

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 25/10/2022 09:59 (SGT)
Reported by Driver
Date of Accident 21/10/2022 16:03 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information (ANG MO KIO TOWARDS GEYLANG)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE2441Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COOL-AIR CONTROL PTE LTD
Company Reg No 2XXXXX088C
Email Address siang4520@gmail.com
Mobile Phone No (Phone) +65-93665947
Alternative Phone No -

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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2100432945-07

DRIVER

Name of Driver TEO HOCK SIANG
Passport No/FIN GXXXX388M
Date Of Birth 07/09/1999
Occupation Outdoor

Date Of Driving Pass	28/06/2022
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88099856
Alt. Phone Number	-
Email Address	siang4520@gmail.com
Address	BLK 401 ANG MO KIO AVENUE 10 #25-603
Address complement	-
Postcode	560401
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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
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	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

PLEASE REFER TO POLICE REPORT T/20221022/7013

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL9184G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	ERGO Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ2166R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	TEO HOCK SIANG
Gender	Male
Phone No	(Phone) +65-96655947
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBE2441Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

COOL-AIR CONTROL PTE LTD
 Blk 311, Jorong East Street 3D
 #09-331, Singapore 600311
 Tel / Fax: (+65) 6564 6375
 Email: cool-aircontrol@hotmail.com
 Co. Reg. No: 201430088C

[Signature]

[Signature] 25/10/2022

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	CTE C Ballu Mo Keo Towards Greyhound	A = GBE 2441Y B = GBL 9184 G C = GBJ 2166R

Describe Circumstances of the Accident

Please Refer Police Report No: T/2022102217013

Declaration

We declare the foregoing particulars are true in every respect.

COOL-AIR CONTROL PTE LTD

Bk. 311, Jurong East Street 30
#09-331, Singapore 600311
Tel / Fax: (+65) 6564 6375
Email: cool-aircontrol@hotmail.com
Sp. Reg. No: 2014756085C

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

25/10/2022




















































**SINGAPORE
POLICE FORCE**

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



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Report No. T/20221022/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2022 10:59	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TEO HOCK SIANG		Address:	
ID Type / ID No.: FIN NO / G8555388M		Contact No.: Home/Office:	Mobile: 88099856
Nationality: MALAYSIAN		Email: siang4520@gmail.com	
Sex: Male	Age: 23	Date of Birth: 07/09/1999	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2022 16:00	Type of Location: Straight Road
Location: CHUAN LANE				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: 3 CAR CHAIN-COLLISION			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE2441Y	Van	TOYOTA	HIACE VAN TURBO 4 DR	White	Seriously Damaged	1
GBJ2166R	Lorry					0
GBL9184G	Van					0


**SINGAPORE
POLICE FORCE**

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



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Report No. T/20221022/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE2441Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100432945-07	28/08/2022	27/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO HOCK SIANG	ID No.	G8555388M
Related Vehicle	GBE2441Y (Van)	Contact No.	88099856
Hospital/Clinic	TECK GHEE CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	21/10/2022	Date	21/10/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 21.10.2022 AT ABOUT 1603HRS. I WAS TRAVELLING AT CTE. I WAS STATIONARILY DUE TO THE FRONT TRAFFIC. SUDDENLY, THE VEHICLE B (GBL 9184G) COLLIDED ONTO MY VEHICLE'S REAR PORTION. I WAS INVOLVED IN 3 VEHICLE CHAIN-COLLISION.

I FELT PAIN OF MY BACK AND MY NECK AFTER ACCIDENT. I WAS GIVEN 3 DAYS MC FROM "1 MEDICAL TECK CHEE"

I HAD VIDEO FROM MY IN-CAR CAMERA.



**SINGAPORE
POLICE FORCE**

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



T/20221022/7013

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Report No. T/20221022/7013

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 / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
22/10/2022 10:59

Classification Of Case: