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SN0820C40008 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 04/12/2020 17:12 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (04/12/2020 17:12 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver

Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

Any false reporting may be referred to the Police for investigation.

 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 Submission
Date of Accident
Exact Location of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

04/12/2020 17:12 (SGT) 27/11/2020 08:00 (SGT) Woodlands, Singapore AVENUE 10 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBK4263A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

TORNADO FOOD PTE LTD

2XXXXX985E

tomadofood@hotmail.com

(Phone) +65-93363410

(Office) +65-64423334

VEHICLE PARTICULARS

Manufacturer

Model

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

Kia

K2500 6MT

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

AIG

Comprehensive

No

2070112406

DRIVER

Name of Driver

NRIC No

TEO KOON NGUAN SXXXX225H Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address

Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

28/08/1985

35 YEARS AND 3 MONTHS

(Phone) +65-93363410

tornadofood@hotmail.com

BLK 120 #07-52

GEYLANG EAST CENTRAL

380120 No

Other

No

Yes

No

Yes

1

No

JTR2146

Motorcycle

Bedok North Neighbourhood Police Centre

30 Bedok North Road Singapore 469676

(Phone) +65-18002449999

(Fax) +65-62447258

2

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

FOREIGN VEHICLE 1

Vehicle Registration Number Vehicle Category

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Was notice of intended Prosecution given? If yes, against whom?

Police Station Phone No. Alt. Police Station Phone No. Police Station Address

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

JTR2146

Vehicle Colour	
Vehicle Category	Motorcycle
Name of Driver	PHAN GUO SHENG
Passport No/FIN	GXXXX720Q
Contact Number	(Phone) +65-92983843
Address	
Address complement	
Postcode	<u> </u>
Insurance Company Name	
Nature Of Damage	- 3
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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
- 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

Mame:

NRIC/FIN No.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

 be a second second
 refer to police report no.
T/20201127/2052.

DECLARATION

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

Policyholder's Signature Date & Time:

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

Mame:

NRIC/FIN No.:





1 of 3 Report No. T/20201127/2052

Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2020 14:16		Made:	Vide Report No.:	Station Diary No.: 53	
Informa	nt's Partic	ulars	TENTERS TENTENS		
	f Informant OON NGUA		Address: APT BLK 120 GEYLANG EAST CENTRAL #07-52 SINGAPORE 380120		
ID Type / ID No.: NRIC NO / S1712225H			Contact No.: Home/Office:	Mobile: 93363410	
Nationality: SINGAPORE CITIZEN		ĽEN	Email:		
Sex: Male	Age: 55	Date of Birth: 24/12/1964	Type of Informant: Driver		
Race: Chiriese		- Charles Char	Language:	Institution / School Name:	
Occupation: DELIVERY			Driving Licence Information	on: 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
WOODLAND	S AVENUE 10			
Weather: Clear	MILDEL 43	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled	10	Traffic Volume: Moderate

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

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





2 of 3

Report No. T/20201127/2052

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

Driver					377	
Name	TEO KOON NGUAN		ID No	2	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		Date Disch	narge	NIL	
No. of Days gran	of Days granted Medical Leave NIL Degree of			Injury	NIL	
Rider						HOLD NOT SEE
Name	Unknown Rider			ID No	7	NIL
Related Vehicle	JTR2146 (Motorcycle)			Conta	ct No.	92983843
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			narge	NIL	
No. of Days gran	ted 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 so 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

3 of 3 Report No. T/20201127/2052

CONTINUATION OF REPORT

Sketch Plan

NP168

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 the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 CHUA CHANG YU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2020 14:16
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
Authentication Stamp	J: L

Email: sm@idae.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 27/11/2020 (dd/mm/yy) 08 00 Time of Accident: (24-HR-FORMAT) Vehicle No.: GBK 4263 A Vehicle Make & Model: KIA K2500 6MT (2497 cc) Exact location of Accident: WOODLANDS AVE 10 Policyholder's Name / IC No. TORNADO FOOD PTE LTD 200505985E Driver's Name / IC No. - TEO KOON NGUAN S11712225H (As Above) Driver's Contact No.: 9336 3410 ____Company Contact No: ___6442 3334 Driver's Address: 3017 Bedok North Street 5 #03-18, Singapore 486121 Insurance Company: AIG Email address (if any): TORNADOFOOD@HOTMAIL.COM Relationship between Owner & Driver: OWNER or Others specify: ____ What do you wish to claim? (Please TICK one only) Own Insurance /
Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ 🗸 Outdoor Private use / V Work purpose No. of Passengers (Including Driver): Passenger Name : Gender: Passenger Name : Gender: Weather condition & Road conditions? (On the day of accident) ✓ Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / V No fitt working So Cart Any Injuries: Yes / V No (If YES) Injured Person' Name: Injuries Sustain: ____ _____Injured Person in Which Vehicle: _____ Police Report filed:

Yes / No (If YES) Which Police Station: BEDOK NORTH NPC The Other Party(s) Details: Vehicle No: JTR 2146 -> IM SIM I. Driver's Name / IC No: Phan Guo Sheng / G2291720Q Driver's Contact No: 9298 3843 ____Insurance Company (If any): ____ 2. Driver's Name / IC No: Vehicle No: Driver's Contact No: _____Insurance Company (If any): *Independent Witness (If Any): ____ Contact No:

Preferred Workshop Name: ___

[&]quot;If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

CERTIFICATE OF INSURANCE

12: -

CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR, COMMERCIAL VEHICLE

Name of Policyholder

Period of Insurance

Engine No.

KNCSJATELK73 7897

Vehicle No. Palicy No.

Endorsement No.

(solved Date : 1707 - 28 Jul 2020 - 1

ABOUT THE COVER

Make/Model

Chassis No.

: KIA K2500

Engine Capacity/Tonnage : 1.6 Tonnage Driver Restriction

: NA

Sum Insured Market Value Off Peak Car : No

First Year of Registration 2020

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

4) Any person who is driving on the Policyholder's order or with their permassion.
It is thus Policy will inserned, the Policyholder of any authorised driver only if have the meets the appendict age standson.

You have to pay an positional sum of \$3,000 se "Young and/or independenced Dever Excess" (YSDR 3 if You are or Your Authorized Dever grained or unnerted) is uncer the age of 23 and/or our residence.

Age Condition

: All Age Condition

Limitation as to use"

In the micrometical with the Policyholder's business.

1) Use or the carriage of petranger jumps than for this or reward; in connection with the Policyholder's business.

2) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for live or reward, attiving pulsars, anivers see sucressors, peace-missing, reliability final or speed resing, well to use white or reward, attiving subsets of anything desiring or appearance or representative proposes. This Policy does not cover a) use for any purpose in zoon-stone with Masor Traile.

* Untilutions fendered inoperative by Section 8 of the Motor Variouse (Third-Party Ruke and Companiestion) Act (Cap. 189) Section 95 of the 3, no Transport Act, 1987 (Matery a) and Food Elemport (Autoritiment) Act 2019, are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$800 Theft - \$0 Ficos Cover - 50

Fragarity Damage - \$0

Windscreen: \$100

Named Driver and Excess (whose applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS)

1 Cycle & Carriage Acthorised Service Centre (For accident reporting & windscreen days only). Addit 341 Alexandra Nové Singapore 1797 to 69318000 3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen daint only). Addit 34 41 Alexandra Nové Singapore 189931 842788501 3 Cycle & Centage Authorised Service Centre (For accident reporting & windscreen daint only). Addit 36 tent & Ree Rd Singapore 15904 84718980 4 Cycle & Centage Authorised Service Centre (For accident reporting & windscreen claim only). Addit 30 Leng Nee Rd Singapore 18904 84718980 5 Cycle & Centage Authorised Service Centre (For accident reporting & windscreen claim only). Addit 330 Len Rd 3 Singapore 60853 62461000 0 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Addit 330 Len Rd 3 Singapore 60853 62461000

Fits other Approved Reporting Centrate(A) Authorised Repairers, please contact our 24-hour accident emergency hotine or +55 536 8300. Attendively, you may rafe to AID within www. #3 93 or AID SID Authorise and South Add. Singly search and commisses "AID SID Tones or Google Flag."

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

rance make is as full in accordance with the provisions of the Noon-Vehicles Third Party Glass and Compensation Act (Cap. 186). Furthy of others Act (2018) and Motor Vehicles (Thad Party Rises) Pulses, 1936 (Malayria). We hereby cartly that the policy to which this Certificate of Indian

0500710050

CAC FULCO-COPP SALES

AIG Asia Pacific Insurance Pte, Ltd.

This computer penerated document does not require a signature.

22 UB! ROAD 4 FULGO BUILDING SINGAPORE 408817 ANSP - MOTOR TOTAL

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.