

## 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	17/02/2020 15:52
Date Of Accident	14/02/2020 16:20
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6155S
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#### Insured/Policyholder

Name Of Registered Owner	FULL YEE RENOVATION & CONSTRUCTION PTE LTD
Co Reg No	201221089D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68533982

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA456170
Cover Note Number	

#### Driver

Name of Driver	TEO SWEE WAH
Passport No/FIN	F8011278P
Date Of Birth	05/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93834882
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	10 ADMIRALTY STREET #04-56
Postcode	757693
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 (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - 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	PA4355E
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA8067E
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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 INJURED PERSON 1**

Name TEO SWEE WAH

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? YP6155S

Were seat belts worn? YES

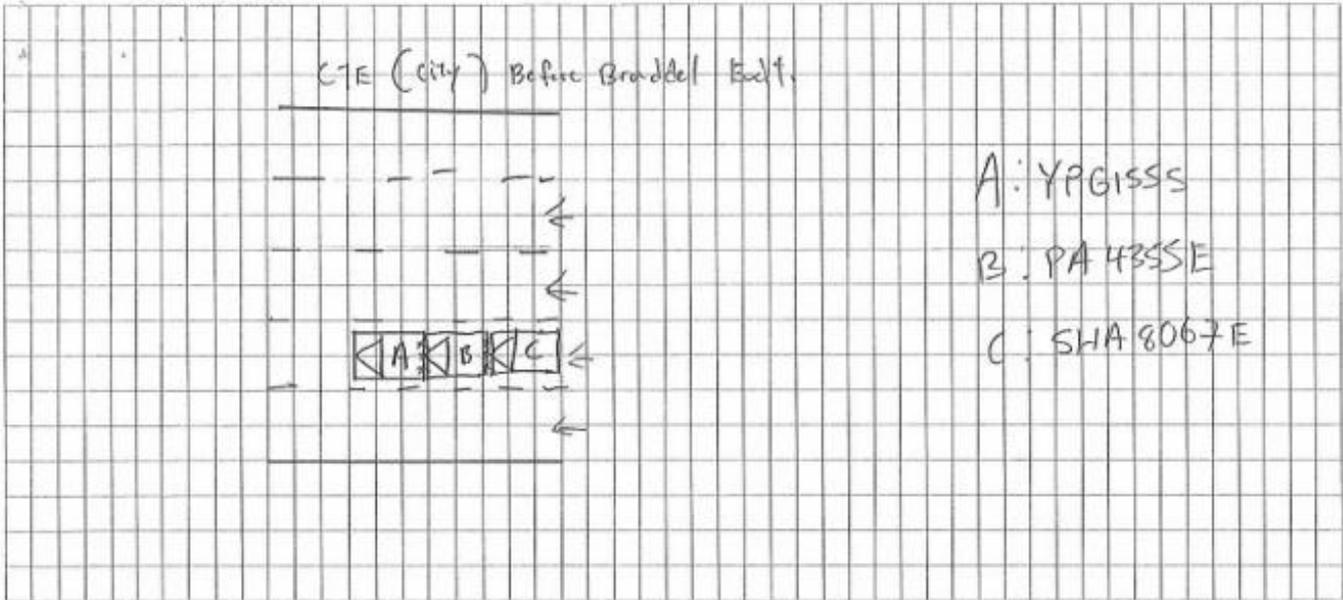
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along CTE Towards City where suddenly I felt a collision on the rear of my vehicle.

I then went down to check on the other party and made sure there was no injury.

We then exchanged particulars and proceed to leave the scene.

DECLARATION

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

POLLYCS 高裕装修建筑有限公司

RENOVATION & CONSTRUCTION PTE. LTD.

M.D.B Licence No. 12-2082G

10 Admiralty Street #04-56

North Link Building, Singapore 757698

Tel: 63533982 / 63651467 Fax: 64522923

Policy holder's signature

Date & time:

Driver's signature

(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature

NRIC/FIN No.:

Sketch Plan #2

**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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

  
 RENOVATOR & CONSTRUCTION PTE. LTD.  
 H.D.M. Licence No. 12-2082G  
 10 Admiralty Street #04-56  
 North Link Building, Singapore 757695  
 Tel: 653 8822 6365 4467 Fax: 6452 2923

Policy holder's signature  
Date / time:



Driver's signature  
(if driver is not policy holder)  
Date / time:



reporting centre personnel's Signature  
Date / time:

Driving License & NRIC

REPUBLIC OF SINGAPORE DRIVING LICENCE

Person Number: F 8011278P

Name: TEO SWEE WAH

Birth Date: 05 Feb 1962

Issue Date: 10 May 2018

Valid Till: 10/05/2023

1002601280C



S PASS

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: FULL YEE RENOVATION & CONSTRUCTION CONTRACTOR

Name: TEO SWEE WAH

D Pass No: J 43297900

Sector: CONSTRUCTION

36



K1523973

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

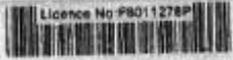
Class	Description	EFFECTIVE DATE
Class 2D	Motorcycles <= 200 CC	03 Mar 1977
Class 3	Motor cars <= 3000 kg with <= 7 passengers, categories of the motor and motor tractor/vehicles <= 3000 kg	12 Jun 2018

S / No. 9000314931

F8011278P

NP 428A

Licence No F8011278P



VISIT PASS

Immigration Regulations

Name: TEO SWEE WAH

FIN: F8011278P

Date of Birth: 05-02-1962

Nationality: MALAYSIAN

Sex: M

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

1) Date of accident: 14/02/20 Time: 1620 2) Exact location of accident: CTE towards city before Braddell Exit

3) Insured by BOTH drivers: Yes  No

4) Material damage: To vehicles other than vehicles A and B: No  Yes  To objects other than vehicles: No  Yes

5) Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B): \_\_\_\_\_

6) Vehicle Video Camera Available: No  Yes

7) Insured / policyholder (see insurance cert.): YP61555

8) Name (capital letters): Full Yee Renovation & Construction PTE LTD

Address: 10 Admiralty Street #04-56 S(757695)

NRIC / Passport no.: 201221089D

Tel no. (from 9am till 5pm): 68533982

HP: 63651467 (Wason)

9) Vehicle: Mitsubishi Canter Feb 21

Make, type: \_\_\_\_\_

10) Insurance company: AXA  C  TPFT  TPO

Does the policy cover damage to vehicle A? No  Yes

Policy No.: GAAS617011

11) Driver: Same as Owner

Name: Teo Swee Wah

NRIC / Passport no.: F801127R

Class of licence: \_\_\_\_\_

HP: 93834882

Gender: Male  Female

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

- Chain Collision
- Collided into Bicycle
- Collided into Motorcycle
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Charge/Cross Lane
- Collision - Cross Junction
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Major/Minor Hit
- Collision - Opening Door of Vehicle
- Collision - Roundabout
- Collision - U-Turn
- Drunk Driving / Drug Influence
- Fire, Explosion or Lightning
- Flood
- Hit and Run / Vandalism / Damaged whilst Parked
- Hit by Fallen Tree / Other Objects
- No Collision
- Side Swipe
- Theft

13) Registration No. (VEHICLE B): PA4355E

14) Insured / policyholder (see insurance cert.): \_\_\_\_\_

15) Name (capital letters): \_\_\_\_\_

16) Address: \_\_\_\_\_

17) NRIC / Passport no.: \_\_\_\_\_

18) Tel no. (from 9am till 5pm): \_\_\_\_\_

19) HP: \_\_\_\_\_

20) Vehicle: \_\_\_\_\_

21) Make, type: \_\_\_\_\_

22) Insurance company:  C  TPFT  TPO

23) Does the policy cover damage to vehicle B? No  Yes

24) Policy No. (if available): \_\_\_\_\_

25) Driver (See driving licence) (if different from insured B above): \_\_\_\_\_

26) Name (capital letters): \_\_\_\_\_

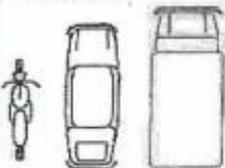
27) NRIC / Passport no.: \_\_\_\_\_

28) Class of licence: \_\_\_\_\_

29) HP: \_\_\_\_\_

30) Gender: Male  Female

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



13) Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14) My remarks

\_\_\_\_\_

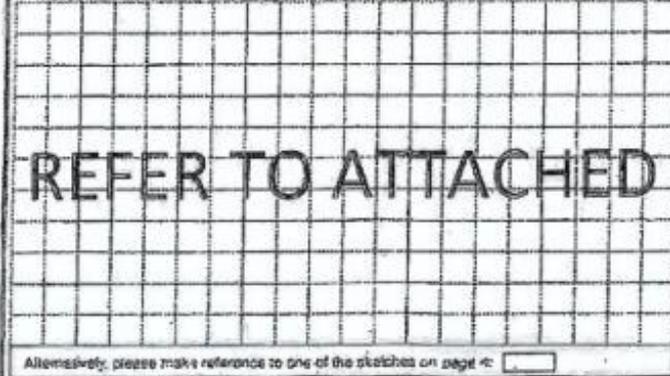
\_\_\_\_\_

\_\_\_\_\_

14) State TOTAL number of boxes marked with a cross

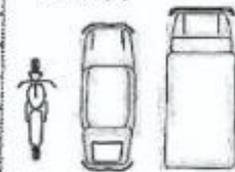
15) Sketch of accident when impact occurred

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



Alternatively, please make reference to one of the sketches on page 4: \_\_\_\_\_

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



14) Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14) My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15) Signatures of drivers

**FULL YEE 富裕装修建筑有限公司**  
**RENOVATION & CONSTRUCTION PTE. LTD.**  
A H.D.B. Licence No. 12-2082G  
10 Admiralty Street #04-56  
North Link Building, Singapore 757695  
Tel: 68533982 / 63651467 Fax: 64522923

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

(claims @ Teamwork Garage 10)

### INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or their or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1. Occupation (if more than one, state all)		Email:			
	2. Vehicle registration no. <u>YP6155S</u> C.C.		If commercial vehicle, state permit/size carrying capacity			
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Employee</u>		State the vehicle number and name of insurer 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 checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire					
	5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____					
	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 type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)					
Driver or person in charge of vehicle at the time of accident (including insured)	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>05/02/1962</u>	<u>Indoor</u> : <u>Outdoor</u> : <input checked="" type="checkbox"/>	<u>13/06/2018</u>	Yes <input type="checkbox"/> No <input checked="" 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					
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?
	<u>Two swan wgh</u>		<u>neck &amp; back</u>	<u>YP6155S</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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>vehicle C</u>		<u>SHR 8067E</u>			
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____					
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input 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 <input type="checkbox"/> km/hr B <input type="checkbox"/> 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 _____						
21. State how accident happened, width of roads, speed limits, etc (Refer to attached)						
22. State number of Passengers (including Driver) <input type="checkbox"/> <u>1</u>						
Declaration	I/We declare the foregoing particulars are true in every respect.					
	Policyholder's signature _____		Date _____			

**PULL PCC 高柏裝修建築有限公司**  
**RENOVATION & CONSTRUCTION PTE. LTD.**  
 H.O.B. Licence No. 12-2082G  
 150 North Bridge Road, Singapore 078093  
 North Link Building, Singapore 757893  
 Tel: 68533982 / 63651467 Fax: 64522923

Accident Photo



Accident Photo

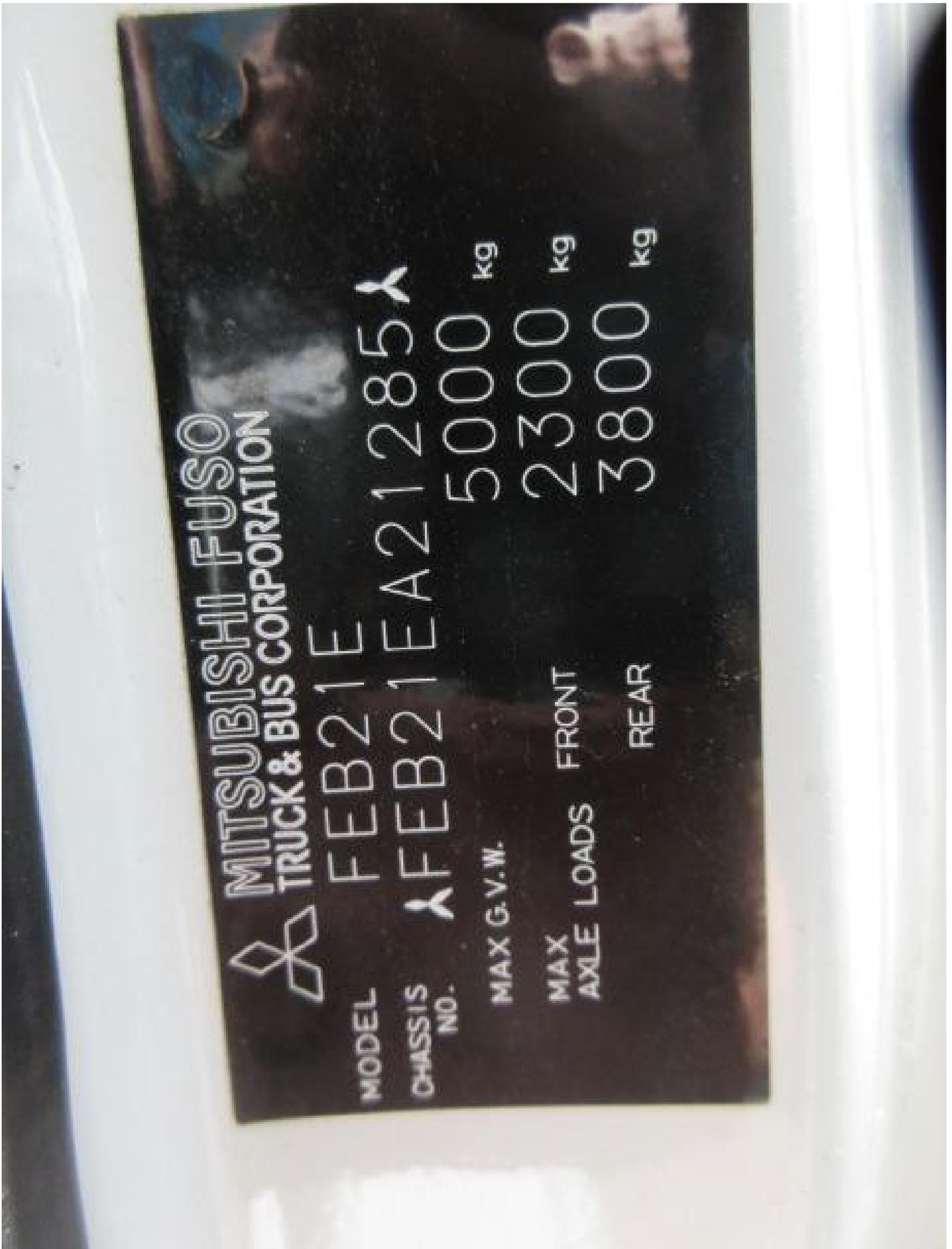


Accident Photo



Accident Photo





**mitsubishi FUSO**  
**TRUCK & BUS CORPORATION**

MODEL FEB21E A21285A

CHASSIS NO. FEB21E A21285A 50000 kg

MAX G.V.W.

MAX AXLE LOADS FRONT

REAR

23000 kg

38000 kg

Accident Photo

