

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 Actual 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 21/09/2022 11:48 (SGT)
Reported by Driver
Date of Accident 07/09/2022 08:17 (SGT)
Exact Location of Accident Woodlands Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ7634P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TROPICAL CANE PTE. LTD.
Company Reg No 2XXXXX040M
Email Address zach.teo@hotmail.com
Mobile Phone No (Phone) +65-90066077
Alternative Phone No -

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 United Overseas Insurance Ltd
Policy Number / Cover Note Number 20163911

DRIVER

Name of Driver TEO WEI CHIAT
NRIC No SXXXX1311
Date Of Birth 14/12/1988
Occupation Outdoor

Date Of Driving Pass	25/06/2007
Driving experience	15 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90066077
Alt. Phone Number	-
Email Address	zach.teo@hotmail.com
Address	62 PUNGGOL WALK #04-28
Address complement	-
Postcode	828781
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220907/2017

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB8176P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KANG LIAN HUAT
Passport No/FIN	FXXXX698N
Contact Number	(Phone) +65-81246881
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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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

6 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;

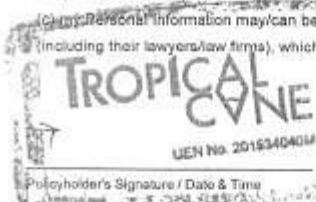
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

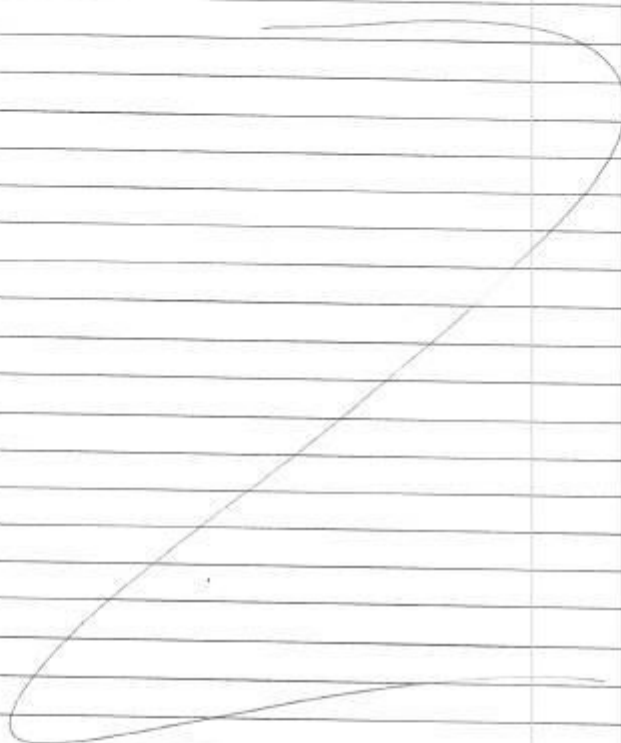
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Along WOODLANDS AVENUE 2

Describe Circumstance of the Accident

Refer to police report No T/20226967/2017.



Declaration

I/We declare the foregoing particulars are true in every respect.

TROPICANE + *APe*

Policyholder's Signature / Date & Time 21/09/2022 Driver's Signature (if driver is not the policyholder) / Date & Time

21/09/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
























**SINGAPORE
POLICE FORCE**


T/20220907/2017

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Report No.: T/20220907/2017

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2022 10:03	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: TEO WEI CHIAT			Address: 62 PUNGGOL WALK #04-28 SINGAPORE 828781	
ID Type / ID No.: NRIC NO / S88491311			Contact No.:	Mobile: 90066077
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 33	Date of Birth: 14/12/1988	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/09/2022 08:15	Type of Location: Straight Road
Location: WOODLANDS AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8176P	Lorry					0
YQ7634P	Lorry				Slightly Damaged	0

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/20220907/2017

CONTINUATION OF REPORT

Driver			
Name	Kang Lian Huat	ID No.	F7141698N
Related Vehicle	GBB8176P (Lorry)	Contact No.	81246881
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
Driver			
Name	TEO WEI CHIAT	ID No.	S8849131I
Related Vehicle	YQ7634P (Lorry)	Contact No.	90066077
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

Brief Details.

On 07/09/2022 at about 0817hrs location at Woodlands MRT taxi stand (nearer to POSB), my company's lorry bearing plate number **YQ7643P** was parked stationary behind a lorry bearing plate number GBB8176P. At that point of time, I was seated at the driver's side of the lorry as I was about to do my delivery.

YQ7634P *Alto*

During which, the driver of the lorry bearing plate number GBB8176P reversed without checking his rearview. Thus, the rear of his lorry hit against the front bumper of my lorry which was parked stationary. I wish to state that I pressed my horn to alert him however it was too late for him to react. Therefore, an accident happened. I wish to state that nobody is injured.

Due to the impact, multiple parts of my lorry's front bumper were damaged, the left side mirror of my lorry broke and the front license plate of my lorry was dented.
The driver and I then exchanged numbers.

He also provided me his personal particulars:

Name: Kang Lian Huat
FIN: F7141698N
HP: 81246881/91296117
Vehicle: GBB8176P

I am lodging this report for my company's insurance claim.


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20220907/2017

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Report No: T/20220907/2017

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:

J /
SGT 3 NURUL ADNEEN BINTE
AFANDI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/09/2022 10:03

Officer In Charge Of Case:
TP / GIA /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65478204

Classification Of Case:

NP168



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CONTINUATION OF REPORT