

SM 092 TIM 0007

NA2101330		Invoice/Registration Certificate		Add'l Bill	
Incident Particulars:		1) AR: Accident Reporting (\$30);	30		
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
		5) PT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection \$75			
		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OP:			
		*NS: Courtesy Car / Tpl Allowance \$3			
		*NG: Repair Co-ordination \$10			
		*NJ: Post Repair Inspection \$25			
		*NB: DV / Collect Excess Coordination \$3			
		TE (NI1): TP (Inc INC) against INC \$20			
		9) NI2: Idao Mobile \$0			
		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		

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 23/01/2021 14:06 (SGT)
Date of Accident 22/01/2021 20:15 (SGT)
Exact Location of Accident Tampines Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB3627M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TEHC INTERNATIONAL PTE. LTD.
Company Reg No 1XXXXX354G
Email Address ERIC.TAN@TEHCGP.COM
Mobile Phone No (Phone) +65-94245404
Alternative Phone No +65-94245404

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5108160868-01
Cover Note Number -

DRIVER

Name of Driver GURJINDER SINGH
Work Permit No GXXXX532X
Date Of Birth 16/09/1988
Occupation Outdoor

Date Of Driving Pass	14/12/2012
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94245404
Alt. Phone Number	-
Email Address	ERIC.TAN@TEHCGP.COM
Address	4 SENOKO CRES
Address complement	-
Postcode	758261
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	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	SLF5743H
Vehicle Manufacturer	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMC5563P
Vehicle Manufacturer	-
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	GURJINDER SINGH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB3627M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

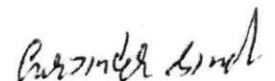
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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. 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
- (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
- (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.

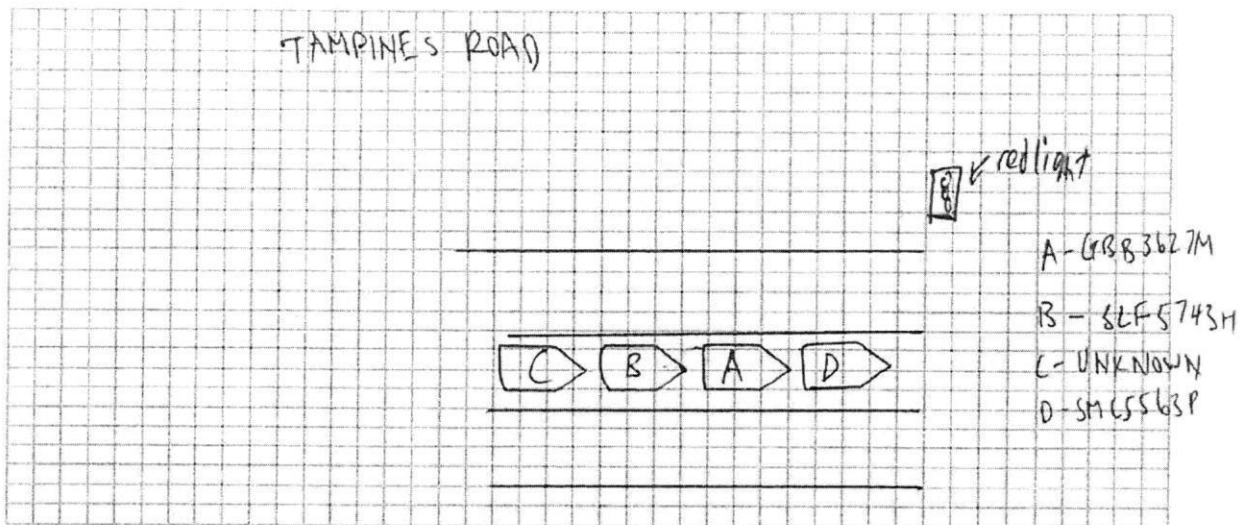

Policyholder's Signature
Date & Time:




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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

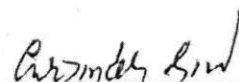
I WAS TRAVELLING ALONG TAMPINES ROAD. VEHICLE AHEAD SLOWED DOWN AND STOPPED AS THE TRAFFIC LIGHT WAS RED. I FOLLOWED SUIT. MOMENT LATER WHILE MY VEHICLE WAS STILL STATIONARY, VEH B REAR-ENDED MY VEHICLE. THE IMPACT FORCED MY VEHICLE FORWARD TO HIT VEHICLE D. WHEN I ALIGHT I RELISE I WAS INVOLVED IN A CHAIN COLLISION

DECLARATION

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

X  

Policyholder's Signature
Date & Time:



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



Reporting Centre Personnel's Signature
Name:
NRIC / FIN No.:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108160868-01	5108160868-01-000001	TEHC INTERNATIONAL PTE. LTD.	199103354G	GFM	Comprehensive	GBB3627M	GBB3627M	15/03/2020	14/03/2021

LETTER OF AUTHORISATION

To: **Ryder Auto Pte Ltd**

Re: ACCIDENT ON 22/1/2021 INVOLVING GBB3627M SLF5743H UNKNOWN

SMC5563P ALONG / AT _____
TAMPINES ROAD

I/We TEHC INTERNATIONAL PTE LTD (NRIC No. 199103354G)
of 4 SENOKO CRESCENT S(758261)

1. The owner of motor vehicle no. GBB3627M hereby authorise **Ryder Auto Pte Ltd** to commence repairs of the said vehicle forthwith. I/We agree to assign the whole proceeds of my/our third party claim to **Ryder Auto Pte Ltd** including any claim for Loss of Use if a vehicle had been provided by **Ryder Auto Pte Ltd** during the period of repairs to my/our vehicle if applicable. My/our solicitors (to be appointed by **Ryder Auto Pte Ltd** on my/our behalf) shall accept this as my/our irrevocable authority to pay the amount compensated direct to **Ryder Auto Pte Ltd** after deduction of their cost on a solicitor & client basis. **I/We undertake to co-operate fully with Ryder Auto Pte Ltd and/or my/our solicitors and also with a true Motor Accident Report/Police Report until the claim to a successful conclusion including court proceedings, failing which, I/We undertake to bear repair costs, rental, legal costs and any other incidentals incurred.**
2. If the 3rd party claim is unsuccessful or partly successful as the case may be, I/we hereby instruct and authorise **Ryder Auto Pte Ltd** to claim direct from my/our insurance company on my/our vehicle immediately without any delay.
3. If for any reason my/our insurer's are not willing to settle the repair costs either in part or in whole then I/ we undertake to pay **Ryder Auto Pte Ltd** the repair cost.
4. In alternative to serial number 2 and 3 above if the 3rd party claim fails or is only partly successful then I/we undertake to pay **Ryder Auto Pte Ltd** the difference in amount of the repair cost.
5. I/We authorise **Ryder Auto Pte Ltd** to sign all discharge voucher/indemnity forms and all necessary papers on my/our behalf in connection with the above claim. **We confirm full discharge of all property damage claims upon signing of the discharge voucher by our repairer, Ryder Auto Pte Ltd.**
6. I/We also authorise **Ryder Auto Pte Ltd** to appoint such a firm of solicitors on my/our behalf as **Ryder Auto Pte Ltd** deem fit for the purpose of third party/own insurance claims.
7. I/We undertake to inform **Ryder Auto Pte Ltd** and/or the solicitors appointed by **Ryder Auto Pte Ltd** on my/our behalf in the event the third party's insurance company communicate with me/us directly by telephone or in writing and I/We further undertake not to accept any monies or other or settlement from the third party's insurers without first communicating with you.
8. In the event that third party insurer issued the **Agreed Settlement Cheque** to me/us, I/We undertake to either give the said cheque to **Ryder Auto Pte Ltd**, or bank into my/our account and re-issue the cheque amount to **Ryder Auto Pte Ltd**.

X 

Signature of owner

(Company's stamp – if any)



DATE 22/1/2021 DAY OF 20

Signature of Witness

Name of Witness

Accident Reporting Draft

VEHICLE NO: GBB3627M

MODEL: TOYOTA DYNA

AUTO/MANUAL

DATE OF ACCIDENT	22/1/2021	C.C: 2982 CC
TIME OF ACCIDENT	2015	HRS AM/PM
LOCATION OF ACCIDENT	TAMPINES ROAD	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	TEHC INTERNATIONAL PTE LTD	
CONTACT NO.	94245404	EMAIL: ERIC.TAN@TEHCGP.COM
NRIC	199103354G	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY THIRD PARTY	
INSURANCE CO.	# NTUL	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ <u>THIRD PARTY FIRE & THEFT</u>	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: GURJINDER SINGH	
NRIC	G8360532X	ANY PASSENGER: 0
DATE OF BIRTH	16/9/1988	
OCCUPATION	<u>OUTDOOR</u> / INDOOR	
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	94245404	EMAIL:
ADDRESS	4 SENOKO CRESCENT S(758261)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES: <u>YES</u> Driver	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	SLF5743H	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	UNKNOWN	ANY PASSENGER:
VEHICLE D NO.	SMC5563P	ANY PASSENGER:
VEHICLE E NO.		ANY PASSENGER:
VEHICLE F NO.		ANY PASSENGER:
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		