

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	26/06/2023 16:40 (SGT)
Reported by	Actual Driver
Date of Accident	24/06/2023 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVENUE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1385D
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TWK LEASING
Company Reg No	5XXXX855C
Email Address	ja777ck@yahoo.com
Mobile Phone No	(Phone) +65-96553509
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00008562200

DRIVER

Name of Driver	TEO JUN HOWE , JOVAN
NRIC No	SXXXX583B
Date Of Birth	03/10/1998
Occupation	Indoor

Date Of Driving Pass	03/12/2020
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96553509
Alt. Phone Number	-
Email Address	jovanteojh@gmail.com
Address	APT BLK 719 TAMPINES STREET 72
Address complement	# 09-43
Postcode	520719
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	CLARA YEO
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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 DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6637A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email :
Email : huanmeng@live.com.sg

IMPORTANT NOTICE

Signature : *[Signature]* X

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. The 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X *[Signature]*

Policyholder's Signature / Date & Time

X

[Signature]

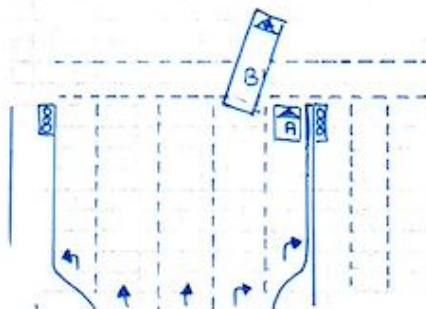
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 26/6/2023

Witnessed by Reporting Centre Personnel

Sketch Plan

Tampines Ave 9



A : SLZ 1385D

B : 3BS 6637A

Describe Circumstances of the Accident

The accident happened at Tampines Ave 9, 24 June 2023 at roughly 2:30pm. ~~People involved~~

People involved are ~~me~~ me, (driver), a passenger, ~~and~~ SBS bus driver.

I ~~was~~ the driver, was making a right turn at a traffic light junction. I was at the inner lane while the SBS bus was at the outer lane. Before I could make a right turn, the SBS bus made a sharp turn that ~~we~~ made a cut into my lane. ~~as~~ My car was stationary at that point. After the ~~car~~ hit, ~~I saw the bus driver~~ the bus driver did not stop. I drove beside the bus and signalled him to stop at the road side.

~~We~~ We exchange personal particulars. I took photo of the area ~~of~~ that my car got hit, the SBS bus plate, the bus driver IC & driver's licence. ~~He~~ He called SBS and told me that the company will ~~reach out to me~~ reach out to me on ~~the~~ this incident. His phone number is 90448018.

Declaration

We declare the foregoing particulars are true in every respect.

X 

Policyholder's Signature / Date & Time

X 

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

 26/6/2023

Witnessed by Reporting Centre Personnel























BUSINESS PROFILE



REQUEST CRITERIA

(You have requested to search on the following)

Date of Request :	25/05/2022
Name of Requestor :	
Requested Entity Name :	TWK LEASING
Requested Entity Number :	53450855C
File Reference Number :	

SEARCH RECORD

Entity Name :	1) TWK LEASING
Entity Number :	53450855C

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
BUSINESS PROFILE (COMPANY)



WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

DETAILS OF BUSINESS

Entity Name:	TWK LEASING
Entity Number:	53450855C
Date Of Registration (dd/mm/yyyy):	24/05/2022
Commencement Date:	24/05/2022
Certificate Renewal Date:	-
Expiry Date:	24/05/2025
Renewal via Giro:	-
Date Of Change Of Name:	-
Former Name:	-
Type:	SOLE-PROPRIETOR
Status:	LIVE
Status Date:	24/05/2022
Principal Place Of Business:	719 TAMPINES STREET 72 #09-43 TAMPINES STARLIGHT SINGAPORE 520719
Date Of Change Of Address:	-
Principal Activity / Activities:	1)RENTING AND LEASING OF PRIVATE CARS WITHOUT DRIVER (EXCLUDING ONLINE MARKETPLACES) (77101)

PARTICULARS OF AUTHORISED REPRESENTATIVE(S)

Name ID	Address	Nationality/Citizenship	Date Of Appointment	Date Of Cessation
-				

EXISTING SOLE-PROPRIETOR/PARTNER(S)