

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 05/05/2022 17:54 (SGT)
Date of Accident 04/05/2022 09:05 (SGT)
Exact Location of Accident Thomson Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GV1400Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ACHIEVA VENDING PTE LTD
Company Reg No 200803799K
Email Address elaine.chen@achievavending.com.sg
Mobile Phone No (Phone) +65-81986649
Alternative Phone No +65-97902626

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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070134351-01
Cover Note Number -

DRIVER

Name of Driver ALVIN TEO
NRIC No S9701411F

Date Of Birth	18/01/1997
Occupation	Outdoor
Date Of Driving Pass	20/08/2015
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88701327
Alt. Phone Number	-
Email Address	elaine.chen@achievaending.com.sg
Address	BLK 103 JALAN RAJAH #16-50
Address complement	-
Postcode	321103
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	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	Kim Keat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002529999
Alt. Police Station Phone No	(Fax) +65-63554311
Police Station Address	Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T20220504/2123

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	SLE983U
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	VEHICLE B
No. Of Passenger (Including Driver)	-

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.



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

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

ATG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) ALVIN TEO
 VEHICLE NUMBER QV14002
 DATE/TIME OF ACCIDENT 04/05/22 @ 9.05AM
 PLACE OF ACCIDENT THOMSON RD
 THIRD PARTY VEHICLE (IF ANY) SLE 98301

 WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from home to Jurong island

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NIL

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

head to rear

WERE YOU OR YOUR PASSENGERS INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NIL

Name: A

I Affirmed The Above Information Is Given To My Best Knowledge.











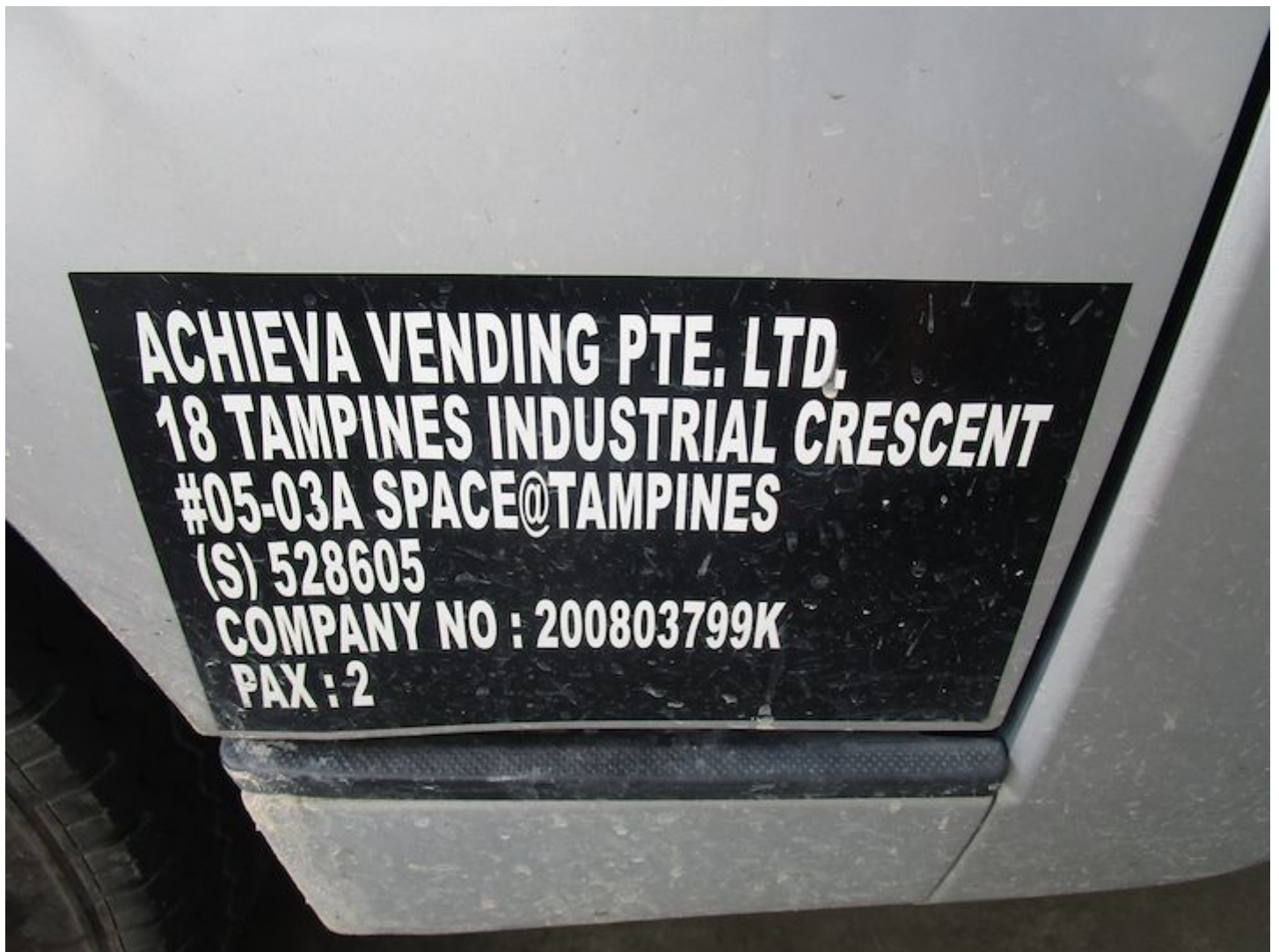














**SINGAPORE
POLICE FORCE**



T/20220504/2123

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

1 of 3
Report No. T/20220504/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2022 20:15	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: ALVIN TEO			Address: APT BLK 103 JALAN RAJAH #16-50 SINGAPORE 321103	
ID Type / ID No.: NRIC NO / S9701411F			Contact No.:	
			Home/Office:	Mobile: 88701327
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 25	Date of Birth: 18/01/1997	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2022 09:05	Type of Location: Straight Road
Location: THOMSON ROAD				
Weather: Drizzling		Road Surface: Wet		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

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GV1400Z	Van	TOYOTA	Hiace	Silver	Slightly Damaged	0
SLE983U	Car	TOYOTA	Prius	Blue	Slightly Damaged	0

Details of Person Involved

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20220504/2123

CONTINUATION OF REPORT

Driver			
Name	ALVIN TEO		ID No. S9701411F
Related Vehicle	GV1400Z (Van)		Contact No. 88701327
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	OH SIEW HUIO TERENCE		ID No. S7107676H
Related Vehicle	SLE983U (Car)		Contact No. 98336860
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/05/2022 at about 00905hrs, I was driving my company van(Achieva Vending Pte Ltd), GV1400Z along Lornie Rd and at the junction of Thomson Rd. Subsequently, the traffic light changed to red and the car,SLE983U in front of me jam braked. I applied the brakes however could not stop in time as the road were wet. My van collided onto the rear portion of his car. Both vehicles sustained dents. Traffic Police came however I did not get the report number. Ambulance also came to check on us and the other driver was not conveyed to hospital. The in-vehicle camera in the van was not working.



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SINGAPORE 310231
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Report No. T/20220504/2123

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: E / SR STAFF SGT MUHAMMAD AFIQ BIN SAIFUL BAHRY 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2022 20:15
Officer In Charge Of Case: TP / GIT / Other INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415	Classification Of Case:

NP168



POLICY SCHEDULE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Policy No. : 2070134351-01

Period of Insurance : 17 Oct 2021 to 16 Oct 2022

Issued Date : 12 Oct 2021

ABOUT THE POLICYHOLDER

Name of Policyholder : ACHIEVA VENDING PTE LTD
 Address : 18 TAMPINES INDUSTRIAL CRESCENT
 #05-03A SPACE@TAMPINES
 SINGAPORE 528605

Occupation/Nature of Business : Wholesale and Retail Trade

ABOUT THE VEHICLE

Registration No. : GV1400Z Engine Capacity/Tonnage : 1.1 Tonnage
 Chassis No. : JTFHT02P600208167 Engine No. : 1KD2657913
 Seating Capacity : 2 First Year of Registration : 2016 Body Type : Van
 Make/Model : TOYOTA HIACE 1.1 ton [Van]
 Hire Purchase Company/Employer's Loan : HONG LEONG FINANCE LTD

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
 Driver Restriction : NA Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive :

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use :

1) Use in connection with the Policyholder's business.
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade.

Other Key Policy Benefits :

Loss Of Use (7 Days) Commercial Auto, In-Car Camera Excess Waiver, Act of God, Key Replacement Cover-\$800, Dealer (First 3 years from original registration) + AIG Authorized Workshops, Strike, Riots and Civil Commotions.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

PREMIUM

Premium : \$ 970.12

GST (7%) : \$ 67.91

Total : \$ 1,038.03

Your Premium includes the following discount(s):

No Claim Discount - 20%