

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 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. 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	05/10/2018 14:05
Date Of Accident	02/10/2018 16:30
Exact Location Of Accident	272A PASIR RIS ST 21 MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX3788G
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Insured/Policyholder

Name Of Registered Owner	M/S VEGETALK FOOD SUPPLIES PTE LTD
Co Reg No	200402979D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90073175
Alternative Phone No	OFFICE-90073175

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5DR
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3016451804
Cover Note Number	

Driver

Name of Driver	KEE CHYE ONG
NRIC No	S1395874B
Date Of Birth	10/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1979
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90073175
Fax Number	
Contact Number	OFFICE-90073175
Email Address	NOEMAIL

Address	BLK 273 PASIR RIS STREET 21 #04-494
Postcode	510273
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20181003/2072.

Attachment(s)

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

SKETCH PLAN

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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)

(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:

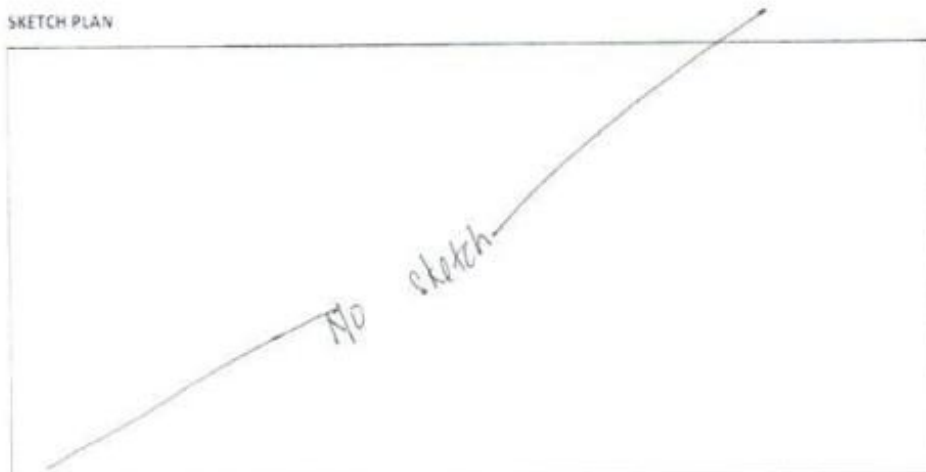
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

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

[illegible]

DECLARATION

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



Policyholder's Signature
Date & Time:

Car

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

ing Centre Personnel

Reporting Centre Personnel Signature
Name: _____
NRIC/PIN No.: _____

Police Report



**SINGAPORE
POLICE FORCE**



G/20181003/2072

1 of 2

POLICE REPORT (NP299)

Report No. G/20181003/2072

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Date/Time Report Made 03/10/2018 13:38	Vide Report No.	Station Diary No. 55
Name Of Informant KEE CHYE ONG	Address APT BLK 273 PASIR RIS STREET 21 #04-494 SINGAPORE 510273	
ID Type / ID No. NRIC NO / S1395874B	Contact No. Home/Office	Mobile 90073175
Nationality SINGAPORE CITIZEN	Email Address	
Occupation FOOD DELIVERY	Sex Male	Age 59
Institution/School Name	Date of Birth 10/04/1959	Race Chinese
Date/Time Of Incident 02/10/2018 16:30 - 03/10/2018 05:35	Location Of Incident 272A PASIR RIS STREET 21 MULTI STOREY CAR PARK SINGAPORE 511272 2ND FLOOR	

Brief details.

On 3/10/18 at about 0535hrs, I went to 272A MSCP Pasir Ris St 21, on the 2nd floor to retrieve my vehicle GX3788G. When I switched on the engine of my vehicle, the rear windscreen shattered. I made a check at the surrounding however I did not notice any foreign objects nearby. The two vehicles parked beside me were completely intact.

Signature Of Officer Recording The Report: G / Sgt 3 S EVA SHERRIENA BINTI S AFFINDY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2018 13:38
Officer In-Charge Of Case: G / Pasir Ris N.P.C / Staff Sgt MUHAMMAD FIRDAUS BIN ABDUL SHAQUR Contact No.: 65852999	Classification Of Case:
Authentication Stamp	



Police Report



**SINGAPORE
POLICE FORCE**



G/20181003/2072

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181003/2072

I had last seen my vehicle intact on 02/10/18 at about 1630hrs.

I do not have any suspects in mind. I am lodging this report under instructions of my company as it is a company vehicle.

I have an in-car camera in my vehicle however it was not recording when the engine is not on. I have made a checked to my vehicle and nothing is missing.

Signature Of Officer Recording The Report:

G / Sgt 3 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Pasir Ris N.P.C /
Staff Sgt MUHAMMAD FIRDAUS BIN ABDUL
SHAQUR
Contact No.: 65852999

Authentication Stamp

Signature Of Informant:

Date/Time:
03/10/2018 13:38

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

