SN0921C6000A-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 06/12/2021 16:16 (SGT)
SUBMITTED BY: Renee
VERSION: 2 (08/12/2021 16:49 (SGT))

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 witholding 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	06/12/2021 16:16 (SGT)
Date of Accident	06/12/2021 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO INDUSTRY PARK 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA1101G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ARIZON INDUSTRIAL SUPPLIES
Company Reg No	3XXXX400X
Email Address	arizon.ind85@gmail.com
Mobile Phone No	(Phone) +65-67848638
Alternative Phone No	(Office) +65-67848638

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
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00094852100
Cover Note Number	-

DRIVER

Name of Driver	TEO EE HUAT
NRIC No	SXXXX679J

Date Of Birth	21/11/1961
Occupation	Outdoor
Date Of Driving Pass	23/06/1986
Driving experience	35 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90102947
Alt. Phone Number	-
Email Address	arizon.ind85@gmail.com
Address	BLK 708 TAMPINES STREET 71
Address complement	#10-96
Postcode	520708
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED 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	SGH8008B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAI CHIAN WEE
NRIC No	SXXXX593F
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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.

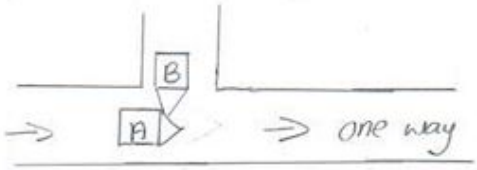
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	6-12-21	Ram 06/12/21

Sketch Plan

Ang Mo Kio Industry Park 2.

A = GBA 1101 G

B = SGH 8008 B



Describe Circumstances of the Accident

I was travelling at one way Ang Mo Kio street and suddenly vehicle B hit onto my left side vehicle. Vehicle B suppose to stop and give way for me, but the vehicle B driver didn't stop his vehicle and drive out.

Declaration

I/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
	6-12-21	06/12/21

IMAGES


DELIVERY
Shredit
Reserved
Lots For
idac
Vehicles
DYNA
GBA 1101G

IMAGES #2

IMAGES #3


ASCENT
Total Manpower Solutions
ARIZON INDUSTRIAL SUPPLIES
BLK 3026 UBI ROAD 1 #02-170
SINGAPORE 408719
CO. REG. NO. : 34923400X
DRIVER: 1 PAX: 1 OTHER

IMAGES #4


ASCENT
Total Manpower Solutions
ARIZON INDUSTRIAL SUPPLIES
BLK 3026 UBI ROAD 1 #02-170
SINGAPORE 408719
CO. REG. NO. : 34923400X
DRIVER: 1 PAX: 1 OTHER

IMAGES #5

IMAGES #6

IMAGES #7


ARIZON INDUSTRIAL SUPPLIES
BLK 3026 UBI ROAD 1 #02-170
SINGAPORE 408711

IMAGES #8


ARIZON INDUSTRIAL SUPPLIES
BLK 3026 UBI ROAD 1 #02-170
SINGAPORE 408719
CO. REG. NO. : 34923400X
DRIVER: 1 PAX: 1 OTHER

IMAGES #9


CHASSIS NO :JTFNT24YX0-5000042
U.W. :1800KG
M.L.W :3000KG
PASS.CAP :01
TYRE SIZE :F195/75R15
:R155R12LT 8PR

IMAGES #10

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921C6000A Vehicle Registration No: GBA 1101G

Name (as shown in NRIC): TEO EE HUAT NRIC/FIN/Passport No: S1513679J

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: Blk 708 Tampines Street 71 #10-96 (S) Singapore (520708)

Contact (Tel): 90102947 Mobile No.:

Email Address: arizon.ind85@gmail.com

Date of Accident: 06/12/2021 Time of Accident: 14:10

Place of Accident: Ang Mo Kio Industry Park 2.

Insurance Company: CTI

(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:

Revert Reporting Only to Third Party.

Change Side Swipe to Major & Minor.

ARIZON INDUSTRIAL SUPPLIES

Policyholder / Driver's Signature
Date: 8-12-21

Reporting Centre Personnel's Signature
Name: Renee Sia
NRIC/FIN No.:
Date: 08/12/21

GIAPMC Addendum Form