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 witholding of material facts may allow insurance companies to repudiate

- 9. Information provided mast by as distinct and second as positive 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 insurance Association of Singapore (GIA) for archiving the research of 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	04/12/2020 17:12 (SGT)
Date of Accident	27/11/2020 08:00 (SGT)
Exact Location of Accident	Woodlands, Singapore
Additional Location Information	AVENUE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4263A	

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TORNADO FOOD PTE LTD
Company Reg No	2XXXXX985E
Email Address	tornadofood@hotmail.com
Mobile Phone No	(Phone) +65-93363410
Alternative Phone No	(Office) +65-64423334

VEHICLE PARTICULARS

Manufacturer Model	Kia K2500 6MT
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? Vehicle Category	Employment No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage	AIG Comprehensive
Fleet Policy	No
Policy Number	2070112406
Cover Note Number	_

DRIVER

Name of Driver	TEO KOON NGUAN
NRIC No	SXXXX225H
Date Of Birth	24/12/1964
Occupation	Outdoor

Date Of Driving Pass 28/08/1985 Driving experience 35 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-93363410 Alt. Phone Number Email Address tornadofood@hotmail.com Address BLK 120 #07-52 Address complement **GEYLANG EAST CENTRAL** Postcode 380120 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other 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? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JTR2146 Vehicle Category Motorcycle **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Bedok North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002449999 Alt. Police Station Phone No (Fax) +65-62447258 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN 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 NumberJTR2146Vehicle Manufacturer-Vehicle Model-Vehicle Variant-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	PHAN GUO SHENG
Passport No/FIN	GXXXX720Q
Contact Number	(Phone) +65-92983843
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>nutriful</u> and <u>accurate as possible</u> Any wilful misrepresentation or withholding of ma-facts may allow insurance companies to <u>repuddite policy liability</u>.

 1. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)
 I understand, acknowledge, agree and consent that:
- (a) My insure, 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 my insurer (collectively the "Personal Information") and disclose and transfers under 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 Insurer's lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of t:
 - (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;
 - (ii) 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 invoice disclosure of certain personal data bout me to bring about delivery of the same as well as on the
 external cover of envelopes/small 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
- to collect, use, oscore alloyer process for versions insurraneous ror one will make a universuppose, many considerable may be added to the considerable and of the insures and of CSA to the 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 Purpois (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.

- (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.

		109	> 8 -
		A	V-A) GBK4263A V-B) JTR2146
		16	
			Wood lands Alle to
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
	refer to	10014	report no.
	7/202	01127/	2052
	11202	011271	2032.
NECLARATION.			
	culars are true in every respec	et.	
DECLARATION (We declare the foregoing part)	culars are true in every respec	a.	an of lot 2020



















Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

1 of 3 Report No. T/20201127/2052

PORT OF A TRAFFIC ACCIDENT

	me Report I 020 14:16	Made:	Vide Report No.:	Station Diary No.
Informa	ant's Partic	ulars		
	f Informant OON NGUA		Address: APT BLK 120 GEYLANG E/ SINGAPORE 380120	AST CENTRAL #07-52
	/ ID No.: O / S17122	25H	Contact No.: Home/Office:	Mobile: 93363410
Nationa SINGAR	lity: PORE CITIZ	EN.	Email:	
Sex: Male	Age: 55	Date of Birth: 24/12/1964	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

Type of Accident:	Non-Injury Drink Date/Time of Attended by Police Drive: Accident: No 27/11/2020 08			Type of Location Straight Road
Location: WOODLAND Lamp Post No		Road Surface:		Dead Constitution
Clear		Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To Rea	ar		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK4263A	Car	KIA	K2500 6MT	Blue	Slightly Damaged	0
JTR2146	Motorcycle			Black	Seriously	1

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





Police Station Of Origin:
Bedok North N.P. C
30 Bedok North Road SINGAPORE 469676
Tel No. 1800-2449999 CONTINUATION OF REPORT

2 of 3 Report No. T/20201127/2052

Driver						
Name	TEO KOON NGUAN			ID No.		S1712225H
Related Vehicle	GBK4263A (Car)			Contact No.		93363410
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 2B,2A,3,4,5 Date of Expiry: NIL	
Date Treatment	NIL			Discharge NIL		
No. of Days granted Medical Leave NIL			Degree of Injury NIL			
Rider		100年100世				
Name	Unknown Rider			ID No.		NIL
Related Vehicle	JTR2146 (Motorcycle)			Contact No.		92983843
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL			
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

Brief Details.

On 27/11/2020, at about 0800hrs, I was driving along woodlands avenue 10 at lamp post 49. While I was driving a dog suddenly walk in-front of my vehicle, I then emergency brake to avoid hitting the dog. Suddenly I realize that a motorbike bearing the vehicle number of JTR2146 had hit on to my rear of my vehicle. I then stop my vehicle and came out of the vehicle. The rider was not injured, however the pillion suffered some cuts and refused to see a doctor.

The rider then asked me why did I do an emergency brake, however I told him that because there was a dog suddenly walk in-front of my lane and I want to avoid hitting the dog. I also called for the police. Subsequently traffic police arrive and I handover my in-car cam sd card to them and left the place.

My vehicle suffered damage to the rear of the vehicle. I also like to state that the dog was not injured.





Police Station Of Origin:
Bedok North N P C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999
CONTINUATION OF REPORT

3 of 3 Report No. T/20201127/2052

Sketch Plan Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have
INFORTANT. Please attach a copy of your vehicle's Insurance Certificate to this report, if you don't have
the certificate with you now, please fax a copy to 65474885 stating the report number as references

Signature Of Informant:			
A A			
Date/Time:			
27/11/2020 14:16			
Classification Of Case:			