

## 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             | 02/07/2019 12:11       |
| Date Of Accident           | 28/05/2019 11:10       |
| Exact Location Of Accident | 7 GUL CIR OPEN CARPARK |
| Country/State of Loss      | SINGAPORE              |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | GBH1817M                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | FILTREX TECHNOLOGY PTE LTD |
| Co Reg No                   | 200207796C                 |
| Email Address               | NOEMAIL                    |
| Mobile Phone No             |                            |
| Alternative Phone No        | OFFICE-64562388            |

### Vehicle Particulars

|  |                          |
|--|--------------------------|
| Manufacturer   | MERCEDES-BENZ            |
| Model  | CITAN 109 CDI EL 5MT 6DR |
| Exact Purpose for which vehicle was being used at time of accident           | PARKED                   |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5098533651                             |
| Cover Note Number         | -                                      |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | CHUA PUAY BOON (CAI PEIWEN) |
| NRIC No              | S8021241J                   |
| Date Of Birth        | 17/07/1980                  |
| Occupation           | OUTDOOR                     |
| Date Of Driving Pass | 07/04/2000                  |
| Driving Experience   | 19 YEARS AND 1 MONTH        |
| Gender               | MALE                        |
| Mobile Number        | (LOCAL) +65-90096728        |
| Fax Number           |                             |
| Contact Number       |                             |
| Email Address        | NOEMAIL                     |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 197 PASIR RIS ST 12 #02-114 |
| Postcode  | 510197                          |
| 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                       | PASIR RIS NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261                                  |
| 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 | YK2105P            |
| 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

#### IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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)**

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

A = GBH 1217 M  
B = YK 2105 P

7 Gul Cir Open Carpark.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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:  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190530/2134

1 of 3

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

Report No. T/20190530/2134

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>30/05/2019 18:56 | Vide Report No.: | Station Diary No.:<br>91 |
|--|------------------|--------------------------|

### Informant's Particulars

|  |            |                              |   |                            |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant:<br>CHUA PUAY-BOON     |            |                              | Address:<br>APT BLK 197 PASIR RIS STREET 12 #02-114 SINGAPORE<br>510197 |                            |
| ID Type / ID No.:<br>NRIC NO / S8021241J |            |                              | Contact No.:<br>Home/Office:  | Mobile: 90096728           |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:  |                            |
| Sex:<br>Male                             | Age:<br>38 | Date of Birth:<br>17/07/1980 | Type of Informant:<br>Driver  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English  | Institution / School Name: |
| Occupation:<br>SERVICE TECHNICIAN        |            |                              | Driving Licence Information:<br>Class: 2B, 2A, 3                        | Date of Expiry:            |

### General Information of the Accident

|   |                           |                       |   |  |
|---|---------------------------|-----------------------|---|--|
| General Information of the Accident                           |                           |                       |   |  |
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>28/05/2019 11:10 | Type of Location:<br>Car Park          |
| Location:<br>Along Road 1<br>GUL CIRCLE                       |                           |                       |   |  |
| Thermo Fisher Scientific, 7 Gul Cir. Open carpark             |                           |                       |   |  |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry  |   | Road Speed Limit:                      |
| Traffic Flow:   |                           | Traffic Control:      |   | Traffic Volume:                        |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                       |   | Anyone conveyed by<br>ambulance:<br>No |

### Details of Vehicle Involved

| Vehicle No. | Type  | Make             | Model                          | Color  | Condition           | No of Passenger |
|-------------|-------|------------------|--------------------------------|--------|---------------------|-----------------|
| GBH1817M    | Van   | MERCEDES<br>BENZ | CITAN 109<br>CDI EL 5MT<br>6DR | Silver | Slightly<br>Damaged | 0               |
| YK2105P     | Lorry | NISSAN           | MKB210NH<br>RH                 | White  |                     | 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/20190530/2134

2 of 3

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

Report No. T/20190530/2134

## CONTINUATION OF REPORT

| Driver                            |                |  |                                       |
|-----------------------------------|----------------|--|---------------------------------------|
| Name                              | CHUA PUAY BOON | ID No.                                 | S8021241J                             |
| Related Vehicle                   | NIL            | Contact No.                            | 90096728                              |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | 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 28/05/2019 at about 3pm, I went back to my parked vehicle at the above mentioned location and I discovered scratches on my right front bumper just below the head light. I also discovered a cracked at my right front head light.

I went back to my car and try to retrieve the footage from my in car camera and view back however I am unable to find anything then I carry on with my journey.

On 29/05/2019 at about 11am, I transferred the footage to my computer and I started to view from my computer. At about 12pm, I saw 1 lorry who was trying to do a 3 point turn and wanted into the loading & unloading bay. When the lorry was trying to make the adjustment, the lorry brush through my right front portion of my vehicle. After the lorry hit my vehicle, the lorry ran away without leaving any note on my vehicle. The footage was dated on 28/05/2019 at about 11am to 11.30am when the incident took place.

On 30/05/2019 at about 4pm, I cropped the footage as the footage was 20hrs long and I transferred the cropped footage into my phone.

I wish to state that this is my first time such incident happened to me.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190530/2134

3 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

Report No. T/20190530/2134

## 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:

G /

Sgt 2 JOHNNY TAN KOK JOO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

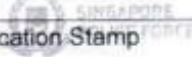
TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

30/05/2019 18:56

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

