

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	21/03/2019 15:43
Date Of Accident	21/03/2019 08:10
Exact Location Of Accident	SLIP RD AMK AVE 5 TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7619P
Insured/Policyholder	
Name Of Registered Owner	M/S L.K. ANG CONSTRUCTION PTE LTD
Co Reg No	198600969E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96933880
Alternative Phone No	OFFICE-96933880

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 2.8 AUTO
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	THIRD PARTY
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	DMB1SN3067081800
Cover Note Number	

Driver

Name of Driver	HAMZAH BIN MOHAMED SAID
NRIC No	S1240550B
Date Of Birth	26/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96331921
Fax Number	
Contact Number	OFFICE-96331921
EEmail Address	NOEMAIL

Address	BLK 101 BUKIT BATOK WEST AVENUE 6 #01-42
Postcode	650101
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 (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)	10
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : FEMALE
Passenger 6	NAME: : - GENDER: : FEMALE
Passenger 7	NAME: : - GENDER: : FEMALE
Passenger 8	NAME: : - GENDER: : FEMALE
Passenger 9	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
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If Yes, Please state which Police Station

Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20190321/2032.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ8261R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEOW WEN HAN
NRIC/Passport Number	
Contact Number	93390525
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.



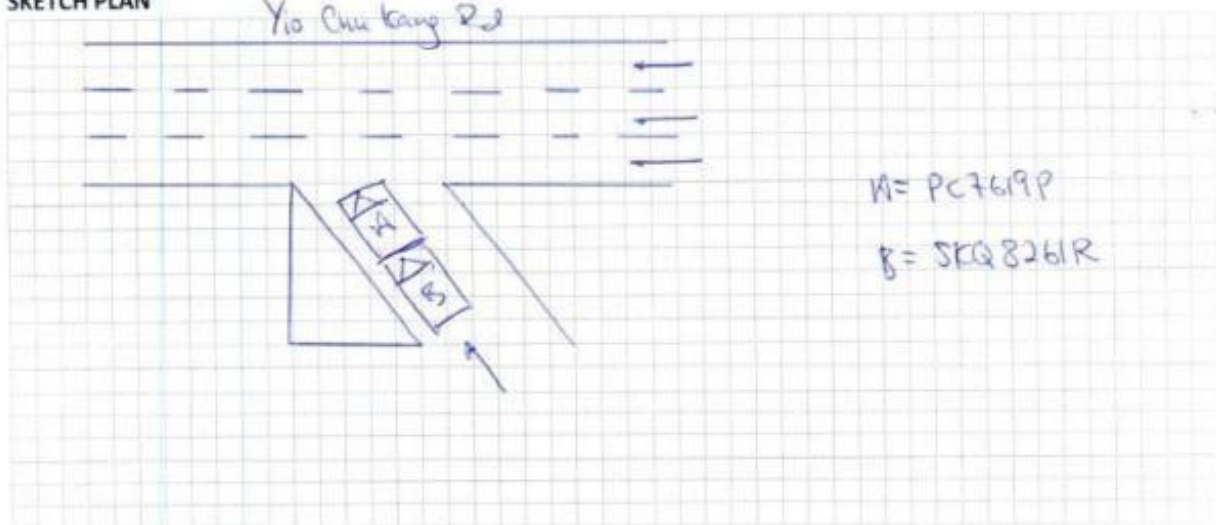
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Return to police report.

DECLARATION

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



[Signature]

with

7/10

Police Report



**SINGAPORE
POLICE FORCE**



F/20190321/2032

1 of 2

POLICE REPORT (NP299)

Report No. F/20190321/2032

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 21/03/2019 11:49	Vide Report No.	Station Diary No. 44
Name Of Informant HAMZAH BIN MOHAMED SAID	Address APT BLK 101 BUKIT BATOK WEST AVENUE 6 #01-42 SINGAPORE 650101	
ID Type / ID No. NRIC NO / S1240550B	Contact No. Home/Office Mobile 96331921	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation COMPANY DRIVER	Sex Male	Age 61
	Date of Birth 26/09/1957	Race Boyanese
Institution/School Name	Language	
Date/Time Of Incident 21/03/2019 08:05 - 21/03/2019 08:10	Location Of Incident ANG MO KIO AVENUE 5 SINGAPORE SLIP ROAD FROM AMK AVE 5 TO YCK RD	

Brief details.

On 21/03/2019 at around 0807hrs, I was driving (PC7619P) along Ang Mo Kio Avenue 5, about to make a left turn to Yio Chu Kang Road. My Van was stationary at the Slip Road from Ang Mo Kio Avenue 5 to Yio Chu Kang Road, while waiting for the traffic to clear, a car (SK082612) suddenly came from behind and collided into my van causing damages to my van's rear door and body (unable to open rear door). I then traded particulars with the other driver (YEOW WEN HAN, HP: 93390525). No one was hurt during the accident. I then informed my company (LK ANG CONTRUCTION PTE LTD, Contact: 6453 0718,

Signature Of Officer Recording The Report:
F / Sgt 2 CHUA ZHENG XING, JOHNNY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt MOHAMMED SYAZWAN BIN ABDULLAH
Contact No.: 64849999

Signature Of Informant:

Date/Time:
21/03/2019 11:49

Classification Of Case:

Authentication Stamp

SN 003

Police Report



**SINGAPORE
POLICE FORCE**



F/20190321/2032

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190321/2032

6453 8288) about the accident and was told to lodge a police report for insurance claim.

I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report:

F / Sgt 2 CHUA ZHENG XING, JOHNNY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt MOHAMMED SYAZWAN BIN ABDULLAH
Contact No.: 64849999

Authentication Stamp

SN 005

Signature Of Informant:

Date/Time:
21/03/2019 11:49

Classification Of Case:

Signature: _____

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

