

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 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	22/01/2018 16:43
Date Of Accident	06/01/2018 18:45
Exact Location Of Accident	BLK 669A CHOA CHU KANG CRESCENT MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC909P
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Insured/Policyholder

Name Of Registered Owner	BEAUTY WOOD MATERIAL AND HARDWARE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65553162

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1328431704
Cover Note Number	18/10/17 - 17/10/18

Driver

Name of Driver	SEETO CHIAN HENG
NRIC No	S1267790A
Date Of Birth	21/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1979
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84815159
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 673 CHOA CHU KANG CRESCENT #06-391
Postcode	680673
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
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
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	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9260T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GBC 909P
INSURER : CHINA TAIPING
DATE & TIME: 06/01/18 1845HRS

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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.



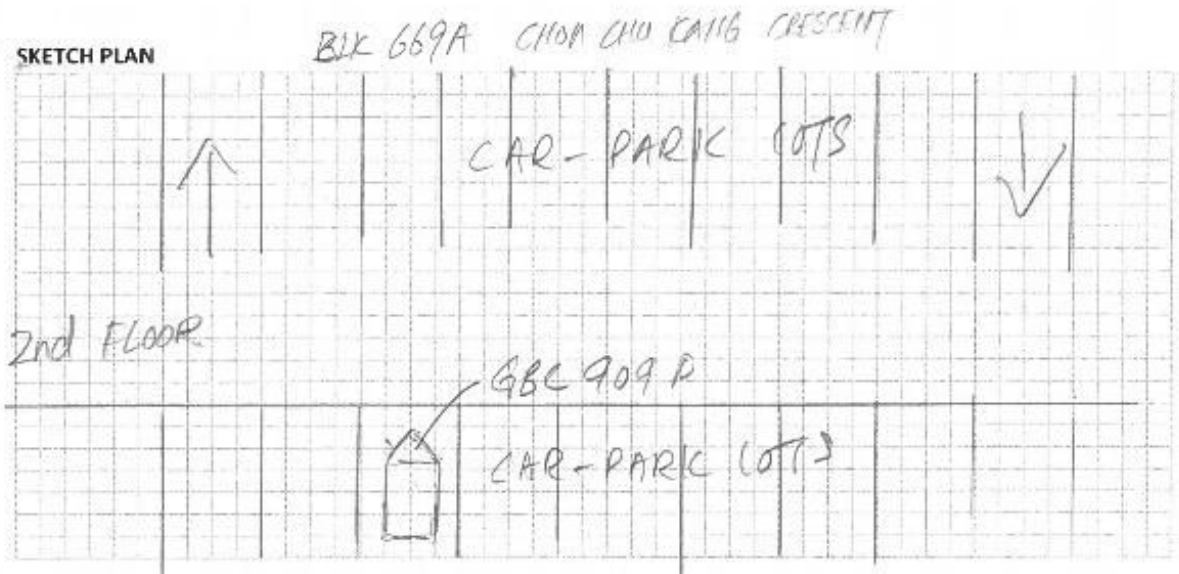
Policyholder's Signature
Date & Time:

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

(WL) 09 22/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ATTACHED TO POLICE REPORT

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CLAIM TYPE () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()



**SINGAPORE
POLICE FORCE**



T/20180109/2051

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20180109/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2018 12:18		Vide Report No.:		Station Diary No.: 23	
Name of Informant: SEETO CHIAN HENG					
Address: APT BLK 673 CHOA CHU KANG CRESCENT #06-391 SINGAPORE 680673					
ID Type / ID No.: NRIC NO / S1267790A		Contact No.: Home/Office: Mobile: 84815159			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 60	Date of Birth: 21/07/1957	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/01/2018 23:30	Type of Location:
Location: Along Road 1 CHOA CHU KANG CRESCENT B/669A Choa Chu Kang Crescent MSCP				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

GBC909P	Lorry				No Damage	0
SH9260T	Car				No Damage	0

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20180109/2051

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20180109/2051

CONTINUATION OF REPORT

Name	SEETO CHIAN HENG		ID No.	S1267790A
Related Vehicle	GBC909P (Lorry)		Contact No.	84815159
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 06/01/2018 at about 1845hrs, I parked my vehicle bearing the registration no. GBG909P at B/669A Choa Chu Kang Crescent MSCP. I did not hear any sound or felt anything while parking. My vehicle was parked there till 08/01/2018 at about 0730hrs.

On 09/01/2018 at about 0815hrs, when I was reporting for work, my manager informed that I was in an accident of hit and run accident with a vehicle bearing the registration no. SH9260T that I was not aware of. I am unsure what had happened. There is no damaged to my vehicle.

There is no in-car camera in my vehicle.



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POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20180109/2051

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Report No. T/20180109/2051

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: F / Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SS1-2 SOM PENG GUAN Contact No.: 65476171

Authentication Stamp
NP188

Signature Of Informant:
Date/Time: 09/01/2018 12:18
Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

