

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	20/07/2023 15:59 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2023 14:05 (SGT)
Exact Location of Accident	Pioneer Walk, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM233C
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOCK LEONG TECK KEE PTE. LTD.
Company Reg No	2XXXXX534D
Email Address	hltk83@singnet.com.sg
Mobile Phone No	(Phone) +65-62248813
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	N-VAN
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	658

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00118022200

DRIVER

Name of Driver	TEO MONG WAH WILSON
NRIC No	SXXXX697H
Date Of Birth	03/12/1975
Occupation	Indoor

Date Of Driving Pass	20/01/1996
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98559911
Alt. Phone Number	-
Email Address	w.teo75@gmail.com
Address	BLK 942 JURONG WEST STREET 91 #04-451
Address complement	-
Postcode	640942
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?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JSJ2778
Vehicle Category	Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230717/2057

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	JSJ2778
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +60-192649185
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.
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 willful 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.

B. 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/postal 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 situated outside of Singapore, for one or more of the above Purposes.

HOCK LEONG TECK KEE PTE LTD

No. 5 Ton Guan Road East
#01-06 Singapore 608831
Tel: 6224 8813 / 9376 4335
Fax: 6271 3760
UEN: 201820534D

HOCK LEONG TECK KEE PTE LTD

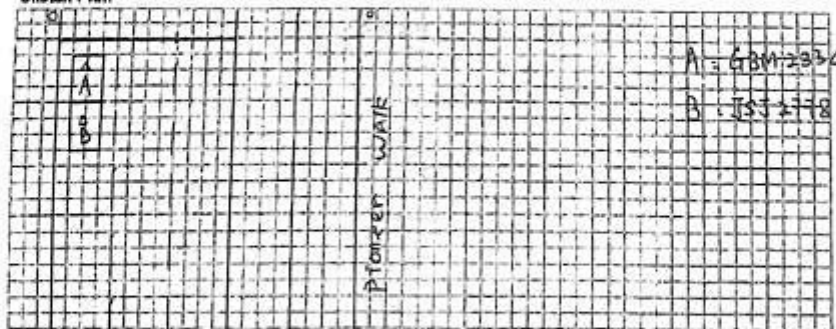
No. 5 Ton Guan Road East
#01-06 Singapore 608831
Tel: 6224 8813 / 9376 4335
Fax: 6271 3760
UEN: 201820534D

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to the police report: T/2023 077/2057.

Declaration

We declare the foregoing particulars are true in every respect.

HOCK LEONG TECK KEE PTE LTD
 No. 5 Ton Guan Road East
 #01-06 Singapore 608631
 Tel: 6224 8813 / 6376 4339
 Fax: 6271 3760
 UEN: 201820534D

Policyholder's Signature / Date & Time

Driver's Signature (to be signed by the policyholder) / Date & Time

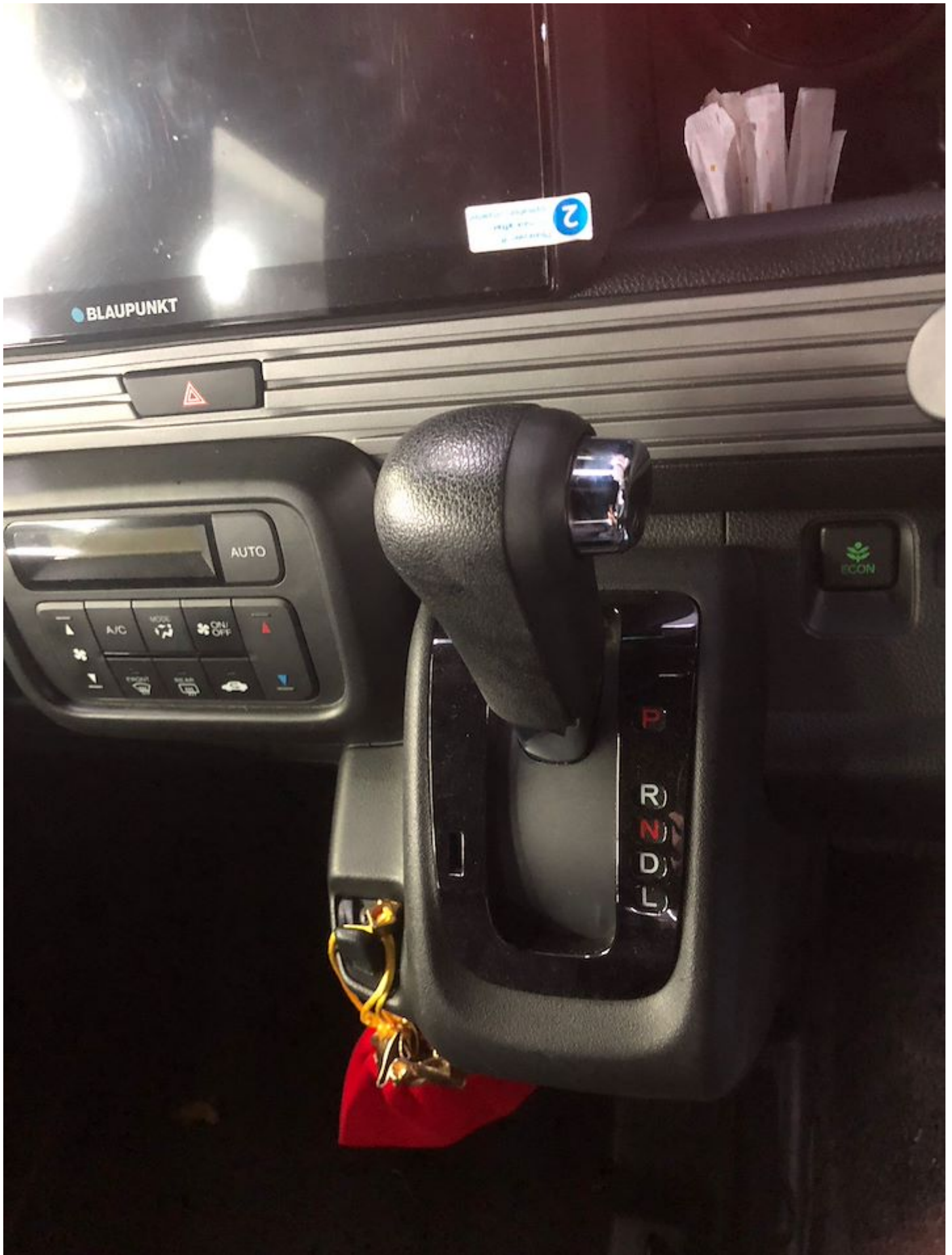
Witnessed by Reporting Centre Personnel







タイヤ空気圧 (一般、高速共)		kPa [kgf/cm ²]	
タイヤサイズ	前輪	後輪	
145/80R12 80/78N LT	280 [2.8]	350 [3.5]	
(応急用タイヤ) T115/90D13	420 [4.2]		
SRS	I XA		

























**SINGAPORE
POLICE FORCE**



T/20230717/2057

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20230717/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2023 15:25	Vide Report No.:	Station Diary No.: 99
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TEO MONG WAH WILSON	Address: APT BLK 942 JURONG WEST STREET 91 #04-451 SINGAPORE 640942		
ID Type / ID No.: NRIC NO / S7535697H	Contact No.: Home/Office: 62248813 Mobile: 98559911		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 47	Date of Birth: 03/12/1975	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: OPERATION MANAGER	Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 17/07/2023 14:05	Type of Location: X-Junction
Location: PIONEER WALK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GBM2233C	Van	HONDA	Nvan	Blue	Slightly Damaged	0
JSJ2778	Lorry	HINO		Beige	No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**


T/20230717/2057

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3
Report No. T/20230717/2057

CONTINUATION OF REPORT

Name	TEO MONG WAH WILSON		ID No.	S7535697H
Related Vehicle	GBM2233C (Van)		Contact No.	98559911
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Name	KHALIDI BIN RAHMAT		ID No.	690211015693
Related Vehicle	JSJ2778 (Lorry)		Contact No.	0192649185
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

Brief Details.

On 17/07/2023 at about 1405hrs, I was driving my company (Hock Leong Teck Kee Pte Ltd) van Blue/Honda Nvan bearing registration plate number GBM2233C along Pioneer walk towards Sunview Way. Thereafter, I stopped at the junction of Pioneer Walk and Pioneer Rd while the traffic light was red. While waiting for the traffic light to turn green, suddenly I felt an impact at the back of my company van. Immediately, I alighted from my company van and observed one Malaysian lorry, Beige/Hino bearing registration plate number JSJ2778 had hit onto the rear bumper of my company van. The rear right light was cracked and the top rear portion of my company van was also cracked due to the collision. The Malaysian lorry is from Securiforce Sdn.Bhd. (55 Udarama Kompleks Jln. 2/64A Off Jln. Ipoh 51200 K.Lumpur W.P.). No one was injured due to the accident. I was advised by my company's insurance company to lodge this traffic accident report.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20230717/2057

3 of 3

Report No. T/20230717/2057

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
J/
SGT 3 SAW HUI YING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
17/07/2023 15:25

Classification Of Case:

NP168