

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 14/12/2022 16:21 (SGT)
Reported by Driver
Date of Accident 13/12/2022 12:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information ARTILLERY AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ775L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VS MOVERS & LOGISTICS PTE LTD
Company Reg No 201621387Z
Email Address ONGCHENGHUI98@GMAIL.COM
Mobile Phone No (Phone) +65-97550584
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 3000

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5124079611-01

DRIVER

Name of Driver TEO ENG HOCK
NRIC No S8809304F
Date Of Birth 18/03/1988
Occupation Outdoor

| | |
|--|------------------------------|
| Date Of Driving Pass | 16/07/2014 |
| Driving experience | 8 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94883475 |
| Alt. Phone Number | - |
| Email Address | ANDY_TEO88@OUTLOOK.COM |
| Address | BLK 720 YISHUN ST 71 #01-255 |
| Address complement | - |
| Postcode | 760720 |
| 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 | Side Swipe |
| 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) | 2 |
| 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 | - |

PASSENGER 1

| | |
|--------------|----------------------------|
| Name | MUHAMMAD ISSHAFIQ BIN ISAM |
| Gender | Male |

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

SEE POLICE REPORT NO : T/20221214/7024

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 | SJY676A |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | TEO ENG HOCK |
| Gender | Male |
| Phone No | (Phone) +65-94883475 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | YQ775L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|----------------------------|
| Name of injured person | MUHAMMAD ISSHAFIQ BIN ISAM |
| Gender | Male |
| Phone No | (Phone) +65-88941596 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | YQ775L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE


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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:

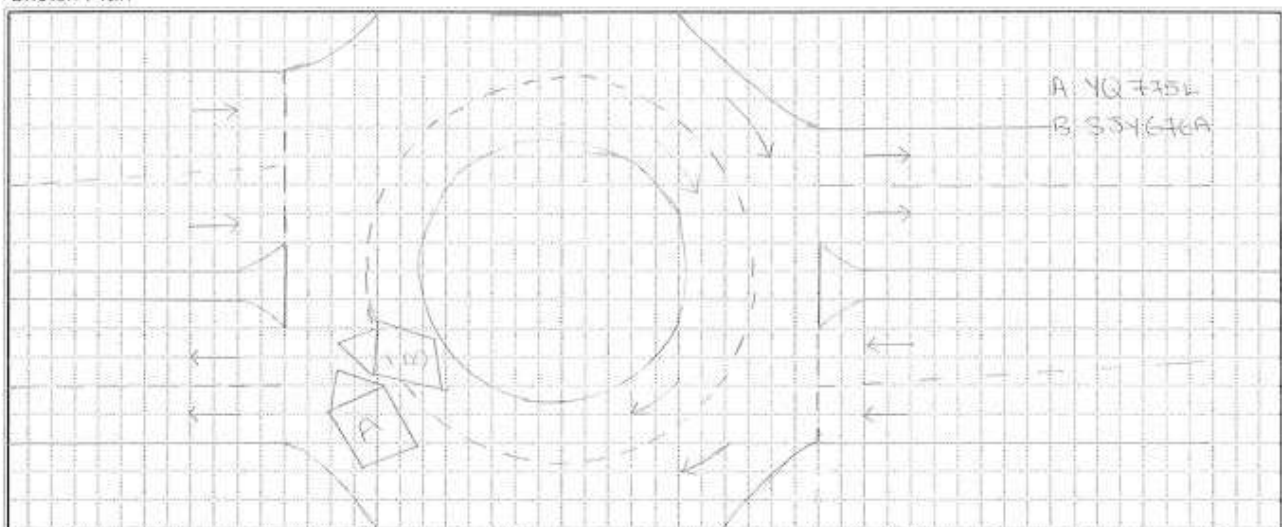
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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

14:10
14/12/12

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


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

Sketch Plan



Describe Circumstance of the Accident


Refer to police report.

Declaration

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



Policyholder's Signature / Date & Time

 14/10
14/12/12

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

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



**SINGAPORE
POLICE FORCE**



T/20221214/7024

1 of 3

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

Report No. T/20221214/7024

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 14/12/2022 14:04 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TEO ENG HOCK | | | Address: 720 YISHUN STREET 71 #01-255 SINGAPORE 760720 | | |
| ID Type / ID No.: NRIC NO / S8809304F | | | Contact No.: Home/Office: Mobile: 94883475 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: ANDY_TEO88@OUTLOOK.COM | | |
| Sex: Male | Age: 34 | Date of Birth: 18/03/1988 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 13/12/2022 12:05 | Type of Location: Roundabout |
| Location: THE KNOLLS | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 30 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|-------|------|-------|-------|----------------------|-------|
| SJY676A | Car | | | | | 0 |
| YQ775L | Lorry | | | | Seriously Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20221214/7024

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

2 of 3

Report No. T/20221214/7024

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------------|-----------------------------------|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | MUHAMMAD ISSHAFIQ BIN ISAM | ID No. | S9625347H |
| Related Vehicle | YQ775L (Lorry) | Contact No. | 88941596 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Serious |
| Driver | | | |
| Name | TEO ENG HOCK | ID No. | S8809304F |
| Related Vehicle | YQ775L (Lorry) | Contact No. | 94883475 |
| Hospital/Clinic | HEALTHPLUS CLINIC & SURGERY | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 14/12/2022 | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details:

On the 13 Dec 2022 @ 1208 Hrs. I was driving along Artillery Avenue suddenly vehicle B (SJY676A) driving along the inner lane. Out of the sudden she turn to the outer lane without noticing my vehicle (YQ775L) is beside along the outer lane. She just collided into my vehicle front right portion. I stop at the moment when I felt impact and went down to exchange particular with her. My passenger and I suffer neck and shoulder ache.



SINGAPORE POLICE FORCE



T/20221214/7024

3 of 3

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

Report No: T/20221214/7024

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:
14/12/2022 14:04

Classification Of Case: