

# 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 ..... 23/08/2021 18:45 (SGT)  
Date of Accident ..... 20/08/2021 09:48 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS TUAS AFTER KALLANG BAHRU EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH2445X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... RENTOKIL INITIAL SINGAPORE PTE LTD  
Company Reg No ..... 1XXXXX145N  
Email Address ..... jeffrey.tan@rentokil-initial.com  
Mobile Phone No ..... (Phone) +65-96696807  
Alternative Phone No ..... (Office) +65-63478138

### 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  
Transmission ..... Manual  
CC ..... 2754

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 999993710/100868798-00000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TENG TIAN CHYE  
NRIC No ..... SXXXX586D

Date Of Birth .....	21/09/1968
Occupation .....	Outdoor
Date Of Driving Pass .....	24/10/2007
Driving experience .....	13 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97813883
Alt. Phone Number .....	-
Email Address .....	tengbob90@gmail.com
Address .....	BLK 262 TAMPINES STREET 21 #10-250
Address complement .....	-
Postcode .....	520262
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20210820/7031

#### 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 .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ561L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
Name of Driver .....	MIAH NASIR
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 .....	TENG TIAN CHYE
Gender .....	Male
Phone No .....	(Phone) +65-97813883
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBH2445X
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' 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.

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop  
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd  
via email / fax.

Signature: Rentokil Initial Singapore  
16 & 18 Jalan Mesin  
Singapore 368815

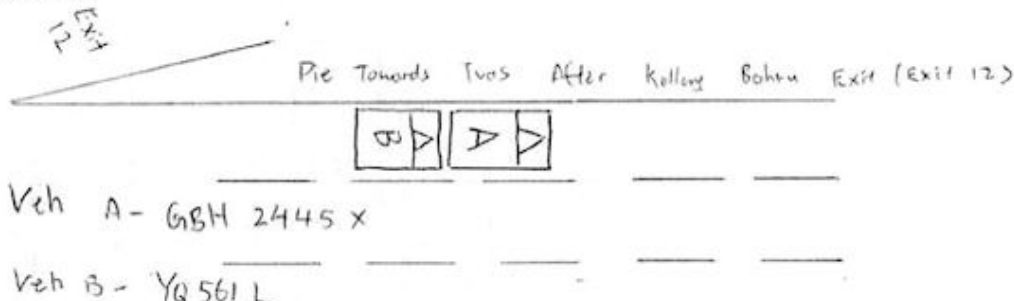
Rentokil Initial Singapore Pte Ltd  
16 & 18 Jalan Mesin  
Singapore 368815  
Tel: 6347 8138, Fax: 6347 8105

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

At police report no. G/20210820/7031

Declaration

We declare the foregoing particulars are true in every respect.

Rentokil Initial Singapore Pte Ltd  
16 & 18 Jalan Mesin  
Singapore 68815  
Tel: 6347 8105 Fax: 6347 8105

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel























**SINGAPORE  
POLICE FORCE**



G/20210820/7031

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**POLICE REPORT (NP299)**

Report No. G/20210820/7031

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 20/08/2021 11:40	Vide Report No.	Station Diary No.
Name Of Informant TENG TIAN CHYE	Address 262 TAMPINES STREET 21 #10-250 SINGAPORE 520262	
ID Type / ID No. NRIC NO / S6836586D	Contact No. Home/Office:                      Mobile: 97813883	
Nationality SINGAPORE CITIZEN	Email Address seanteng@live.com	
Occupation Driver	Sex Male	Age 52
	Date of Birth 21/09/1968	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 20/08/2021 09:45	Location Of Incident PAN ISLAND EXPRESSWAY	

**Brief details.**

On the stated date and time I vehicle GBH2445X was travelling around 50 to 60km/h along the stated venue on my lane.

Suddenly vehicle YQ561L came from behind and hit onto my vehicle rear portion. The impact was very strong and my rear windscreen was smash into pieces. The impact causes me to hit my knees onto the dashboard and pain on both my forearms.

Shortly I felt pain on my neck, shoulder and back. I then proceeded to a nearby clinic Temasek Medical clinic at Toa Payoh to seek treatment and I was given 3 days MC.

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: 20/08/2021 11:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



G/20210820/7031

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210820/7031

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: 20/08/2021 11:40
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	