

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	27/06/2024 14:30 (SGT)
Reported by	Actual Driver
Date of Accident	03/06/2024 15:30 (SGT)
Exact Location of Accident	Hougang St. 32, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ7629X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CBS PAINTS PTE LTD
Company Reg No	200101096W
Email Address	ENQUIRY@CBSPAINTS.COM.SG
Mobile Phone No	(Phone) +65-97821886
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	CABSTAR G
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3153

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00013362406

DRIVER

Name of Driver	CHNG HUAY MENG
NRIC No	S1196570I
Date Of Birth	26/03/1956
Occupation	Outdoor

Driving Pass Date	14/02/1979
Driving experience	45 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86511307
Alt. Phone Number	-
Email Address	ENQUIRY@CBSPAINTS.COM.SG
Address	APT BLK 456A SENGKANG WEST ROAD #04-300
Address complement	-
Postcode	791456
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	No Collision
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)	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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED 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	SHC5865C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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

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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.



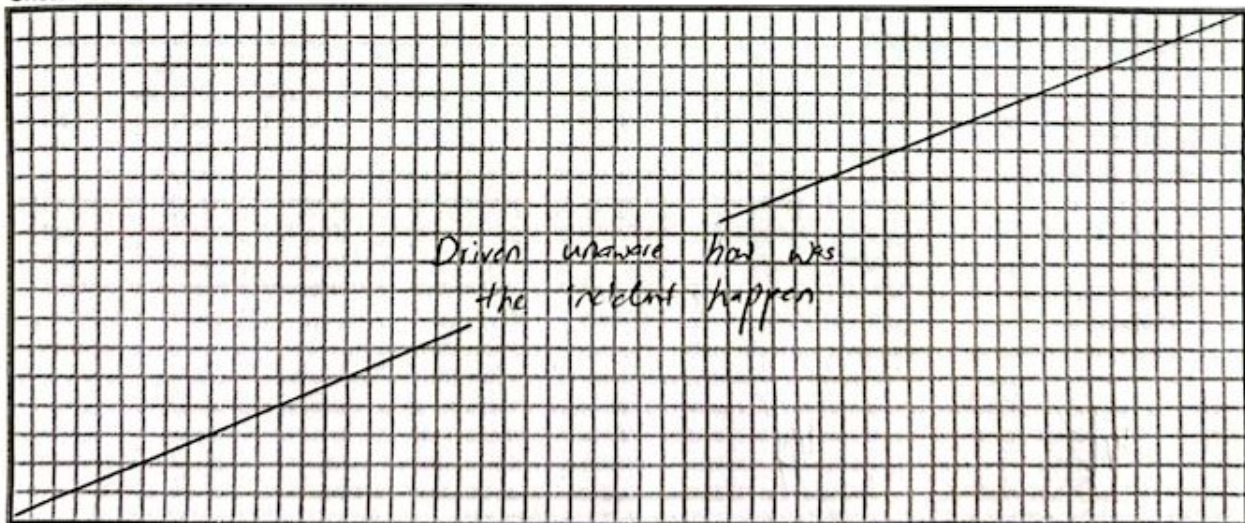
 Policyholder's Signature / Date & Time


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



 Witnessed by Reporting Centre Personnel
 (Name as in NR/C/D card)

Sketch Plan




Describe Circumstance of the Accident



Refer to the attached police report.

Declaration

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

 
Policyholder's Signature, Date & Time


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/20240619/2129

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20240619/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2024 16:00	Vide Report No.:	Station Diary No.: 99
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Informant's Particulars

Name of Informant: CHNG HUAY MENG	Address: 456A SENGKANG WEST ROAD #04-300 SINGAPORE 791456		
ID Type / ID No.: NRIC NO / S11965701	Contact No.:	Mobile: 86511307	
Nationality:	Home/Office:	Email:	
Sex: Male	Age: 68	Date of Birth: 26/03/1956	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: Lorry driver	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/06/2024 15:30	Type of Location: Car Park
Location: HOUGANG STREET 32				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GZ7629X	Lorry				Slightly Damaged	0
SHC5865C	Motor car				No Damage	0



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Tel No: 1800-4890999

2 of 3

Report No. T/20240619/2129

CONTINUATION OF REPORT**Brief Details.**

On 03/06/2024 at about 1710hrs, I was driving out my company's lorry (GZ7629X) at the carpark of Blk 6 Hougang St 32 and I felt there was a slight bump however I thought it was a stone or bricks on the floor hence I did not make any further check and drove off. At that point in time, nobody approached me to inform about any collision. I am unaware of any accident that happen and also there was no damage on my lorry.

On 19/06/2024 at about 1200hrs, I was informed by my company that there was a traffic police letter ref (TP/IP/16275/2024) addressing to the lorry and I was the driver. I made my way down and make the police report.

I do not have dash cam on my vehicle.



**SINGAPORE
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T/20240619/2129

3 of 3

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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20240619/2129

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 2 LUM ZHI WEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

NP168

Signature Of Informant:

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Date/Time:
19/06/2024 16:00

Classification Of Case: