

## 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 .....	17/12/2024 10:11 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	16/12/2024 10:26 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PASIR PANJANG ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBM6554L
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LEE BOON PRECISION ENGINEERING SERVICE
Company Reg No .....	B53179643D
Email Address .....	SALES@LEEBOON.COM.SG
Mobile Phone No .....	(Phone) +65-98168737
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
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? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	1498
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7240120714

#### DRIVER

Name of Driver .....	TEO TING WEI
NRIC No .....	S9324692F
Date Of Birth .....	08/07/1993
Occupation .....	Outdoor
Driving Pass Date .....	24/10/2012
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	12 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90584692
Alt. Phone Number .....	-
Email Address .....	TINGWEI93@HOTMAIL.COM
Address .....	53 NORMANTON PARK
Address complement .....	-
Postcode .....	-
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 .....	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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	CAREY LIM
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER ATTACHED

#### 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 .....	SLU4519S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SHAH
Contact Number .....	(Phone) +65-89494699
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 TING YUN SHAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACKLASH PAIN
Injured person in which vehicle? .....	GBM6554L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	CAREY LIM YUN SHAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACKLASH PAIN
Injured person in which vehicle? .....	GBM6554L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

# SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 16/12/2024 10:26AM		
Accident Location: PASIR PANJANG ROAD.		
Vehicle Number: 6BM 6554L	Make/Model: NISSAN NV200 PETROL	
Policy Holder Name: TEO KOON HAK.		
NRIC/ROC: 53179143D	Mobile: +6598168737	
Email: sales@leeboon.com.sg		
Insurance Company: AIG		
Policy Number: 7240120714	Policy Period:	
Policy Coverage: Comprehensive (✓)	Third Party ( )	Third Party Fire & Theft ( )
State Action Taken: Claim Own Policy ( ) Claim Third Party (✓) Reporting Only ( )		
Driver Name: TEO TING WEI tingwei93@hotmail.com		
NRIC: S9324692F	Mobile: 90584692	
Date Of Birth: 08/07/1993	Driving Pass Date: 24/10/2012	
Gender: Male (✓) Female ( )	Occupation: Indoor (✓) Outdoor ( )	
Address: 53 NORMANTON PARK #08-40 SINGAPORE 117282.		
Is driver an employee of the insured's company: Yes ( ) No (✓)		
If No, Relationship of the driver with the insured:		
Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children (✓) Sibling ( ) Hirer ( )		
Weather Conditions: Clear (✓) Raining ( ) Others ( )		
Road Surface: Dry (✓) Wet ( ) Others ( )		
Was any foreign vehicle involved in this accident? Yes ( ) No (✓)		
Was anybody injured in the Accident? Yes (✓) No ( )		
Was there any video captured by Car Camera? Yes (✓) No ( )		
Number of Passenger (Including Driver):		
1) ( )	2) (✓)	3) ( ) 4) ( )
Was the accident reported to the police? Yes ( ) No (✓) "attach Police Report, if any"		
3 <sup>rd</sup> Party Name: SHAH		
Vehicle Number: SLU4519S.	Make & Model: KIA.	
NRIC:	Mobile No: +65 89494699	
Witness Details (if any): NA		
NAME:	NRIC:	Mobile No:
Other remark: if any		



SKETCH PLANIMPORTANT NOTICE

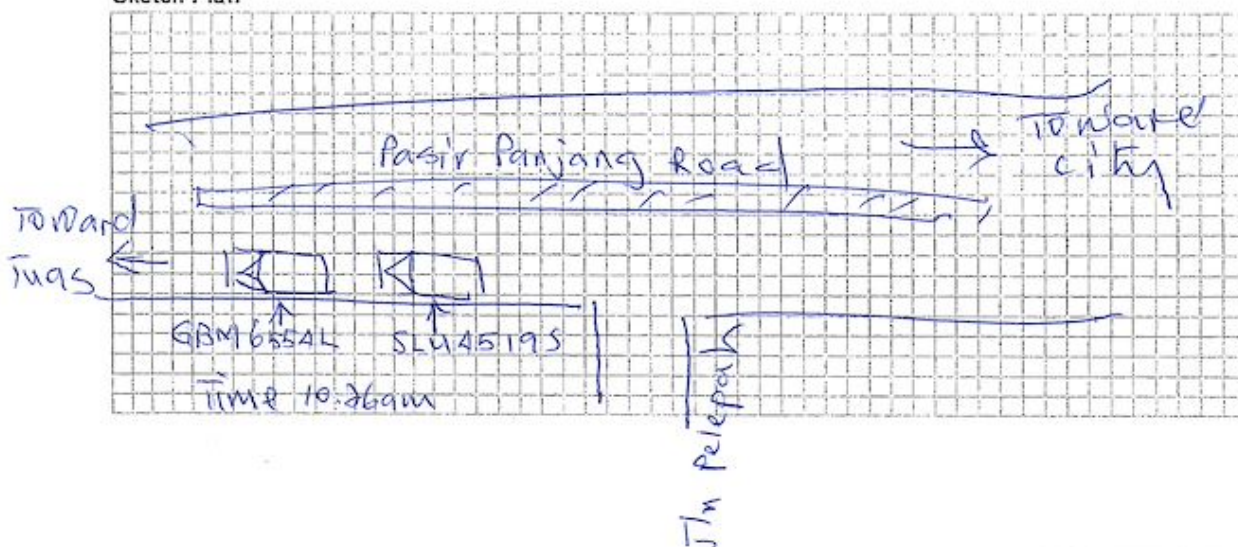
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.
  - (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  
14:22H  
16/12/2024

Driver's Signature (if driver is not the policyholder) / Date & Time  
16/12/2024 14:22H

Witnessed by Reporting Centre Personnel


Sketch Plan


**Describe Circumstances of the Accident**

I was driving along Pasir Panjang Road on 16/12/2024 10.26Am and a car hit me from behind.

**Declaration**

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

  
 16/12/24 1422h  
 Policyholder's Signature / Date & Time

  
 16/12/24 1422h  
 Driver's Signature (if driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Centre Personnel

























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66SS00206 / GST Reg. No.: M400017735

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No : ST1C24CH0001 Vehicle Registration No: GBM6554L  
LEE BOON PRECISION ENGINEERING SERVICE  
 Name (as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : BXXXXX643D  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 16/12/2024 Time of Accident : 10:26 (SGT)  
 Place of Accident : PASIR PANJANG ROAD  
 Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

**(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:

AMEND DATE OF ACCIDENT

AMEND INJURY STATUS

  
 \_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date: 17/12/2024

  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: TAN CHONG MOTOR SALES PTE LTD  
 NRIC/FIN No.: 913 Bukit Timah Road  
 Date: Singapore 589623  
Tel: 6466 7711 Fax: 6469 7472

**DOCTORS INC. MEDICAL GROUP**

178 TOA PAYOH CENTRAL #01-206 , SINGAPORE 310178

Tel1: 63563633 Fax: 63562622

GST Reg No : 200502234Z

**TAX INVOICE**

CAREY LIM YUN SHAN

53 NORMANTON PARK

#08-40

S(117282)

Invoice No. : 221058

Our Ref : 110025

Date : 16 Dec 2024

Patient : CAREY LIM YUN SHAN(SXXXX154A)

Attending Doctor : DR KEVIN LOY HENG JUEN

Description	Qty	Fee
ANAREX	20.00 tabs	\$9.00
KEFENTECH PLASTER	1.00 pkts	\$10.00
CONSULTATION		\$28.00
Total Amount Payable		\$47.00
Receipt No. 268899 - CASH	Payment Received	\$47.00
Outstanding Balance		\$0.00

Price payable inclusive of GST : \$3.88

All Cheques should be crossed and made payable to :

DOCTORS INC MEDICAL GROUP PTE LTD or Paynow to 200502234Z

This is a computer generated invoice which does not require a signature



**DOCTORS INC. MEDICAL GROUP**

178 TOA PAYOH CENTRAL #01-206 , SINGAPORE 310178

Tel1: 63563633 Fax: 63562622

GST Reg No : 200502234Z

**TAX INVOICE**

TEO TING WEI

53 NORMANTON PARK

#08-40

S(117282)

Invoice No. : 221059

Our Ref : 110024

Date : 16 Dec 2024

Patient : TEO TING WEI(SXXXX692F)

Attending Doctor : DR KEVIN LOY HENG JUEN

Description	Qty	Fee
ANAREX	20.00 tabs	\$9.00
KEFENTECH PLASTER	1.00 pkts	\$10.00
CONSULTATION		\$28.00
Total Amount Payable		\$47.00
Receipt No. 268900 - CASH		<b>Payment Received</b> \$47.00
		<b>Outstanding Balance</b> \$0.00

Price payable inclusive of GST : \$3.88

All Cheques should be crossed and made payable to :

DOCTORS INC MEDICAL GROUP PTE LTD or Paynow to 200502234Z

This is a computer generated invoice which does not require a signature

**DOCTORS INC. MEDICAL GROUP**  
178 TOA PAYOH CENTRAL #01-206 , SINGAPORE 310178  
Tel1: 63563633 Fax: 63562622

## Medical Certificate

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Date : 16 Dec 2024

MC No. : 0000203232

This is to certify that :

Name : CAREY LIM YUN SHAN

NRIC : S9438154A

is Unfit for Duty for 2 days

from 16 Dec 2024 to 17 Dec 2024 inclusive.

**DR LOY HENG JUEN KEVIN**  
MB.B.S. (Singapore)  
Family Physician  
MCR No.: 06513G

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DR KEVIN LOY HENG JUEN  
MCR : M06513G

*\*This certificate is not valid for absence from court attendance.*

DOCTORS INC. MEDICAL GROUP  
178 TOA PAYOH CENTRAL #01-206 , SINGAPORE 310178  
Tel1: 63563633 Fax: 63562622

### Medical Certificate

Date : 16 Dec 2024

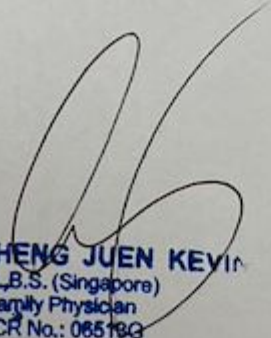
MC No. : 0000203231

This is to certify that :

Name : TEO TING WEI

NRIC : S9324692F

is Unfit for Duty for 2 days  
from 16 Dec 2024 to 17 Dec 2024 inclusive.

  
DR LOY HENG JUEN KEVIN  
M.B.,B.S. (Singapore)  
Family Physician  
MCR No.: 06513G

DR KEVIN LOY HENG JUEN  
MCR : M06513G

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