

## 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 .....	04/09/2024 08:54 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/09/2024 12:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	11 SWAN LAKE AVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YR2144P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KAT LAT PTE LTD
Company Reg No .....	2XXXXX445G
Email Address .....	WAYNE.HENG@KATONGCATERING.COM.SG
Mobile Phone No .....	(Phone) +65-96578234
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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 .....	Manual
CC .....	150
Vehicle Fuel .....	Diesel
First Registration Date .....	15/04/2024
Chassis no .....	JHHAGV4620K003897
Effective Date/Time of Ownership .....	15/04/2024 00:00 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5144736279

#### DRIVER

Name of Driver .....	HENG YI SHENG
NRIC No .....	SXXXX172Z
Date Of Birth .....	17/09/1988
Occupation .....	Indoor
Driving Pass Date .....	25/04/2008
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	16 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96578234
Alt. Phone Number .....	-
Email Address .....	WAYNE.HENG@KATONGCATERING.COM.SG
Address .....	164 BEDOK SOUTH ROAD
Address complement .....	03-406
Postcode .....	460164
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 .....	Collided into Parked Vehicle
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED.

#### 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 .....	QX592E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
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

## IMPORTANT NOTICE

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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 lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.



2/4/24

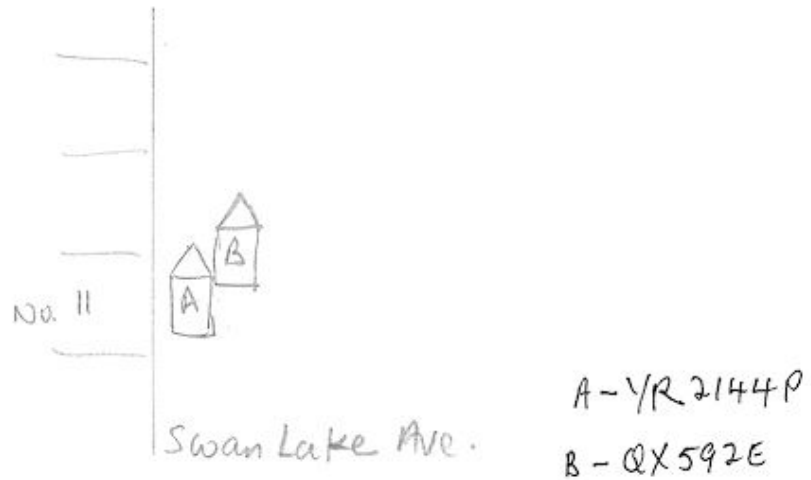
Policyholder's Signature Date  
& Time:

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



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN, NO

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: G/20340903/7038  
attached.

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

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

  
2/9/24

Policyholder's Signature Date

Driver's Signature



Reporting Centre Personnel's Signature



**SINGAPORE  
POLICE FORCE**



G/20240903/7038

1 of 1

**POLICE REPORT (NP299)**

Report No. G/20240903/7038

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 03/09/2024 12:44		Vide Report No.		Station Diary No.	
Name Of Informant HENG YI SHENG		Address 11 SWAN LAKE AVENUE OPERA ESTATE SINGAPORE 455710			
ID Type / ID No. NRIC NO / S8835172Z		Contact No. Home/Office:                      Mobile: 96578234			
Nationality SINGAPORE CITIZEN		Email Address wayne.heng@katongcatering.com.sg			
Occupation Company director		Sex Male	Age 35	Date of Birth 17/09/1988	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 03/09/2024 12:10 - 03/09/2024 12:30		Location Of Incident 11 SWAN LAKE AVENUE OPERA ESTATE SINGAPORE 455710			

**Brief details.**

My parked vehicle a white Toyota Lorry YR2144P was hit by a police patrol vehicle.  
Minimal damage, am requested to submit a report for insurance claim.

Reference number: G/20240903/080082

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: 03/09/2024 12:44
Officer In-Charge Of Case:	Classification Of Case: