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 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 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	18/05/2018 19:11
	Date Of Accident	18/05/2018 11:35
	Exact Location Of Accident	JALAN RAJA UDANG TWDS BALESTIER RD
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	GBE8741S
	Insured/Policyholder	
	Name Of Registered Owner	M/S K LITE
	Co Reg No	53140031W
	Email Address	NOEMAIL
	Mobile Phone No	
Alte	Alternative Phone No	OFFICE-62561761
	Vehicle Particulars	
	Manufacturer	NISSAN
	Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
	Exact Purpose for which vehicle was being used at time of accident	WORKING
	Are you claiming under your own insurance policy for repair to your vehicle?	NO
	If No, Please state action to be taken	THIRD PARTY
	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	DMCVSN3023551800
	Cover Note Number	
	Driver	
	Name of Driver	KAN SHEAN HONG

NRIC No S8855957F Date Of Birth 22/09/1988 Occupation **OUTDOOR Date Of Driving Pass** 23/12/2014

Driving Experience 3 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84072121

Fax Number

Contact Number OFFICE-84072121

EMail Address NOEMAIL

BLK 701 WEST COAST ROAD Address

#12-331

Postcode 120701

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHUA AI LIAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name MOULMEIN NEIGHBOURHOOD POLICE POST

ROAD: BLK 101 JALAN RAJAH, POSTCODE: 320101, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2508999 - FAX NO: 63554312

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180518/2065.

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 Witness 1

Name MR AHMAD Phone Number 96266660

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP2711M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

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- 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) of:
 - 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:
 - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

	(A) GBE 87412
	B 40 2711M.
	B) YP J711M. Along Jalan Roja Udana Towards Balestia R
WHOSE'S A	loverds Balester K
cor	
CRIBE CIRCUMSTANCES OF THE ACCID	ENT
State	near Pense Rufer To Report No: T/20180518/2065
Police	REPORT No: T/20180518/2065
	every respect.
declare the foregoing particulars are true in	every respect. St \$118
declare the foregoing particulars are true in	every respect. 1.8/5/18 3.54 pu
SSTPERT	severy respect Style 18 3. Har Signature Reporting Centre Personnel's Signature

Police Report





Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101 1 of 3 Report No. T/20180518/2065

Tel No: 1800-25089999

pi

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2018 13:28			Vide Report No.:	Station Diary No.		
Informa	nt's Partice	ulars	SPECTAL BUILDING STATE	新世世州为唐崇州		
	Informant: EAN HONG		Address: APT BLK 701 WEST COAST ROAD #12-331 SINGAPORE 120701			
ID Type / ID No.: NRIC NO / S8855957F			Contact No.: Home/Office: Mobile: 84072121			
National MALAYS			Email:			
Sex: Age: Date of Birth: Male 29 22/09/1988			Type of Informant: Driver			
Race: Chinese Occupation: Driver			Language: Institution / School Name: Chinese Driving Licence Information: Class: 2B,3 Date of Expiry:			

Seneral Inform	mation of the Acciden	t see all the see	THE THE DESIGNATION	THE PERSON NAMED IN	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/05/2018 11:35	Type of Location Straight Road	
Weather: Clear		Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ving Vehicles - Side Sw	ripe - Same Direction		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE8741S	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Grey	Slightly Damaged	1
YP2711M						0

Police Report





Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101 2 of 3 Report No. T/20180518/2065

Tel No: 1800-25089999

CONTINUATION OF REPORT

Details of Person Any Pedestrian In			The state of the s	100		
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Driver TA	产作"原金机"的位置	电线 机	學、維強、內格	量 原色	, t/L	5年测量的2000年110g
Name	KAN SHEAN HONG			ID No.		S8855957F
Related Vehicle	GBE8741S (Van)			Contact No.		84072121
Hospital/Clinic .	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Date Discharge NIL		
No. of Days gran	of Days granted Medical Leave NIL			Degree of Injury NIL		
Passenger			10000	的粉色	RIVER IN	THE THE PERSON NAMED IN
Name	Chua Ai Lian			ID No.		S7630210C
Related Vehicle	GBE8741S (Van)		Contact No.		97902309	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	scharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 18/5/2018 at about 1135hrs, while I was waiting for a parking lot along Jalan Raja Udang towards Balestier Road, my vehicle was in a stationary position along Jalan Raja Udang, at that point of time I was the driver and I had a front passenger, Chua Ai Lian. When our vehicle was in a stationary position we noticed that a lorry trying to cut into our lane from our right, and while he was doing so his lorry was near to our vehicle, as such I pressed on the honk once. However the lorry continued to cut into our lane and unfortunately the rear left side of the lorry collided onto the right front side of my vehicle.

After the collision I honk on the lorry, however the lorry did not stop and it drove off. I would like to state that the accident was witnessed by another vehicle which was behind of us. The witness is Mr Ahmad and his contact number is 96266660, Ahmad also assisted in taking photograph of the fled away lorry, the lorry vehicle number is YP2711M. Due to that my vehicle sustained scratches and dent on the front right side of the vehicle.

Police Report





Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101 Tel No: 1800-25089999 3 of 3 Report No. T/20180518/2065

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 / Sgt 1 JANSON CHEW	Signature Of Informant:
Signature Of Interpreter:/ Not applicable	Date/Time: 18/05/2018 13:28
Officer In Charge Of Case: TP / HRT / Sr Staff Sat EST LETT CHARGE CORE	Classification Of Case:
Sr Staff Sgt EST HE CHONG PRE Contact No.: 654 7666 POLICE FORCE Authentication Stamp	SN 080
SIGNATURE 6368	

















