

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	22/01/2019 16:30
Date Of Accident	19/01/2019 15:30
Exact Location Of Accident	168 ROBINSON RD CAPITAL TOWER LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7254H
Insured/Policyholder	
Name Of Registered Owner	WHITE HORSE MARKETING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93397863

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT001111
Cover Note Number	-

Driver

Name of Driver	YUNG SAU LING
NRIC No	S2605242D
Date Of Birth	12/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1991
Driving Experience	27 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97220982
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 124 TAMPINES ST 11 #08-402
Postcode	521124
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 (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2530M
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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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.



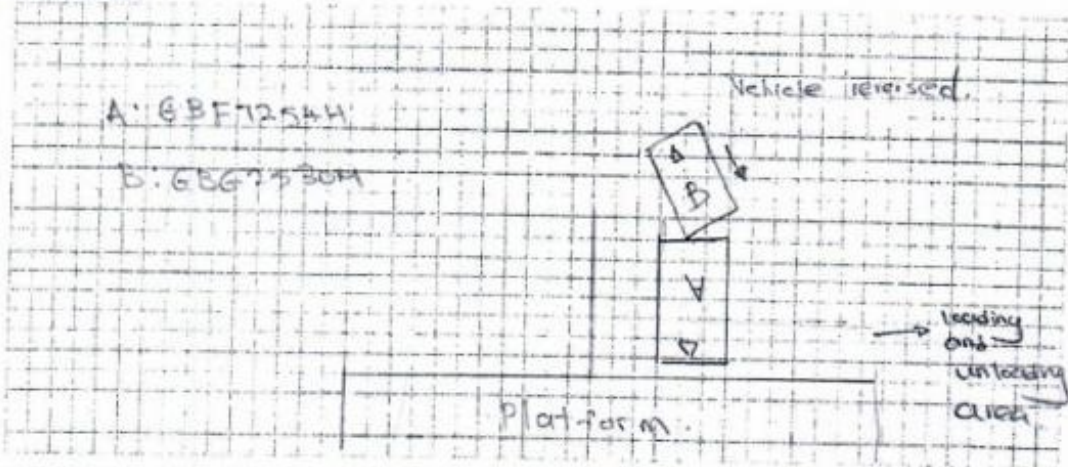
Policyholder's Signature
Date & Time:

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

DECLARATION

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



Policyholder's Signature
Date & Time:

CIARMC SketchPlanForm_V3

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**



G/20190121/2141

1 of 2

POLICE REPORT (NP299)

Report No. G/20190121/2141

Police Station Of Origin
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Date/Time Report Made 21/01/2019 19:15	Vide Report No.	Station Diary No. 75
Name Of Informant YUNG SAU LING	Address APT BLK 124 TAMPINES STREET 11 #08-402 SINGAPORE 521124	
ID Type / ID No. NRIC NO / S2605242D	Contact No. Home/Office Mobile 93397863 90220982	
Nationality BRITISH NATIONAL OVERSEAS	Email Address whmktg@gmail.com	
Occupation Self-Employed	Sex Female	Age 63
Institution/School Name	Date of Birth 12/09/1955	Race Chinese
Date/Time Of Incident 19/01/2019 15:30	Location Of Incident 168 ROBINSON ROAD CAPITAL TOWER SINGAPORE 068912 Loading/Unloading Bay	

Brief details.

On 19/01/2019 at about 3.10pm, I had parked my vehicle GBF7254H at 168 Robinson Road Capital Tower loading/unloading bay. My husband, son and I were loading goods onto my van (dark brown Nissan).

On the same day at about 3.33pm, I was alone at the bay while waiting for my family to come down with

Signature Of Officer Recording The Report 	Signature Of Informant:
G / Sr Staff Sgt MUHAMMAD SUFFIAN BIN ABDUL RAHIM	Date/Time: 21/01/2019 19:15
Signature Of Interpreter: Not applicable	Classification Of Case:
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp CHEUNG SIU HAY Contact No.: 62447200	

Authentication Stamp

SIGNATURE

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20190121/2141

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190121/2141

some goods when a lorry with registration number GBG2530M reversed in a fast and reckless manner within the small compound. As the driver reversed, one of the rear railing of the lorry hit onto the right bottom of the rear door which was opened up. Before he hit my door, I had to step back in order to avoid him and shouted at the driver.

However, the driver continued doing the 3-point-turn before parking the vehicle by the side and alighting from it. He then continued unloading his goods. As my son was approaching me, I told him that the lorry had just reversed onto our van as such my son went over to him to ask about the accident. We asked for his NRIC and driving license and told him about the accident. He appeared not concerned as if nothing happened, and when I showed him the damage to our van, he just said this always happen and passed his NRIC and Driving license to me. I asked for his contact number but he told us that he has none and refused to take down our details and for us to do what is necessary.

I already reported the accident to my workshop and am reporting with regards to his reckless driving behavior. His name is Ng Ah Lek IC: S1039255A M/1944. We have a rear view in car camera but as the rear door was opened up, it only captured the sound and indirect reflection when the incident happened.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt MUHAMMAD SUFFIAN BIN ABDUL RAHIM

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp CHEUNG SIU HAY
Contact No.: 62447200

Authentication Stamp



Signature Of Informant:

Date/Time:
21/01/2019 19:15

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



