

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	28/06/2018 18:55
Date Of Accident	07/05/2018 16:30
Exact Location Of Accident	ALONG THOMSON RD BESIDE NOVENA COURT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8001U
Insured/Policyholder	
Name Of Registered Owner	M/S BLU3 STAR MFG GROUP PTE LTD
Co Reg No	201333732Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63394383

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 M
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	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	DMCVSN3024341800
Cover Note Number	

Driver

Name of Driver	CLAVIN TENG KAR CHUN
Passport No/FIN	G2343175R
Date Of Birth	20/09/1993
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83076967
Fax Number	
Contact Number	OFFICE-83076967
Email Address	NOEMAIL

Address	BLK 649A JURONG WEST STREET 61 #08-288
Postcode	641649
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	COLLISION - MAJOR/MINOR RD
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?	
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180507/2158.

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	SHC5660B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

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 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. 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.
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.



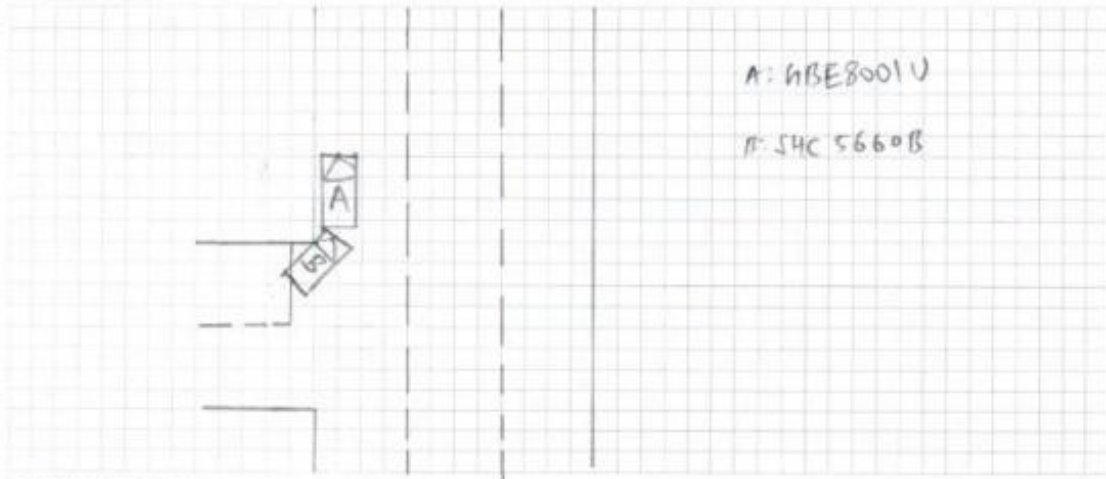
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20186507/2138.

DECLARATION

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

Policyholder's Signature

Date & Time:

Signature of Policyholder

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180507/2158

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20180507/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2018 21:00		Vide Report No.:		Station Diary No.: 229	
Informant's Particulars					
Name of Informant: CLAVIN TENG KAR CHUN			Address:		
ID Type / ID No.: FIN NO / G2343175R			Contact No.: Home/Office:		Mobile: 83076967
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 24	Date of Birth: 20/09/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/05/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
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 - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8904P	Lorry				Slightly Damaged	1
SHC5660B	Car				No Damage	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180507/2158

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180507/2158

CONTINUATION OF REPORT

Brief Details.

On 07/05/2018 at around 1630hrs, I was driving my lorry bearing the registration number of GBE8904P along Thomson Road. I just drove out of a U-Turn and was cruising normally. Suddenly I was hit at my rear left side by a Taxi bearing the registration number of SHC5660B. I then stayed in the lorry to inform my boss about this and my passenger who was my colleague approached Taxi Driver however he refused to furnish his name and NRIC number. He only came out of the vehicle to take photo. He then drove off later. My lorry rear left section was abit scratched and dented in. I am unclear of the damage of the other vehicle.

I wish to add that there is no traffic police at scene and there is no ambulance as well. Nobody was injured in the accident. I am lodging this report for insurance and recording purpose.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180507/2158

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20180507/2158

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: J / Sgt 2 TAN LITEK
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430

Signature Of Informant:
Date/Time: 07/05/2018 21:00
Classification Of Case:

Authentication Stamp
NP108

Police Report



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

Traffic Police

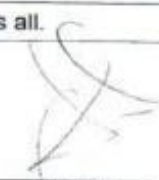
AMENDMENT

Name: Clavin Teng Kar Chun	Traffic Accident Report no: T/20180507/2158
Address: BLK 649A Jurong West St 61 #08-288	Accident Date / Time: 07/05/2018 @ 1630hrs
NRIC no: G2343175R	Vehicle(s) involved: GBE8001U SHC5660B
Contact no: 83076967	
Date of Amendment: 08/05/2018	

Dear Sir / Madam

I wish to amend as follows:

Reference to the Traffic report which I lodged on 07 May 2018 (Vide: T/20180507/2158),
I wish to amend the vehicle number should be GBE 8001U instead of GBE 8904P.
That's all.


Yours faithfully

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

