

## 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 Authorised 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 Report	16/10/2018 15:49
Date Of Accident	09/10/2018 17:45
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT7363T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPREME CLEANING PTE LTD
Co Reg No	201001363M
Email Address	ANTONIO@SUPREMECLEANING.SG
Mobile Phone No	
Alternative Phone No	OFFICE-81185910

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300-2.5 D (M)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA343212
Cover Note Number	

### Driver

Name of Driver	TEOW SWEE GUAN
NRIC No	S1558896I
Date Of Birth	22/04/1962
Occupation	INDOOR
Date Of Driving Pass	04/11/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82358202
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 421 BEDOK NORTH ROAD #13-601 SINGAPORE
Postcode	460421
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 526 BEDOK NORTH STREET 3 #01-448 , <b>POSTCODE:</b> 460526 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4429999 - <b>FAX NO:</b> 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6083K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	GBD6138C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan


### SKETCH PLAN


#### 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 Authorised 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

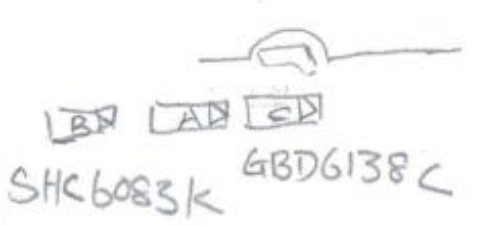


  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

	<p><b>Vehicle</b></p> <p>A -</p> <p>B -</p> <p><b>Legend</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">               Vehicle         </div> <div style="text-align: center;">               Motorcycle         </div> </div>
---	---

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/10/2018, Around 5:45pm. I was driving along Airport Boulevard. Vehicle C in front of me suddenly brake due to a bus came out from bus stop. I also applied my brake and stop. Suddenly, I feel an impact from the back, and the impact cause my van push forward to hit the vehicle c. It was a taxi (SHC 6083K) hit my van.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



# Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

<b>1</b> Date of accident <u>9/10/18</u> Time <u>7:45</u>		<b>2</b> Exact location of accident <u>Airport Boulevard</u>		<b>3</b> Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
<b>4</b> Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		<b>5</b> Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____	
				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

**Registration No. (VEHICLE A)** GT 7363T

**6** Insured / policyholder (see insurance cert.)  
 Name Supreme Cleaning  
 (capital letters) PL  
 Address 1 Bukit Batok St  
22 #02-04 8659592  
 NRIC / Passport no. 201001363M  
 Tel no. (from 9am till 5pm) \_\_\_\_\_  
 HP 8118 5910

**7** Vehicle  
 Make, type mit L300 P/van

**8** Insurance company  
AXA ☐ C ☒ TPFT ☐ TPO  
 Does the policy cover damage to vehicle A?  
 No ☒ Yes ☐  
 Policy No. GA343212

**9** Driver ☐ Same as Owner  
 Name TEOW Swee Guan  
 (capital letters) \_\_\_\_\_  
 NRIC / Passport no. S15588961  
 Class of licence 3  
 HP 8235 8202  
 Gender Male ☒ Female ☐

**12 CIRCUMSTANCES**  
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Overtaking
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Hit
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Phs, Explosion or Ignoring
<input type="checkbox"/>	Stop
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Object
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

**Registration No. (VEHICLE B)** SHC6083K

**6** Insured / policyholder (see insurance cert.)  
 Name \_\_\_\_\_  
 (capital letters) \_\_\_\_\_  
 Address \_\_\_\_\_  
 NRIC / Passport no. \_\_\_\_\_  
 Tel no. (from 9am till 5pm) \_\_\_\_\_  
 HP \_\_\_\_\_

**7** Vehicle  
 Make, type \_\_\_\_\_

**8** Insurance company  
☐ C ☐ TPFT ☐ TPO  
 Does the policy cover damage to vehicle B?  
 No ☐ Yes ☐  
 Policy No. (if available) \_\_\_\_\_

**9** Driver (See driving licence)  
 (if different from insured B above)  
 Name \_\_\_\_\_  
 (capital letters) \_\_\_\_\_  
 NRIC / Passport no. \_\_\_\_\_  
 Class of licence \_\_\_\_\_  
 HP \_\_\_\_\_  
 Gender Male ☐ Female ☐

**10** Indicate the point of initial impact with an arrow (→)

**11** Visible damage to vehicle A

**13** My remarks

**13** Sketch of accident when impact occurred **12**

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

**REFER TO ATTACHED**

Reference to attached sketch is one of the sketches on page 2

**15** Signatures of drivers

**A**

**10** Indicate the point of initial impact with an arrow (→)

**11** Visible damage to vehicle B

**14** My remarks

**B**

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

# Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any):			
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all)		Email: <u>antonio@supremeclearing.sg</u>		
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner: _____ state the vehicle number and name of issuer of driver's own vehicle (where applicable): _____				
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____				
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present: _____ Tel no: _____				
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	<u>22/4/62</u>	Indoor	Outdoor	<u>4/11/1982</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Driver or person in charge of vehicle at the time of accident (including insured)	Date		Offence		Penalty
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)	
		<u>E98D6138</u>			
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station: _____		<u>KAKI BUKIT NPP</u>		
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____				
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>	
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
	16 Speed of vehicles	A _____ km/hr	B _____ km/hr		
	17 What warnings were given by driver or other party? _____				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____				
	20 If your vehicle is commercial, state weight of load carried at time of accident: _____				
Declaration	21 State how accident happened, width of roads, speed limits, etc. (Refer to attached)				
	22 State number of Passengers (including Driver) _____				
	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____			Date _____	
	Driver's signature (if driver is not the policyholder) _____			Date _____	

POLICE REPORT

ANNEX E

NOTICE OF REPORTING

This is to confirm that Teow Swee Guan, NRIC: S15588961, has reported to the Police a non-injury traffic accident which occurred at Changi Airport Expressway Towards PIE on 09/10/2018 at 05:45PM involving the following vehicles:

GT7363T (Mitsubishi / Blue)

GBD6138C (Fiat / White)

SHC6083K (Silver Cab Taxi)

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Kaki Bukit NPP  
4526 Bedok North Street 3  
1-448 Singapore 460526  
Tel: 1800-4429999

Rank / Name of Issuing officer: SSGT Imilaz

Date: 09/10/2018

Time: 1858hrs

S/D Ref: 22

Police Post/ Unit: Kaki Bukit NPP

Original - To be issued to informant  
Duplicate- to be submitted to Traffic Police



DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S15588961**

Name  
**TEOW SWEE GUAN**

Birth Date: **22 Apr 1962**  
Issue Date: **04 Nov 2003**

1000975919H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S15588961**

Name  
**TEOW SWEE GUAN**

张瑞元

Race  
**CHINESE**

Date of birth  
**22-04-1962**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**

5239594

CLASS 3 Motor Cars and Motor Tractors the  
which unladen does not exceed 2500

Licence No: **S15588961**

5239594

NRIC No. **S15588961**

Date of Issue  
**29-10-2013**

Address  
**APT BLK 421 BEDOK NORTH ROAD  
#13-601  
SINGAPORE 460421**

Accident Photo



Accident Photo





Accident Photo



Accident Photo



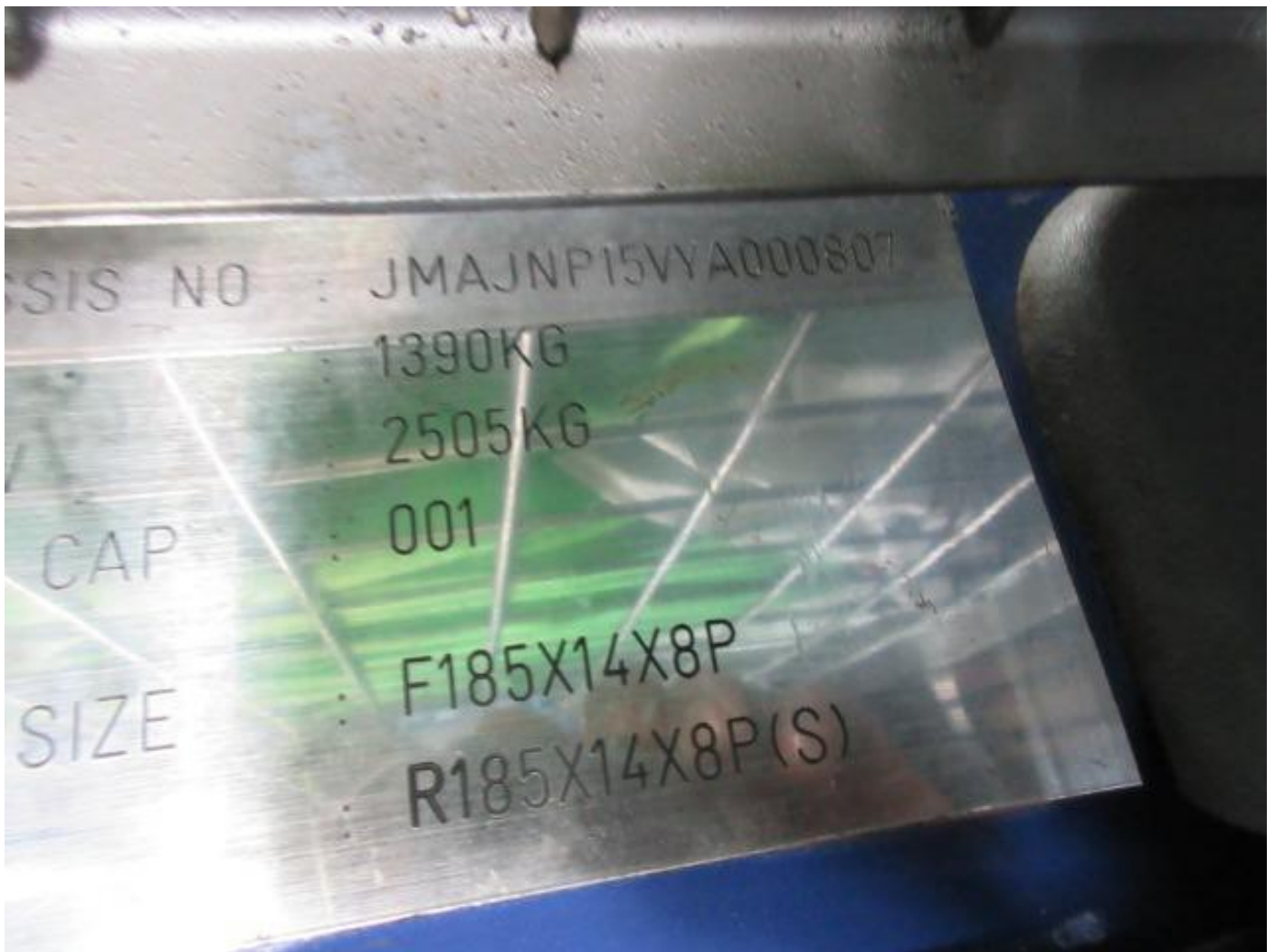


Accident Photo



Accident Photo







Accident Photo

