

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 10/12/2020 15:45 (SGT)
Date of Accident 08/12/2020 19:00 (SGT)
Exact Location of Accident Toa Payoh, Singapore
Additional Location Information TOWARDS PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB6886L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AZORA CURTAIN PTE.LTD.
Company Reg No 2XXXXX180W
Email Address enquires@azora.com.sg
Mobile Phone No (Phone) +65-98719059
Alternative Phone No +65-98719059

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNA00058132000
Cover Note Number -

DRIVER

Name of Driver TEOH HUA SEANG
Passport No/FIN FXXXX688M
Date Of Birth 21/03/1969
Occupation Outdoor

Date Of Driving Pass	24/07/2018
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98719059
Alt. Phone Number	-
Email Address	enquires@azora.com.sg
Address	18 BOON LAY WAY
Address complement	#01-140 TRADEHUB 21
Postcode	609966
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LING DEK HEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT A/20201209/7042

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	EU44D
Vehicle Manufacturer	Mercedes
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEOH HUA SEANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBB6886L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LING DEK HEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBB6886L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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' law firms/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/paid 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' law firms/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 law firms/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

KA PNH JOURNAL PUK

A) GBB 6886 L

B) EU 440

Describe Circumstances of the Accident

On 8th December 2020, at about 19:00hrs, I was driving along the slip road towards PIE at Toa Payoh Entrance. While approaching the give-way lines, I stopped for on coming vehicles. Out of a sudden, I felt an impact from the rear. I alighted and realised vehicle B had collided onto my vehicle.

Police Report A/2020/209/7042

Declaration

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

Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



A/20201209/7042

1 of 2

POLICE REPORT (NP299)

Report No. A/20201209/7042

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 09/12/2020 20:24	Vide Report No.	Station Diary No.
Name Of Informant TEOH HUA SEANG	Address 27 NEW UPPER CHANGI ROAD #03-708 SINGAPORE 462027	
ID Type / ID No. FIN NO / F0951688M	Contact No. Home/Office:	Mobile: 98719059
Nationality MALAYSIAN	Email Address ahxiangpillay@gmail.com	
Occupation Silk screen/Block/Textile printer	Sex Male	Age 51
Institution/School Name	Date of Birth 21/03/1969	Race Chinese
Date/Time Of Incident 08/12/2020 19:00 - 08/12/2020 19:10	Location Of Incident slip road toward pie changi at toa payoh entrance	

Brief details.

I was driving(GBB6886L) along the slip road towards pie changi entrance while approaching the give way lines, i stopped for on coming vehicles out of a sudden, i felt an impact from the rear. I alighted and realised Vehicle B (EU 44 D) had collided onto my vehicle.

On 09/12/2020 I felt pain on my neck, chest and back and i visited Lavender Medical Clinic & Surgery Pte Ltd and was given 3 Days medical leave from 09/12/2020-11/12/2020

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2020 20:24
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



SINGAPORE
POLICE FORCE



A/20201209/7042

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201209/7042

Subjects Involved			
Victim			
Person Name	Ling Dek Hen		
ID Type	FIN NO	ID No	G6876436Q
Gender	Male	Age	29
Race	Chinese	Language	Chinese
Occupation	Other painters and related workers	Address	9 EUNOS CRESCENT #04-2701 SINGAPORE 400009
Mobile No	87971625	Relation To Informant	Colleague
Person Name	TEOH HUA SEANG		
ID Type	FIN NO	ID No	F0951688M
Gender	Male	Age	51
Race	Chinese	Language	English
Occupation	Silk screen/Block/Textile printer	Address	27 NEW UPPER CHANGI ROAD #03-708 SINGAPORE 462027
Mobile No	98719059	Is Informant A Victim?	Yes
Person Name	TEOH HUA SEANG (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Not applicable	
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	Date/Time: 09/12/2020 20:24
Authentication Stamp	Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S65500206 / GST Reg. No.: M40017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0820CA0009 Vehicle Registration No: G8B 886L
Name (as shown in NRIC): TEH HUA SHENG NRIC/FIN/Passport No: F0951688m
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 98719059
Email Address: _____
Date of Accident: 08/12/2020 Time of Accident: 19:00
Place of Accident: TOA Payoh
Insurance Company: CHINA TIAN RINK

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO INSURE TP VEHICLE HUMAN (EJY4D)

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: Wong Jia Hui