



## 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	04/04/2022 18:40 (SGT)
Date of Accident	02/04/2022 11:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS DRIVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5317T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DESMARK ENTERPRISES
Company Reg No	42642600B
Email Address	PHBMS@YAHOO.COM
Mobile Phone No	(Phone) +65-90082085
Alternative Phone No	(Home) +65-90082085

#### 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	0

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118630635-01
Cover Note Number	-

#### DRIVER

Name of Driver	TEOH SOO LEONG
NRIC No	S1648280C



Date Of Birth	04/09/1964
Occupation	Outdoor
Date Of Driving Pass	23/02/1982
Driving Experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90082085
Alt. Phone Number	-
Email Address	TEOHSOOLEONG1964@GMAIL.COM
Address	BLK 427 PASIR RIS DRIVE 6 #08-51
Address complement	-
Postcode	510427
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	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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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	SJU4755A
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	TEOH SOO LEONG
Gender	Male
Phone No	(Phone) +65-90082085
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	GBG5317T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



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SKETCH PLAN

IMPORTANT NOTICE

report correctly the details of the accident to speed up the claims process.  
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 insurance companies to repudiate policy liability.  
 use and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance  
 company.  
Use of reporting may be referred to the Police for investigation.  
 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.  
 By submission of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the  
 report made available aforesaid.  
 Under the Personal Data Protection Act (PDPA)  
 I, the insured, acknowledge, agree and consent that:  
 My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose  
 and process my personal data/personal information set out in this [form] and any other personal information provided by me or  
 by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s)  
 insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be  
 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:  
 Investigating, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to  
 establishing the accident and/or my claims;  
 Investigating and/or dealing with my instructions or responding to any enquiries by me;  
 Settling my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve  
 the use of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail  
 and/or;  
 Investigating with applicable law in administering, processing, handling and/or dealing with my claims.  
 The "Purposes")  
 My insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect,  
 use and/or process my Personal Information for one or more of the above Purposes; and  
 My Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents  
 or their lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

Workshop Enterprises

Signature

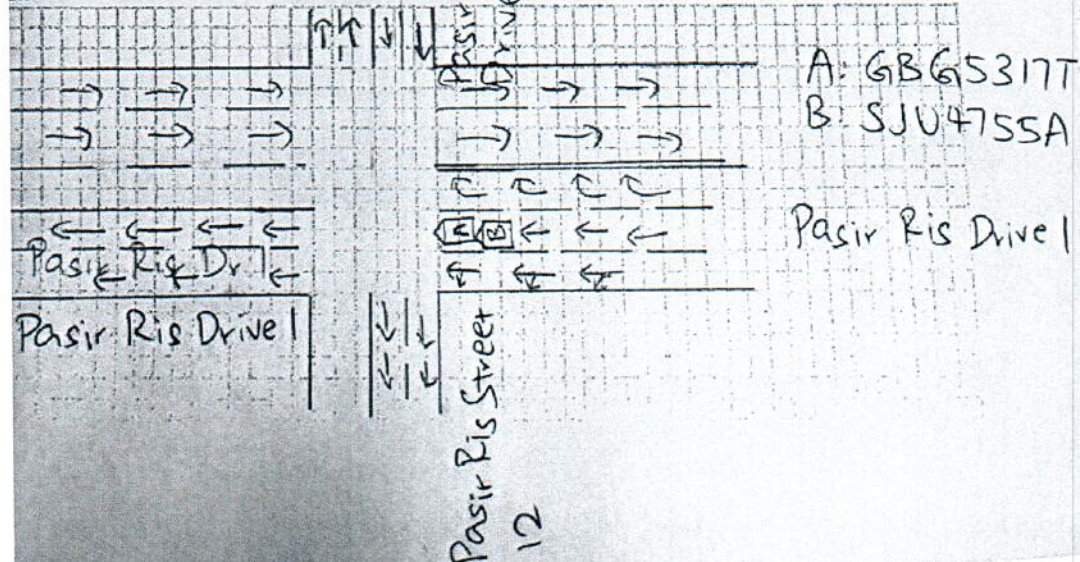
Signature / Date &

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

Witnessed by Reporting Centre Personnel

YILIN

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Desmark Enterprises Inc. 2022

please refer to the police report No.: T/20220403/7003

# Declaration

We declare the foregoing particulars are true in every respect.

**Desmark Enterprises**



Authorized Signature  
Policyholder's Signature / Date & Time

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

YILIN

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220403/7003

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Report No. T/20220403/7003

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

Signature Of Informant:

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

Date/Time:  
03/04/2022 11:58

Classification Of Case:




**SINGAPORE  
POLICE FORCE**


T/20220403/7003

Police Station Of Origin:  
Traffic Police  
100 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220403/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/04/2022 11:58	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TEOH SOO LEONG			Address: 427 PASIR RIS DRIVE 6 #08-51 SINGAPORE 510427		
Type / ID No.: RIC NO / S1648280C			Contact No.: Home/Office: Mobile: 90082085		
Nationality: SINGAPORE CITIZEN			Email: teohsooleong1964@gmail.com		
Sex: Male	Age: 57	Date of Birth: 04/09/1964	Type of Informant: Driver		
Language: Chinese			Language: English		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

Location of Accident: Pasir Ris Drive 1	Injury: Others	Drink Drive: No	Date/Time of Accident: 02/04/2022 11:05	Type of Location: Straight Road
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Location:

PASIR RIS DRIVE 1

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Plate No.	Type	Make	Model	Color	Condition	No of
5317T	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0
755A	Car	HONDA	STREAM	White	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000



T/20220403/7003

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Report No. T/20220403/7003

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
GBG5317T	NTUC Income Insurance Co-Operative Limited	5118630635-01	29/08/2021	28/08/2022

**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEOH SOO LEONG		ID No. S1648280C
Related Vehicle	GBG5317T (Lorry)		Contact No. 90082085
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: 2B,3,4,5 Date of Expiry: NIL
Date	02/04/2022		Date 02/04/2022
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On 2 April 2022 at around 11.05am, I was driving along Pasir Ris Dr 1 towards Pasir Ris Central. As the traffic light was turning red, I stopped at the traffic light. All of a sudden, Vehicle B, SJU4755A hit me at the rear of my vehicle, GBG5317T, causing my vehicle to surge pass the demarcated white line. The owner of vehicle B then immediately shifted his vehicle to the left lane before I could take any accident photos. I felt discomfort in my chest and neck afterwards and sought medical treatment at Mt Alvernia Hospital, where I was awarded 5 days MC.