#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number
Contact Number
EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

atoresald.	
	ACCIDENT STATEMENT
Date Of Report	27/12/2017 16:06
Date Of Accident	11/11/2017 20:30
Exact Location Of Accident	COURTS MEGASTORE CARPARK TAMPINES NORTH DR 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP1768G
Insured/Policyholder	
Name Of Registered Owner	S.K. YAP ENGINEERING
Co Reg No	49106500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97377154
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086872867
Cover Note Number	
Driver	
Name of Driver	TAN KWANG BOON
NRIC No	S1420156D
Date Of Birth	27/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	16/10/1984
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE

(LOCAL) +65-96346738

**NOEMAIL** 

Address BLK 447B JALAN KAYU

#08-348

Postcode 792447

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 NO COLLISION

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT:T/20171113/2172

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any video captured by Car Camera? Was there any audio recorded?

NO

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)
  - 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, involces, 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:
  - 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.

Policyholder's Signature Date & Time:

Driver's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No. SKETCH PLAN

COURTS MEGASTORE OPEN CARPARK @ TAMPINES NORTH DR 2



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s	refu	to t	Le police	e repar	1:720	171118/21172

ig particulars are true in every respect.

Policyholder's Signature Date & Time:

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

Name:

NRIC/FIN No.:





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Report No. T/20171113/2172

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver			200	S. LEW.		医肥皂 经经验的证据
Name	TAN KWANG BOON			ID No		S1420156D
Related Vehicle	YP1768G (Lorry)			Conta	ct No.	96346738
Hospital/Clinic	NIL		at w	Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	fInjury	NIL	

#### Brief Details.

On 11/11/2017 at about 2030hrs, after I finish my last delivery, I came back to Courts Megastore and parked my Courts Lorry Reg no: YP1768G at the open space carpark located at No.50 Tampines North Drive 2. I am not sure if there is any carpark lot number. After parking my lorry, I secured my lorry and left for home. The carpark at that time was full and there were private cars parked on both the lots beside I parked my lorry.

On 13/11/2017 at about 0730hrs, I reported for work and went back to my lorry to start work. I then noticed there is note placed on my lorry windscreen with a report number G/20171111/0206. To call IO Mariam at Tel:65476433. I then called the number and I assume its a police officer on the line and she told me to lodge a police report as she informed me that someone claim that I have hit his/her parked vehicle. She did not reveal any other details of the accident.

I wish to state that I did not know anything about any accident committed by me or involving the lorry I am driving. I believe I am the only driver for the said lorry and I had brought the key home with me. I am not sure if anybody else have the spare key but Courts should have a spare key to the vehicle. When I come back to the lorry on 13/11/2017, the lorry is still at the lorry I parked and there is no significant damages found on my lorry to suggest that it was involved in an accident.

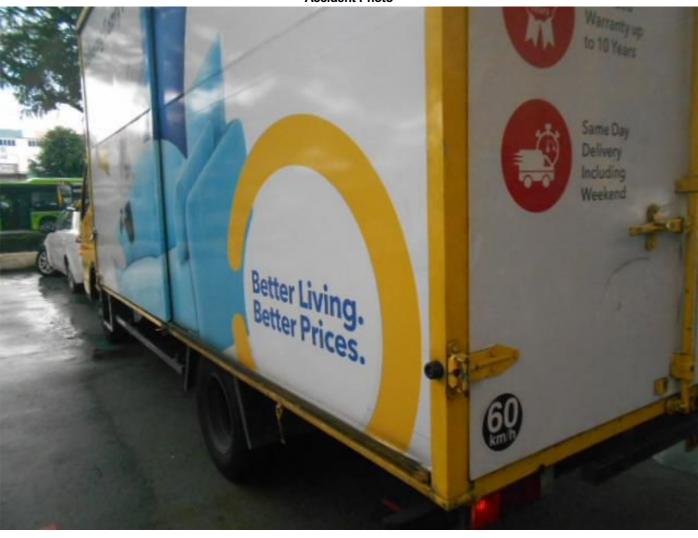




























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Report No. T/20171113/2172

# SINGAPORE POLICE FORCE

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT	OF A TRAFFI	CACCIDENT		
Date/Time Report Made: 13/11/2017 19:03		Vide Report No.:	Station Diary No. 82	
Informa	nt's Partic	ulars		
	Informant: ANG BOO		Address: APT BLK 447B JALAN	KAYU #08-348 SINGAPORE 792447
	/ ID No.: 0 / S14201	56D	Contact No.: Home/Office:	Mobile: 96346738
National SINGAP	ity: PORE CITIZ	EN	Email:	
Sex: Male	Age: 57	Date of Birth: 27/02/1960	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupat	tion: RY DRIVE	R	Driving Licence Informa Class: 2B.3	tion: Date of Expiry:

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/11/2017 07:30	Type of Location Car Park
	IORTH DRIVE 2	·	11 11 2017 20	30
		Road Surface:	R	oad Speed Limit:
		Traffic Control:	Ti	raffic Volume:
Traffic Flow: Two Way		Not Controlled		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
YP1768G	Lorry	MITSUBISHI	FUSO	Yellow	No Damage	0

Details of Person Involved	图表,但是 医原理器 人名雷德斯斯 医多种 医多种
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20171113/2172

2 of 3 Report No. T/20171113/2172

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver		255 Sept.	100000000000000000000000000000000000000	3-11	5433	<b>则则如此独身中心</b>
Name	TAN KWANG BOON		ID No		S1420156D	
Related Vehicle	YP1768G (Lorry)			Conta	ct No.	96346738
Hospital/Clinic	NIL		at w	Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	fInjury	NIL	

#### Brief Details.

On 11/11/2017 at about 2030hrs, after I finish my last delivery, I came back to Courts Megastore and parked my Courts Lorry Reg no: YP1768G at the open space carpark located at No.50 Tampines North Drive 2. I am not sure if there is any carpark lot number. After parking my lorry, I secured my lorry and left for home. The carpark at that time was full and there were private cars parked on both the lots beside I parked my lorry.

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Report No. T/20171113/2172

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

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: G / Sr Staff Sgt MUHAMAD FAISAL BIN MOHD SALEH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2017 19:03
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case: