

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	06/07/2021 16:20 (SGT)
Date of Accident	01/05/2021 14:55 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	SLIP ROAD TOWARDS PASIR RIS DRIVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8592Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VAN-GO PTE LTD
Company Reg No	2XXXXX823E
Email Address	garyong66@icloud.com
Mobile Phone No	(Phone) +65-97458239
Alternative Phone No	+65-86689749

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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00121502000
Cover Note Number	-

DRIVER

Name of Driver	TEO KHEE GUAN KELVIN
NRIC No	SXXXX313E

Date Of Birth	01/05/1998
Occupation	Outdoor
Date Of Driving Pass	05/11/2020
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86689749
Alt. Phone Number	-
Email Address	kelvinteo9898@gmail.com
Address	BLK 477 SEMBAWANG DRIVE #13-407
Address complement	-
Postcode	750477
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	DRIZZLING
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 vehicle 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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20210527/2073

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FOOTAGE WAS OVER WRITTEN
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP4227K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	PEH BEE KEE
Contact Number	(Phone) +65-93844433
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

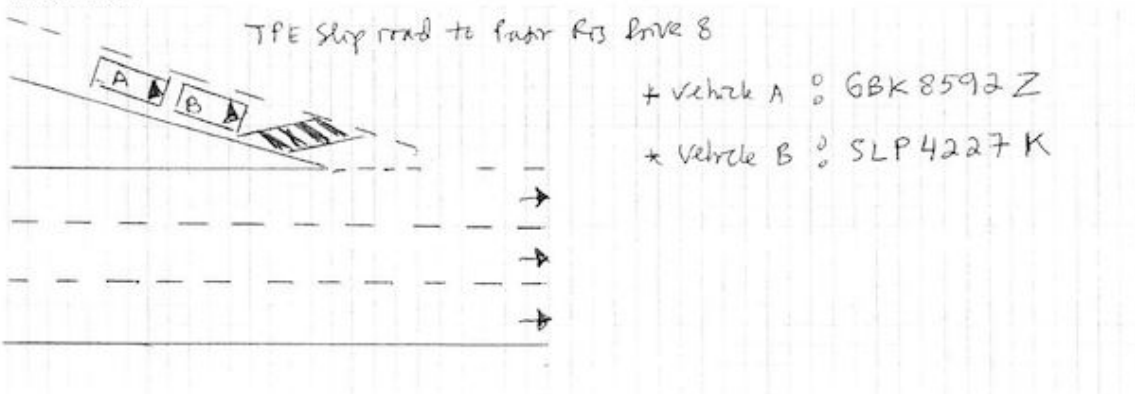
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 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, 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' 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.
 - (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























**SINGAPORE
POLICE FORCE**



L/20210527/2073

1 of 2

POLICE REPORT (NP299)

Report No. L/20210527/2073

Police Station Of Origin
Yishun North N.P.C
33 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Date/Time Report Made 27/05/2021 23:24	Vide Report No.	Station Diary No. 111
Name Of Informant TEO KHEE GUAN KELVIN	Address APT BLK 477 SEMBAWANG DRIVE #13-407 SINGAPORE 750477	
ID Type / ID No. NRIC NO / S9813313E	Contact No. Home/Office	Mobile 86689749
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 23
Institution/School Name	Date of Birth 01/05/1998	Race Chinese
	Language	
Date/Time Of Incident 01/05/2021 14:55	Location Of Incident C/O TAMPINES EXPRESSWAY SINGAPORE TPE Slip Road to Pasir Ris Dr 8	

Brief details.

On 01/05/2021 at about 1455hrs, I was driving my rented silver Toyota HiAce (GBK8592Z) along TPE on the slip road to Pasir Ris Dr 8. There was a blue Toyota (SLP4227K) in front of me waiting for traffic to clear to exit the slip road onto Pasir Ris Dr 8. While waiting, I noticed one motorcycle (unknown registration) riding from my left to right and squeezing between my van and the blue Toyota before exiting the slip road from the right side of blue Toyota. At the same time, I also heard a light bump sound. The blue Toyota had drove out of the slip road and turned on her hazard light and came to a stop. I then

Signature Of Officer Recording The Report: L / Sr Staff Sgt LIM JUN LONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2021 23:24
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sr Staff Sgt NG YU HOW Contact No.: 64660000	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



L/20210527/2073

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210527/2073

followed suit and stopped behind the blue Toyota. The Toyota's driver (Peh Bee Kee NRIC: S8424364G Tel: 93844433) came out of her vehicle with a female Chinese passenger. We made a check on our own car and there is no damage to my van. The blue Toyota left rear bumper was dislodged however no impact on the bumper. We decided to go for private settlement as there is no injuries sustained by anyone. We then left the scene.

On 24/05/2021, the Toyota's driver messaged me and told me she want to claim by insurance. The driver also claimed that her passenger had lower back pain and her dog peed blood after the accident.

On 27/05/2021, I informed my rental company about the matter and they advised me to lodge a Police report.

This is the first time such incident had happened. I am lodging this report as advised by my rental company. I have in car camera installed in my van nowever the footage was overwritteri.

Signature Of Officer Recording The Report: L / Sr Staff Sgt LIM JUN LONG	Signature Of Informant:
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VAN-GO PTE LTD

VEHICLE LEASING AGREEMENT

This vehicle leasing agreement is made on the

BETWEEN

VAN-GO PTE LTD (UEN 201825823E)

(Hereinafter referred to as "THE LESSOR")

AND

Lessee:
Name: Teo Khee Guan Kelvin
Nric: S9813313E
Address: Blk 477 Sembawang Drive #13-407 S(750477)

(Hereinafter referred to as "THE LESSEE ")

Guarantor:
Name:
Nric:
Address:

(Hereinafter referred to as " GUARANTOR")

VEHICLE

Make & Model	Toyota Hiace	Colour	Silver
ORD Date	1 st Jan 2021	Plate No.	GBK8592Z
Chassis		Vocational License No.:	

It is hereby agreed without prejudice that all parties accept all terms and condition herein including replacement vehicle taken by hirer or its driver to be responsible to follows same aforesaid agreement stated herein in vehicle lease agreement which was first signed.

1. CHANGE OF ADDRESS & CONTACTNUMBER

It is the responsibility of the lessee to inform the lessor of any changes in his/ her personal particulars. Non-compliance of this term may result in the forfeiture of the Security Deposit.

2. LEASING PERIOD

The lessor agrees to lease the vehicle to Lessee for the following period:

Lease for a period of 12 MONTHS

Start Date: 24th Dec 2020 End Date: 31st Dec 2021

333

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