

## 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             | 02/03/2019 09:47                                   |
| Date Of Accident           | 01/03/2019 19:00                                   |
| Exact Location Of Accident | BLK 154A BUKIT BATOK WEST AVE 8 OPEN SPACE CARPARK |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |  |
|-----------------------------|--|
| Vehicle Registration Number | GBF5439E                                       |
| <b>Insured/Policyholder</b> |  |
| Name Of Registered Owner    | KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD |
| Co Reg No                   | 199904117E                                     |
| Email Address               | NOEMAIL  |
| Mobile Phone No             |  |
| Alternative Phone No        | OFFICE-89999999                                |

### Vehicle Particulars

|  |                                    |
|--|------------------------------------|
| Manufacturer   | FIAT                               |
| Model  | DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE |
| 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             | DMCVSN1762971801                              |
| Cover Note Number         |   |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | KOH GIN SHENG         |
| NRIC No              | S8720660B             |
| Date Of Birth        | 27/06/1987            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 15/07/2008            |
| Driving Experience   | 10 YEARS AND 7 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-86662552  |
| Fax Number           |                       |
| Contact Number       | OFFICE-86662552       |
| EEmail Address       | NOEMAIL               |

|   |   |
|---|---|
| Address   | BLK 440B BUKIT BATOK WEST AVENUE 8<br>#07-727 |
| Postcode  | 652440  |
| 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)   | 0   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | HONG KAH NORTH NEIGHBOURHOOD POLICE POST   |
| Police Station Address                    | <b>ROAD:</b> BLK 370 BUKIT BATOK STREET 31 , <b>POSTCODE:</b> 650370 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5679999 - <b>FAX NO:</b> 65652508  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190301/2180.

#### 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 | PC62R |
| Vehicle Make/Model/Colour   |       |
| Details Of Properties       |       |
| Vehicle Category            | BUS   |
| 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

Bukit Mertajam Road Left Hand Side  
open space car park

A: 15F5439E  
B: PK62R.


### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190301/0180.

### 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:  
NRIC/FIN No.:



police Report



**SINGAPORE  
POLICE FORCE**



T/20190301/2180

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

1 of 3

Report No. T/20190301/2180

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>01/03/2019 20:44 | Vide Report No.: | Station Diary No.:<br>54 |
|--|------------------|--------------------------|

| Informant's Particulars                   |            |                              |  |                            |
|---|------------|------------------------------|--|----------------------------|
| Name of Informant:<br>KOH GIN SHENG       |            |                              | Address:<br>APT BLK 440B BUKIT BATOK WEST AVENUE 8 #07-727<br>SINGAPORE 652440 |                            |
| ID Type / ID No.:<br>NRIC NO / S8720660B  |            |                              | Contact No.:<br>Home/Office: Mobile: 86662552                                  |                            |
| Nationality:<br>SINGAPORE CITIZEN         |            |                              | Email:   |                            |
| Sex:<br>Male                              | Age:<br>31 | Date of Birth:<br>27/06/1987 | Type of Informant:<br>Driver   |                            |
| Race:<br>Chinese                          |            |                              | Language:  | Institution / School Name: |
| Occupation:<br>SENIOR WAREHOUSE EXECUTIVE |            |                              | Driving Licence Information:<br>Class: 2B,2A,3 Date of Expiry:                 |                            |

| General Information of the Accident   |                           |                      |  |                                     |
|---|---------------------------|----------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No   | Date/Time of Accident:<br>01/03/2019 19:00 | Type of Location:<br>Car Park       |
| Location:<br>Along Road 1<br>BUKIT BATOK WEST AVENUE 8<br><br>HEAVY VEHICLE CARPARK, CARPARK NO:BBU11 |                           |                      |  |                                     |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry | Road Speed Limit:                          |                                     |
| Traffic Flow:   |                           | Traffic Control:     | Traffic Volume:                            |                                     |
| Type of Collision:<br>REAR TO SIDE  |                           |                      |  | Anyone conveyed by ambulance:<br>No |

| Details of Vehicle Involved |      |      |       |       |                  |                 |
|-----------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No.                 | Type | Make | Model | Color | Condition        | No of Passenger |
| GBF5439E                    | Van  | FIAT |       | Brown | Slightly Damaged | 0               |

| Details of Person Involved      |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

police Report



**SINGAPORE  
POLICE FORCE**



T/20190301/2180

2 of 3

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/20190301/2180

**CONTINUATION OF REPORT**

| Driver                            |                |  |   |
|-----------------------------------|----------------|--|---|
| Name                              | KOH GIN SHENG  |  | ID No. S8720660B  |
| Related Vehicle                   | GBF5439E (Van) |  | Contact No. 86662552  |
| Hospital/Clinic                   | NIL            |  | Class of Driving Licence & Expiry Date<br>Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            |  | Date Discharge NIL  |
| No. of Days granted Medical Leave | NIL            |  | Degree of Injury NIL  |

**Brief Details.**

On 01/03/2019 at about 1855hrs, I parked my vehicle at the heavy vehicle carpark that was located along Bukit Batok West Avenue 8. When I parked my vehicle there was a bus that was already parked that on the left side of my vehicle. I left my vehicle for five minutes, when I came back I found out that my car left side mirror is damaged, the small mirror that is attached to my side mirror is on the floor. There is an in car camera install in my vehicle but it is not working when the car engine is off. There is three vehicle parked opposite my car, I have already left a note on their car hoping that their in car camera have recorded the whole incident. The estimated cost of repairing the damage would be about SGD\$500/-

police Report



**SINGAPORE  
POLICE FORCE**



T/20190301/2180

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Report No. T/20190301/2180

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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 JACKY ONG CHUN HENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/03/2019 20:44

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo

