SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/07/2019 11:17
Date Of Accident	02/07/2019 20:45
Exact Location Of Accident	377 JALAN BESAR PETAIN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GV6441Y
Insured/Policyholder	
Name Of Registered Owner	M/S AQUAPET CENTRE
Co Reg No	33840500C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88113500
Alternative Phone No	OFFICE-88113500
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3057461803
Cover Note Number	
Driver	
Name of Driver	YEW AH POW
NRIC No	S7165868F
Date Of Birth	12/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	02/01/1991
Driving Experience	28 YEARS AND 6 MONTHS

MALE

(LOCAL) +65-88113500

OFFICE-88113500

NOEMAIL

BLK 271 TAMPINES STREET 21 Address

#05-113

Postcode 520271

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

COLLISION - MAJOR/MINOR RD Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO YES

NO

1

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

NO

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT Police Station Address

COMPLEX BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2240000 - FAX NO: 62200877

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - A/20190703/7022 & A/20190703/7024

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 SJN2340M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

SKU1836H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YEW AH POW

Approximate Age

Injuries Sustain **BODY** GV6441Y Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

NO ambulance?

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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.
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- 5. Any false reporting may be referred to the Police for investigation.
- 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
- 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 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)
 - 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.
- (c) 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 policyholds Date & Time:

Reporting Centre Personner's Signature

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	* -1
Paring EB	Vehicles SJW 2340M Vehicles SJW 2340M Vehicles SKW 1836H
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	^
8	
298	
- 0/	
Total	
12	
P	
(ox	
205	
	_
You had been advised by workshop that in the event that you wish to claim	Reporting Only
against your own policy (OD claim) there is a Faustan (14)	Claim OD
whereby the claim must be made within the stipulated timeframe from the day of occurance.	Claim TP
ECLARATION	Claim OD / TP at other workshop
Driver's Signature (If driver is not the policyholder). Report Repor	rting Centre Personnel' Signature
Oate & Times	FIN No.:





1 of 2

Report No. A/20190703/7022

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made 03/07/2019 17:33	Vide Report No.		Station Diary No.	
Name Of Informant YEN AH POW	Address APT BLK 271 TAMPINES STREET 21 #05-113 SINGAPORE 520271			1 #05-113
ID Type / ID No. NRIC NO / S7165868F	Contact Home/C	No.	Mobile: 88113500	
Nationality MALAYSIAN	Email Address metal-solutions@hotmail.com			
Occupation Structural steel worker (workshop)/fabricator	Sex Male	Age 47	Date of Birth 12/08/1971	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 02/07/2019 20:55 - 03/07/2019 08:00	Location Of Incident 377 JALAN BESAR PETAIN ROAD/TYRWHITT ROAD CONSERVATION AREA SINGAPORE 208999			

Brief details.

I was driving in the open Carpark looking for a lot. While driving suddenly I hear a loud bang and felt an impact on the left side of the vehicle. When I got off. I saw that vehicle SJN2340M had collided into my van GV6441Y. I went over to take the details of the driver. S8906283G De Silva Galappathige Gawin Prasanta.

Subjects Involved	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2019 17:33
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stame	

Police Report





POLICE REPORT (NP299)

CONTINUATION OF REPORT

2 of 2

Report No. A/20190703/7022

Person Name	YEN AH POW		
ID Type			
Gender	NRIC NO	ID No	S7165868F
	Male	Age	47
Race	Chinese	Language	English
Occupation	Structural steel worker (workshop)/fabricator	Address Type	Lingiisn
Address	APT BLK 271 TAMPINES STREET 21 #05-113 SINGAPORE 520271	Mobile No	88113500
Is Informant A Victim?	Yes		
Person Name	YEN AH POW (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2019 17:33
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000 Report No. A/20190703/7024

Address			
Muuress	\$		
APT BLK 271 TAMPINES STREET 21 #05-113			1 #05-113
Contact No. Home/Office: Mobile: 88113500			
Email Address			
Sex			Race
Male	47		Chinese
Language			
Location Of Incident 377 JALAN BESAR PETAIN ROAD/TYRWHITT ROAD CONSERVATION AREA SINGAPORE 208999			
	Email A metal-so Sex Male Language English Location 377 JAL	SINGAPORE 5202 Contact No. Home/Office: Email Address metal-solutions@ho Sex Age Male 47 Language English Location Of Inciden 377 JALAN BESAR	SINGAPORE 520271 Contact No. Home/Office: Mobile: 88113500 Email Address metal-solutions@hotmail.com Sex Age Date of Birth Male 47 12/08/1971 Language English Location Of Incident 377 JALAN BESAR PETAIN ROAD/T

Add on to my report A/20190703/7022. There was also another stationary vehicle involved SKU1836H. Which was also hit by SJN2340M on the right side of the vehicle.

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Date/Time: 03/07/2019 17:47	
Classification Of Case:	

Police Report





POLICE REPORT (NP299)

CONTINUATION OF REPORT

2 of 2

Report No. A/20190703/7024

ID Type	NRIC NO	ID No.	
Gender	Male	ID No	S7165868F
Race	Chinese	Age	47
Occupation		Language	English
- PARASAS SAUSSAN	Structural steel worker (workshop)/fabricator	Address Type	
Address	APT BLK 271 TAMPINES	Mobile No	
	STREET 21 #05-113	Woolle No	88113500
	SINGAPORE 520271		
is Informant A	Yes		
Victim?			
Person Name	YEN AH POW (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2019 17:47
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





























