

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	05/07/2018 11:59
Date Of Accident	05/05/2018 06:45
Exact Location Of Accident	3017 BEDOK NORTH ST 5 LEVEL 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG332G
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Insured/Policyholder

Name Of Registered Owner	OH'S FARM CATERING (F&B) PTE LTD
Co Reg No	201216150E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68423271

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5091159808
Cover Note Number	-

Driver

Name of Driver	LIN MINGCHAO
Passport No/FIN	G2823828U
Date Of Birth	02/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84300146
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	587 AMK AVE 3 #07-3025
Postcode	560587
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?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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	GBB8269E
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)

Accident Sketch Plan

SKETCH PLAN

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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:

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

Accident Sketch Plan

SKETCH PLAN

Unable to Provide Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:

Signature of Driver

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

Signature of Reporting Centre Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180528/2122

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3
Report No: T/20180528/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2018 19:04	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: LIN MINGCHAO		Address: C/O AVIER FOOD MANUFACTURING PTE LTD SINGAPORE	
ID Type / ID No.: FIN NO / G2823828U		Contact No.: Home/Office: Mobile: 84300146	
Nationality: CHINESE		Email:	
Sex: Male	Age: 25	Date of Birth: 02/09/1992	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: 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: 05/05/2018 06:45	Type of Location: Car Park
Location: Along Road 1 BEDOK NORTH STREET 5				
CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: I DID NOT NOTICE ANY IMPACT				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG332G	Lorry					0

Details of Person Involved

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

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POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999



T/20180528/2122

Report No. T/20180528/2122

CONTINUATION OF REPORT

Driver		ID No.	G2823828U
Name	LIN MINGCHAO	Contact No.	84300146
Related Vehicle	GBG332G (Lorry)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

On 28/05/2018, I received a letter from TP stating that there was a alleged Hit-and-Run accident involving GBG323G & GBB8269E along Bedok North Street 5 Carpark on 5 May 2018 at about 0645hrs.


I wish to state that during that point in time, I am the driver of GBG332G. However during my course of driving, I did not involved in any form of accident. There were also no damaged on the said vehicle.

POLICE REPORT


180528/2122

No. T/20180528/2122

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 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No. 1800-2849999


T/20180528/2122

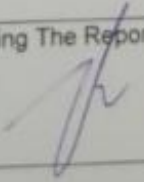
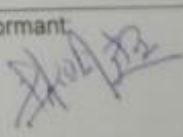
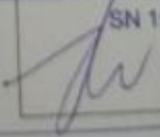
3 of 3
Report No. T/20180528/2122

CONTINUATION OF REPORT


Sketch Plan
Informant is not able to provide sketch plan

*Karif Mirif
65476902*

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 ONG ZHEN ZUO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/05/2018 19:04
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430 	Classification Of Case: SN 154

Authentication Stamp
NP168


Signature:
Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

