

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 Submission	26/12/2020 09:20 (SGT)
Date of Accident	24/12/2020 10:45 (SGT)
Exact Location of Accident	23 Serangoon Central, Singapore 556083
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4470X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARWAY LEASING & RENTAL
Company Reg No	5XXXX813K
Email Address	CUIPING@CARWAY.COM.SG
Mobile Phone No	(Phone) +65-67440777
Alternative Phone No	(Office) +65-67440777

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5110754147-01
Cover Note Number	-

DRIVER

Name of Driver	TEO HOCK BENG
NRIC No	SXXXX918G
Date Of Birth	26/07/1971
Occupation	Outdoor

Date Of Driving Pass	18/03/1996
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97678925
Alt. Phone Number	-
Email Address	CUIPING@CARWAY.COM.SG
Address	BLK 203 TOA PAYOH NORTH #07-1097
Address complement	-
Postcode	310203
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 TO STATEMENT.

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	SHA1966G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Sketch

Refer to Statement

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



[Signature]



Witnessed by Reporting Centre
Personnel

Tis' the season for rewards!

Get up to **\$200** CapitaVouchers

streetdirectory.com



Nex, 23 Serangoon Central 556083

Location or Company

Nex
23 Serangoon Central
(S)556083

Map Directions

Map

Building Directory

Photos

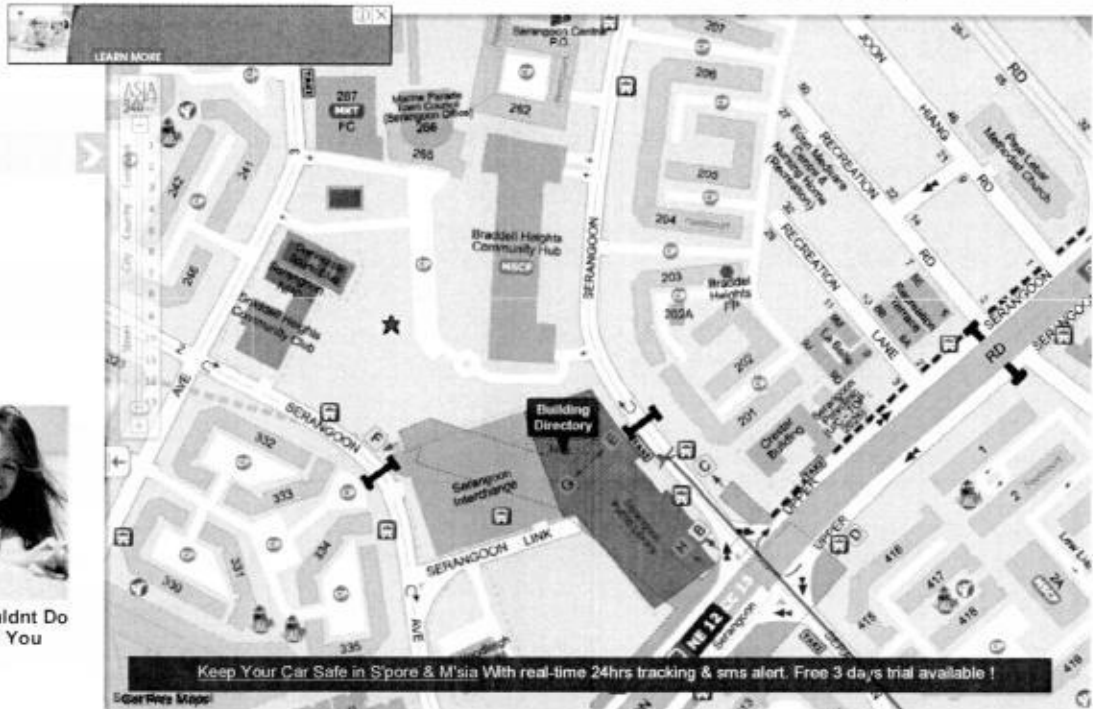
What's Nearby

Get Tips

Getting Here

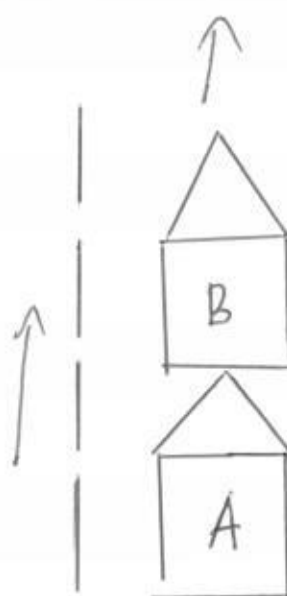


5 Things You Shouldnt Do If Hes Cheating On You



Taxi Stand

Nex



A - GBA 4⁴70X

B - SHA 1966G

ST123918G

incident site

Accident Statement

On 24th of Dec 2020, at around 1045hrs, my vehicle (GBA4470X) was travelling towards Nex Serangoon Central. Traffic was slow and congested due to rain. Vehicle in front of me stopped, I could not stop in time and slight hit onto the rear of front vehicle (SHA1966G). We both alighted from the vehicle to check on the damages and exchanged for particulars. Due to the light contact in the collision, no damages found on both vehicles at all. No one was injured in this accident.

I'm making this report for the purpose of reporting only.



Name: Teo Hock Beng
NRIC: S7123918G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7123918G



Name



TEO HOCK BENG

张福明

Race

CHINESE

Date of Birth

26-07-1971

Sex

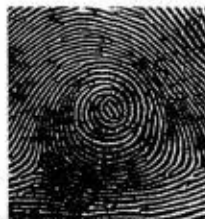
M

S7123918G

Country of Birth

SINGAPORE

0127208



NRIC No. S7123918G

Blood Group

B+

Date of issue

14-10-1991

APT BLK 203 TOA PAYOH NORTH #07-1097
SINGAPORE 310203

NRIC No: S7123918G


Date: 15-04-2006 (R)


No: 5396324

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7123918G**
Name: **TEO HOCK BENG**


Birth Date: **26 Jul 1971**
Issue Date: **21 Sep 2017**



 002726011D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	18 Mar 1996

 Licence No: S7123918G

NP 428A

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/12/2020 09:14"/>
Vehicle No.(For Motor)	<input type="text" value="GBA4470X"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110754147-01	5110754147-01-000001	CARWAY LEASING & RENTAL	53264813K	GFM	Third Party	GBA4470X	GBA4470X	27/06/2020	26/06/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (24/12/20) (DD/MM/YYYY), TIME: (10:45) (HH:MM)

LOCATION: Nex Serangan central

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 4470X
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Fiat Dablo 1.3 Manual
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Carway (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67440777
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Teo Hock Beng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97678925
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 1966 G. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = carway

fax = No.

VIDEO = NO. YES