6, but he did not and came to a complete stop. When he came to a complete stop, the right rear of the said lorry was protruding out to my lane and I did not stop in time as such, my right bumper collided onto the right rear of the said lorry.

Immediately after the accident, I got a shock and did not stop immediately. However, I managed to stop right ahead. Thereafter, I came down and exchanged details with the driver. I also called for my daughter who assisted me to call for the ambulance and police assistance. The ambulance came first, and I was conveyed to Woodlands Health Hospital in conscious state due to chest pain caused by the airbag prior to the arrival of police. I was discharged on the same day on 24/10/2024 and I did not take any medical leave as I am self-employed.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20241025/2043

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Report No. T/20241025/2043

CONTINUATION OF REPORT

Signature of Officer Recording The J/ SGT 2 ONG WEI SONG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SI YEO HOE HUAT, TONY Contact No.: 97393866	

NP168

Signature Of Informant:	
Date/Time: 25/10/2024 12:42	
Classification Of Case:	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SK0J24AP0003 Vehicle Registration No: GBE 1107U
 Name (as shown in NRIC): TEO KENG SENG NRIC/FIN/Passport No: 220D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 92977355
 Email Address: _____
 Date of Accident: 24. OCT. 2024 Time of Accident: 1930 HRS
 Place of Accident: SUNGEI KADUT DRIVE
 Insurance Company: LONPAC

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ENCLOSED POLICE REPORT.

Policyholder / Actual Driver's Signature
 Date:

26/10

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: