





## 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

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

#### 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.

TROPICAL CONE

UEN No. 201534040M

Policyholder's Signature / Date & Time

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

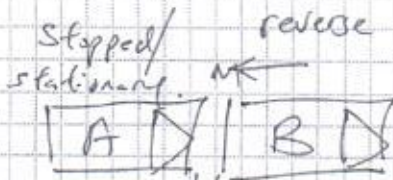
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

Along WOODLANDS AVENUE 2

Ⓐ YQ7634P

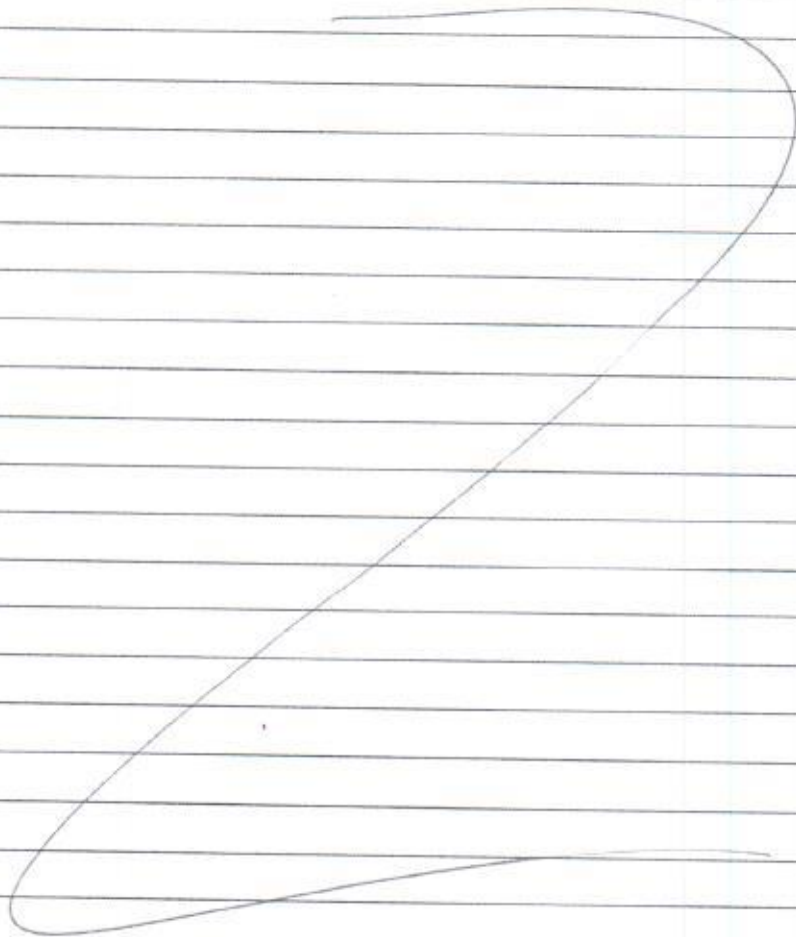
Ⓑ GRB8176P



woodlands MRT.

Describe Circumstance of the Accident


Refer to police report No 7/20226967/2017.



Declaration

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

**TROPICAL CONE** +   
Policyholder's Signature / Date & Time  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

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

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Report No. T/20220907/2017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2022 10:03		Vide Report No.:		Station Diary No.: 37	
<b>Informant's Particulars</b>					
Name of Informant: TEO WEI CHIAT			Address: 62 PUNGGOL WALK #04-28 SINGAPORE 828781		
ID Type / ID No.: NRIC NO / S8849131I			Contact No.: Home/Office: Mobile: 90066077		
Nationality: SINGAPORE CITIZEN			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



**SINGAPORE  
POLICE FORCE**



T/20220907/2017

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

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Report No. T/20220907/2017

**CONTINUATION OF REPORT**

<b>Driver</b>			
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
<b>Driver</b>			
Name	TEO WEI CHIAT		ID No. S88491311
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*

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**



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

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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.: 65476204

Classification Of Case:

NP168



**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



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 07/09/2021 (dd/mm/yy)

Time of Accident: 08:17 (24-HR-FORMAT)

Vehicle No.: ~~YQ7643P~~ Vehicle Make & Model / Engine (cc): Toyota Dyna Private Hire: (Y/N)

Exact location of Accident:

Along Woodlands Ave 2.

Policyholder's Name / IC No.: Tropical Care Pte Ltd. ROC/UEN (Company): 201534040M

Driver's Name / IC No.: Teo Wei Chiat / S8849131I (As Above) ☐

Driver's Contact No.: 90066077 Company Contact No / Owner Contact No:

Driver's Address: 62 Punggol Walk #04-28 S (828781)

Owner Email address: zach.teo@hofmail.com Insurance Company:

Driver Email address:

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

**What do you wish to claim?** (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**\*No. of Passengers (Including Driver):**

\*Passenger Name:

Gender: Male / Female x ( )

\*Passenger Name:

Gender: Male / Female x ( )

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No Remarks:

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

**Police Report filed:** ☒ Yes / ☒ No (If YES) Which Police Station:

### **The Other Party(s) Details:**

1. Driver's Name / IC No.: Kang Lian Huat / F7141698N Vehicle No.: GBB8176P

Driver's Contact No.: 81246881 Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

\*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
146 Robinson Road  
#02-01 UOI Building  
Singapore 068909  
Tel (65) 6222 7733  
Fax (65) 6327 3869/ 6327 3870  
Email: ContactUs@uoi.com.sg  
uoi.com.sg  
197100152R

## TEMPORARY CERTIFICATE OF INSURANCE (ORIGINAL)

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Date 27/07/2022  
Cover Note No. 20163911  
Name of Insured TROPICAL CANE PTE. LTD.

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby **HELD COVERED** in terms of the Company's usual form. Policy applicable thereto for the period from **29/07/2022 to 28/07/2023** unless the cover be terminated by the company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.



### IMPORTANT NOTICE - PREMIUM PAYMENT FRAMEWORK

Please take note that with effect from 1 May 2005, all policies, renewal certificates, cover notes and endorsements for policies with inception date on or after 1 May 2005 carry the following warranty:

Applicable to all individual policyholders and for Bonds

Payment Before Cover Warranty requiring that premium must be paid on or before inception date.

Applicable to all corporate policyholders

Premium Payment Warranty requiring that premium must be paid within 60 days of the inception date.

Make / Model :	TOYOTA DYNA 150 P(2)	EngineCC / Tonnage :	0 / 2.00
Engine No. :	JHHAGV4650K002405	Estimated Value :	MARKET VALUE AT TIME OF LOSS
Chassis No. :	1GD8905705	Year of Registration :	2022
Vehicle Number :	To be advised	Year of Manufacture :	2022
Cover :	COMPREHENSIVE		
Hire Purchase :	UNITED OVERSEAS BANK LTD		
Excess :	SECTION 1 \$500.00		
	WINDSCREEN DAMAGE CLAIM \$100.00		
	APPL TO <25 YRS &OR < 3 YRS EXP \$3000.00		



### FOR REGISTRATION PURPOSES ONLY

We hereby certify that this covering note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and part IV of the Road Transport Act, 1987 (Malaysia).

THIS IS A COMPUTER-GENERATED DOCUMENT. NO SIGNATURE IS REQUIRED.