

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	03/07/2018 12:21
Date Of Accident	02/07/2018 15:40
Exact Location Of Accident	SIM LIM SQUARE CAR PARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3173U
Insured/Policyholder	
Name Of Registered Owner	CITY LAND LOGISTICS
Co Reg No	53217271W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91077606

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M492961
Cover Note Number	

Driver

Name of Driver	CHU TZE LIANG
NRIC No	G7825066L
Date Of Birth	14/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2008
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91077606
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NO ADDRESS

Postcode

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 - HEAD TO REAR

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? YES

Was any injured conveyed to hospital by ambulance? YES

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 UNKNOWN

Police Station Address ROAD: NIL , POSTCODE: NIL , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT AND SKETCH PLANS

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 SHA9257S

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)

DETAILS OF INJURED PERSON 1

Name PEDESTRIAN GIRL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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
Date & Time:

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



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

SKETCH PLAN

Sim Lim Square Carpark exit

B > A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report -

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: B. K. G.
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180702/2115

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180702/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2018 18:16		Vide Report No.: A/20180702/0069		Station Diary No.: 139	
Informant's Particulars					
Name of Informant: CHU TZE LIANG			Address: APT BLK 266 Yishun Street 22 #03-166 SINGAPORE 760266		
ID Type / ID No.: FIN NO / G7825066L			Contact No.: Home/Office: Mobile: 91077606		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 14/06/1987	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/07/2018 15:45	Type of Location: Straight Road
Location: Along Road 1 PRINSEP STREET				
Sim Lim Square near Prinsep St near lamppost 20				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3173U	Van	NISSAN		Grey	Seriously Damaged	0
SHA9257S	Car	HYUNDAI		Yellow	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20180702/2115

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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180702/2115

CONTINUATION OF REPORT

Driver			
Name	CHU TZE LIANG	ID No.	G7825066L
Related Vehicle	GBD3173U (Van)	Contact No.	91077606
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Ng Khee Meng	ID No.	S1219993G
Related Vehicle	SHA9257S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/07/2018 at about 1540hrs, I was exiting Sim Lim Square Basement 1 carpark exit and had just pass thru the gantry barrier. I stopped my vehicle GBD3173U before the stopline and was planning to make a right turn to Prinsep St twds Rochor Canal Rd direction. I then felt an impact from the rear and discovered that a taxi SHA9257S had collided onto my rear of the Van. The impact caused my vehicle to surge forward. I then managed to make a right turn and park at the right side of the road. I saw the taxi hitting the kerb of the road at along Prinsep Street and subsequently knocked onto a female pedestrian. The female pedestrian was conveyed to hospital by Ambulance. I was not injured.



**SINGAPORE
POLICE FORCE**



T/20180702/2115

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Report No. T/20180702/2115

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 / SI MOHAMED SAHIR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/07/2018 18:16
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case: SN 085
Authentication Stamp NP168	Signature:  Singapore Police Force