

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 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 ability.
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 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 Report	09/06/2015 14:15
Date Of Accident	27/04/2015 23:00
Exact Location Of Accident	INFRONT ORCHARD GATEWAY NEAR TO THE CARPARK ENTRAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM2899X
Insured/Policyholder	
Name Of Registered Owner	FASTFIXS SYSTEMS PTE LTD
Co Reg No	-
Email Address	FINEBUILD@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	Office-62857781

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR Y
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	DMCVSN3042241400
Cover Note Number	

Driver

Name of Driver	TAN BOON KIAT
NRIC No	S8177628H
Date Of Birth	03/10/1981
Occupation	Outdoor
Date Of Driving Pass	02/03/2004
Driving Experience	11 Years And 1 Month
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	KT@FINEBUILDSYS.COM.SG

Address	BLK 276B JURONG WEST AVE 3 #02-87 S(642276)
Postcode	
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Side Swipe- Same Direction
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Address	ROAD: 51 Killiney Road , POSTCODE: 239572 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACHED POLICE REPORT: T/20150515/2054.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9714J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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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

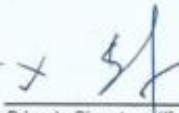
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

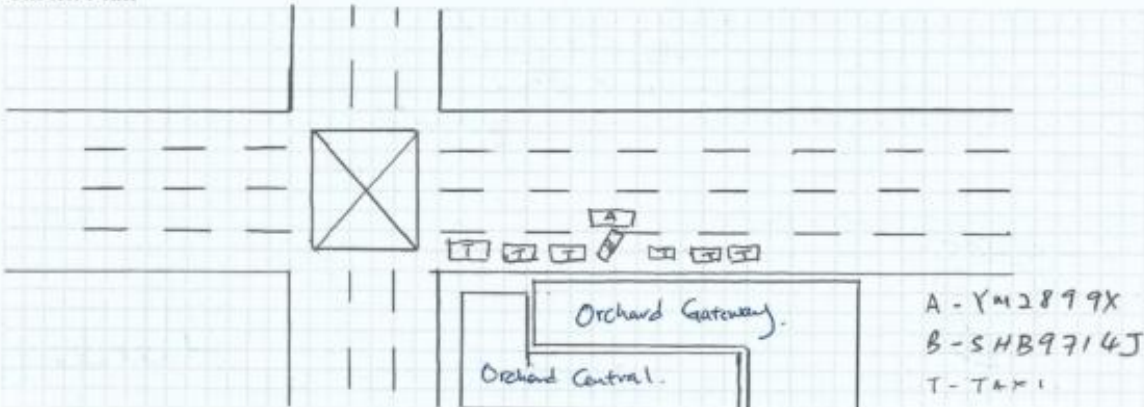
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

Please refer to the attached police report: T/20150515/2054.

Declaration

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

Huang

POLICE REPORT

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20150515/2054

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Report No. T/20150515/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2015 12:25			Vide Report No.:		Station Diary No.: 50
Informant's Particulars					
Name of Informant: TAN BOON KIAT			Address: APT BLK 276B JURONG WEST AVENUE 3 #02-87 SINGAPORE 642276		
ID Type / ID No.: NRIC NO / S8177628H			Contact No.: Home/Office:		Mobile: 93878628
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 03/10/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROJECT COORDINATOR			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	No	Date/Time of Accident:	27/04/2015 23:00	Type of Location:	Straight Road
Location: Along Road 1 SOMERSET ROAD infront Orchard Gateway near to the carpark entrance.							
Weather: Clear		Road Surface: Dry		Road Speed Limit:			
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate			
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB9714J	Car				Slightly Damaged	0
YM2899X	Lorry				No Damage	0

Brief Details.

On 27.04.2015 @2300 hrs i was travelling along Somerset Road at the second lane from the right in front of Orchard Central/Orchard Gateway. On the extreme right lane, there was a queue of taxis waiting for passengers. Out of sudden, one motor taxi SHB9714J dashed out from the queue, i immediately horned and applied brakes. Unfortunately, the said the taxi hit the right side of my lorry just behind my cabin. I went down to have a look and made a check, the taxi driver(male Chinese around his 50s) was not injured. The taxi front bumper was damaged and both of us parked our vehicle to the side.

POLICE REPORT

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



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Report No. T/20150515/2054

CONTINUATION OF REPORT

I then assist the said taxi driver in fixing the damaged bumper. Both of us did not exchange particulars and the Orchard Gateway management informed us to move our vehicles away as it might caused a congestion.

I parked my lorry at the nearest carpark and when i returned back to the said location, the taxi driver was no longer there. I wished to state that there was no hit and run in this case as i had assisted the taxi driver after the accident.

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Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20150515/2054

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Report No. T/20150515/2054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
SHARUL BIN OSMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Lim Woon Tiong
Contact No.: 65476418

Signature Of Informant:

Date/Time:
15/05/2015 12:25

Classification Of Case:

Authentication Stamp

NP168

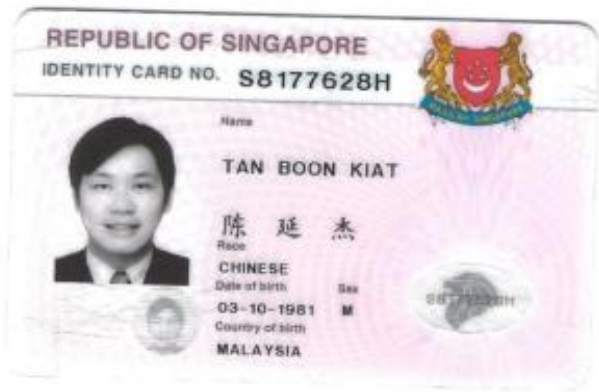
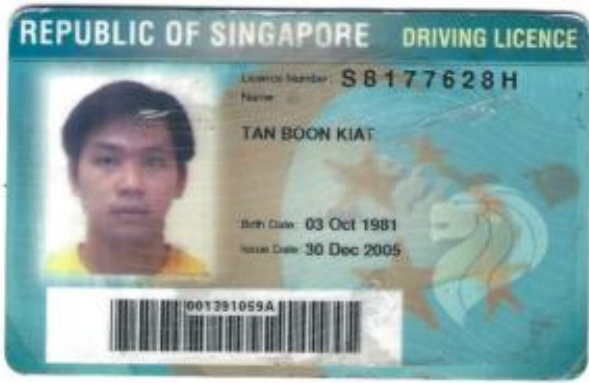
SN 172



Signature:

Singapore Police Force

IC & DRIVING LICENCE



IC & DRIVING LICENCE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

