

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 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	Marcedes

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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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

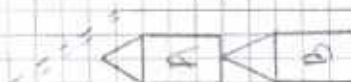
Witnessed by Reporting Centre Personnel

Sketch Plan

TOA Payoh Toward Pk

A) GRB 6886L

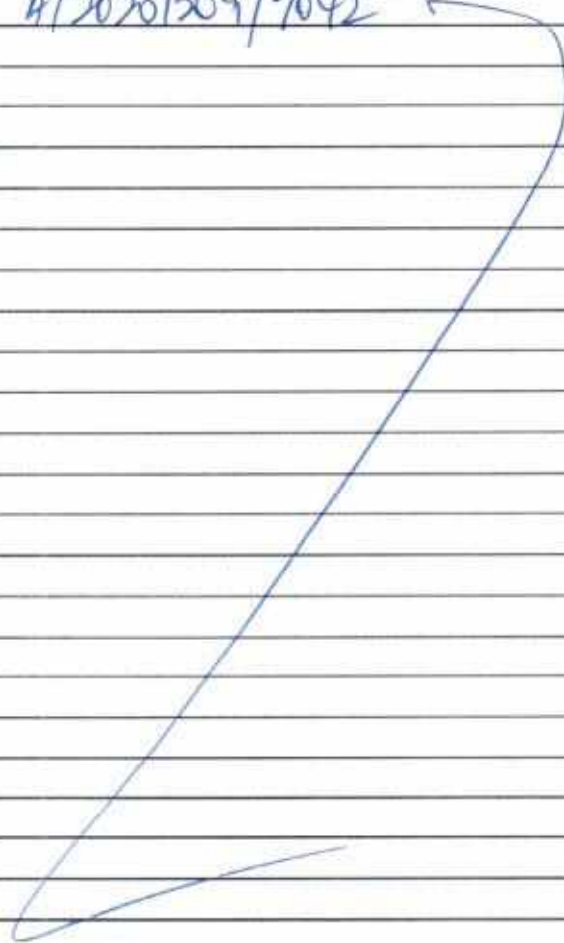
B) EU 440



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.



h

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 08-Dec-2020

ACCIDENT TIME: 1900

LOCATION: TOA PAYOH TWDS PIE

VEHICLE NUMBER: GBB6886L

INSURED NAME: AZORA CURTAIN PTE. LTD.

NRIC / FIN: 200908180W

CONTACT: 98719059

MAKE: TOYOTA

MODEL: HIACE MANUAL

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes, If No, Pls Select: (☒) Third Party () Reporting Only

INSURANCE COMPANY: CHINA TAIPING

TYPE OF POLICY: Comprehensive

POLICY NUMBER: DMCVSNA0005813200

EXPIRY DATE: 29-Jun-2021

NAME DRIVER: TEOH HUA SEANG

NRIC / FIN: F0951688M

CONTACT: 98719059

DATE OF BIRTH: 21-Mar-1969

DRIVING PASS DATE: 24-Jul-2018

OCCUPATION: Outdoor

GENDER: Male

EMAIL ADDRESS: enquiries@azora.com.sg

ADDRESS OF DRIVER: 18 BOON LAY WAY, #01-140, TRADEHUB 21, SINGAPORE 609966

Relationship Of The Driver With The Insured: Employee

Number Of Passenger Include Driver: 1 Driver + 1 Passenger(s)

NAME	NRIC/FIN/BC	GENDER	INJURED
TEOH HUA SEANG	F0951688M	Male	<input checked="" type="checkbox"/>
LING DEK HEN	G6876436Q	Male	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 1 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Wet

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? YES

Police Report Number: A/20201209/7042

Details Of 3rd Party	Name	NRIC	Contact	No. of Paxs (Incl' driver)
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Veh B EU44D

Not Sure



**SINGAPORE
POLICE FORCE**



A/20201209/7042

1 of 2

POLICE REPORT (NP299)

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

Report No. A/20201209/7042

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:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

09/12/2020 20:24

Classification Of Case:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

N SN

BR0057A

Cov. Type:T

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNA00058132000

Engine No.: 1KD1968261

Chs. No.: JTFHT02P200050362

1. Index Mark and Registration
Number of Vehicle

GBB6886L

AUTOSAFE

2. Name of Policy Holder

AZORA CURTAIN PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

30/06/2020

4. Date of Expiry of Insurance

29/06/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

(1) Use in connection with the Policyholder's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Aliwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Tan Jia Hwei

Authorised Officer

Tel: (65) 6742 6766 Fax: (65) 6742 6669

楊亞美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	180W

Vehicle Details

Vehicle No.:	GBB6886L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE MANUAL
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	1KD1968261
Chassis No.:	JTFHT02P200050362
Maximum Power Output:	-
Open Market Value:	\$25,387.00
Original Registration Date:	16 Nov 2009
First Registration Date:	16 Nov 2009
Transfer Count:	2
Actual ARF Paid:	\$1,270.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	15 Nov 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$13,156.00
COE Rebate Amount:	\$10,349.00
Total Rebate Amount:	\$10,349.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 09 Dec 2020

OK

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: GBB 886L

Name (as shown in NRIC) : TEH HUA SHONG 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 Motor Insurance

(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 insert 1/p VEHICLE NUMBER (E1144D)

Policyholder / Driver's Signature

Date:

Reporting Centre Personnel's Signature

Name:

10/12/2020
Rosa Lim