

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 First Submission	02/04/2024 14:27 (SGT)
Reported by	Actual Driver
Date of Accident	12/03/2024 11:24 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BOON LAY WAY HEAVY VEHICLE PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7454Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDEN FRIENDLY CONTRACTORS
Company Reg No	09123200K
Email Address	GOLDENFRIENDLYCONT@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90176175
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	RM117NSRDEB
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	Commercial vehicle
Transmission	Manual
CC	465

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5135546650

DRIVER

Name of Driver	TAN YUNLING (CHEN YUNLING)
NRIC No	S8234416J
Date Of Birth	30/10/1982
Occupation	Outdoor

Driving Pass Date	06/08/2013
Driving experience	10 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90176175
Alt. Phone Number	-
Email Address	GOLDENFRIENDLYCONT@YAHOO.COM.SG
Address	BLK 413 COMMONWEALTH AVENUE WEST
Address complement	#10-3023
Postcode	120413
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

REFER TO POLICE REPORT

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	QX2509J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Government
Name of Driver	NA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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.

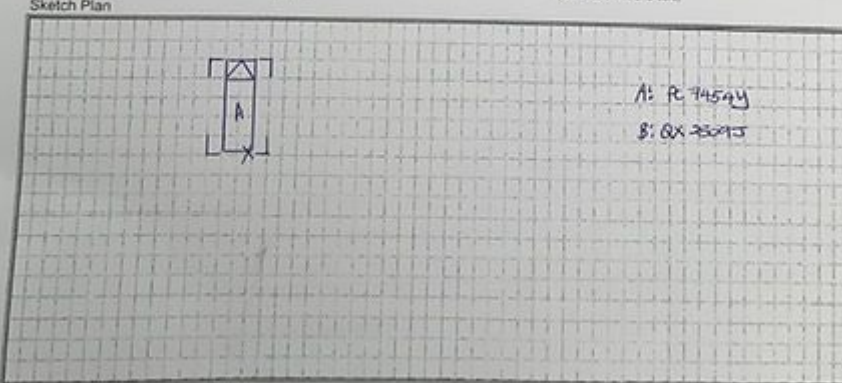
金友承包商
GOLDEN FRIENDS CONTRACTORS

Signature / Date & Time _____

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

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

Sketch Plan



A: R 74544
B: QX 2309J

1

Describe Circumstance of the Accident

REFER TO POLICE REPORT

Declaration
 (We declare the foregoing particulars are true in every respect.)

金友承包商
GOLDEN FRIENDS CONTRACTORS

Policyholder's Signature / Date & Time

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

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

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**M E S S A G E
FROM THE POLICE**

Dear Sir/ Msam,


Please note that your vehicle PC7454Y was involved in a minor traffic accident.

Ref to D/20240312/0034, please lodge a traffic accident report (NP168) at any police station.

Thank you.

QX2509J

Sender: SC/SGT Chin Chin Lee
Contact Number: 89266087
Police Station: Clementi NPL
Date/Time: 12/03/2024 @ 1225hrs



NP 104 (1/94)














 SINGAPORE POLICE FORCE		 T/20240313/7109				
		1 of 3 Report No. T/20240313/7109				
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000						
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 13/03/2024 18:45		Vide Report No.: D/20240312/0034				
		Station Diary No.:				
Informant's Particulars						
Name of Informant: TAN YUNLING		Address: 413 COMMONWEALTH AVENUE WEST #10-3023 SINGAPORE 120413				
ID Type / ID No.: NRIC NO / S8234416J		Contact No.: Home/Office: Mobile: 90176175				
Nationality: SINGAPORE CITIZEN		Email: crisisrain@yahoo.com.sg				
Sex: Female	Age: 41	Date of Birth: 30/10/1982	Type of Informant: Driver			
Race: Chinese		Language: English				
Occupation: Bus driver		Driving Licence Information: Class: 4 Date of Expiry:				
General Information of the Accident						
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/03/2024 11:24	Type of Location: boon lay way heavy vehicle park			
Location: boon lay way heavy vehicle park						
Weather:		Road Surface:				
Traffic Flow:		Traffic Control:	Traffic Volume:			
Type of Collision:			Anyone conveyed by ambulance: No			
Details of Vehicle Involved						
Vehicle No.	Type BUS	Make MITSUBISHI	Model RM117	Color Multi-Colored	Condition Slightly Damaged	No of 0
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		

 **SINGAPORE
POLICE FORCE**



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

Report No. T/2024/0008

CONTINUATION OF REPORT

Driver			
Name	TAN YUNLING	ID No.	S8234416J
Related Vehicle	(BUS)	Contact No.	90176175
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.
I PARKED MY VEHICLE PC7454Y AT THE HEAVY VEHICLE CARPARK AT BOON LAY WAY ON 12/03/2024 AT 0730HRS. I CAME BACK TO MY VEHICLE ON 13/03/2024 AT ABOUT 1700HRS AND DISCOVERED A NOTE FROM THE POLICE AND DAMAGES TO MY VEHICLE'S RIGHT SIDE REAR BUMPER.

 SINGAPORE POLICE FORCE		 T/20240313/7109
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000		3 of 3 Report No. T/20240313/7109
CONTINUATION OF REPORT		
Signature Of Officer Recording The Report: Not applicable		Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable		Date/Time: 13/03/2024 18:45
Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219		Classification Of Case:
This report is lodged at Clementi NPP Kiosk 1 NP166		