

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	15/07/2019 18:34
Date Of Accident	12/07/2019 14:45
Exact Location Of Accident	MSCP OF BLK 631A PASIR RIS DR 3 AT DECK 2A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2764R
Insured/Policyholder	
Name Of Registered Owner	M/S CLEANGRIP SOLUTIONS PTE.LTD.
Co Reg No	200701945R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96690765

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
Exact Purpose for which vehicle was being used at time of accident	STATIONARY PARKED IN CARPARK LOT
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	DMCVSN3023681900
Cover Note Number	

Driver

Name of Driver	TAN MICHAEL WILLIAM
NRIC No	S1842724I
Date Of Birth	20/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96690765
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 110 PASIR RIS ST 11 #11-613
Postcode	510110
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO-OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	INSIDE MSCP
Road Surface	INSIDE MSCP

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?	NO
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	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190714/2105

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD4242Y
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

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. 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:

Report Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

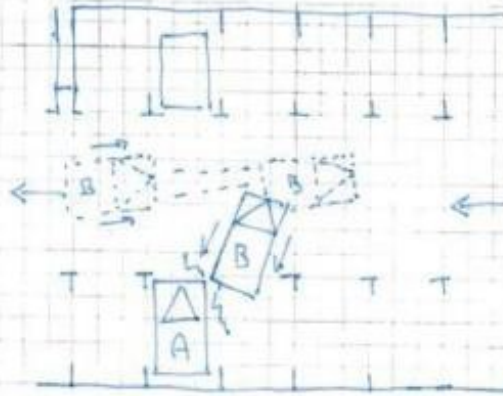
Vehicle A

- GBE 2764 R

VEHICLE B

- GBD 4242.5

DECK 2A (MSCP BLK G31APARIS RIS DR3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190714/2105

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

2 of 3

Report No. T/20190714/2105

CONTINUATION OF REPORT

Vehicle Owner			
Name	TAN MICHAEL WILLIAM	ID No.	S18427241
Related Vehicle	GBE2764R (Van)	Contact No.	96690765
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/07/2019 at about 0500hrs, I parked my vehicle (GBE2764R) at the multi-story car park of Blk 631 Pasir Ris Drive 3, Deck 2A. When I parked my vehicle there, there is a vehicle on my right however I believed that it was a saloon car.

On 12/07/2019 at about 1650hrs, I went back to my vehicle and discovered that there are damages on the front right side to my vehicle. There are dents and a deep scratch on the front right side of my vehicle. I took videos and pictures of the damages. There is a lorry (GBD4242Y) parked on the right side of my vehicle and I discovered paint transfer on the rear left side of the lorry. My vehicle is white in colour hence there were white paint marks on the rear left part of the lorry. No note were placed on my windscreen.

My vehicle is installed with an in-build vehicle camera. I tried to retrieve the footage through my phone however it was taking too long. I then took out my SD card and view the footage on a computer. The supporting footage managed to capture that the lorry parked on my right (GBD4242Y) had reversed onto my vehicle and hit onto the front right side of my vehicle. After hitting onto my vehicle, the lorry proceed to adjust and parked the lorry at the lot beside my vehicle and remained there even after I had left the area.

I am currently staying at Blk 631 Pasir Ris Drive 3 #08-380.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

MASSIS NO: ZFA

UNLADEN WT :

MAX LADEN WT :

PASSENGER CAP : 1 DRIVER

TYRE SIZE : (F)

(R)

Police Report



**SINGAPORE
POLICE FORCE**



T/20190714/2105

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

1 of 3

Report No.: T/20190714/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2019 23:46		Vide Report No.:		Station Diary No.: 115	
Informant's Particulars					
Name of Informant: TAN MICHAEL WILLIAM			Address: APT BLK 110 PASIR RIS STREET 11 #11-613 SINGAPORE 510110		
ID Type / ID No.: NRIC NO / S18427241			Contact No.: Home/Office: Mobile: 96890765		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 20/12/1967	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/07/2019 16:50	Type of Location: Car Park
Location: Along Road 1 PASIR RIS DRIVE 3 MULTI-STORY CARPARK AT BLOCK 631A PASIR RIS DRIVE 3, DECK 2A				
Weather: SHELTERED		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4242Y	Lorry					0
GBE2764R	Van	FIAT	DOBLO	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/20190714/2105

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852959

2 of 3

Report No: T/20190714/2105

CONTINUATION OF REPORT

Vehicle Owner			
Name	TAN MICHAEL WILLIAM	ID No.	S19427241
Related Vehicle	GBE2764R (Van)	Contact No.	56650755
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 12/07/2019 at about 0500hrs, I parked my vehicle (GBE2764R) at the multi-story car park of Blk 831 Pasir Ris Drive 3, Deck 2A. When I parked my vehicle there, there is a vehicle on my right however I believed that it was a saloon car.

On 12/07/2019 at about 1650hrs, I went back to my vehicle and discovered that there are damages on the front right side to my vehicle. There are dents and a deep scratch on the front right side of my vehicle. I took videos and pictures of the damages. There is a lorry (GBD4242Y) parked on the right side of my vehicle and I discovered paint transfer on the rear left side of the lorry. My vehicle is white in colour hence there were white paint marks on the rear left part of the lorry. No note were placed on my windscreen.

My vehicle is installed with an in-build vehicle camera. I tried to retrieve the footage through my phone however it was taking too long. I then took out my SD card and view the footage on a computer. The supporting footage managed to capture that the lorry parked on my right (GBD4242Y) had reversed onto my vehicle and hit onto the front right side of my vehicle. After hitting onto my vehicle, the lorry proceed to adjust and parked the lorry at the lot beside my vehicle and remained there even after I had left the area.

I am currently staying at Blk 831 Pasir Ris Drive 3 #08-380

Police Report



**SINGAPORE
POLICE FORCE**



T/20190714/2105

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852889

3 of 3

Report No. T/20190714/2105

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 /

Staff Sgt MOHAMED HAZWAN BIN MOHAMED
YASIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time

14/07/2019 23:46

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

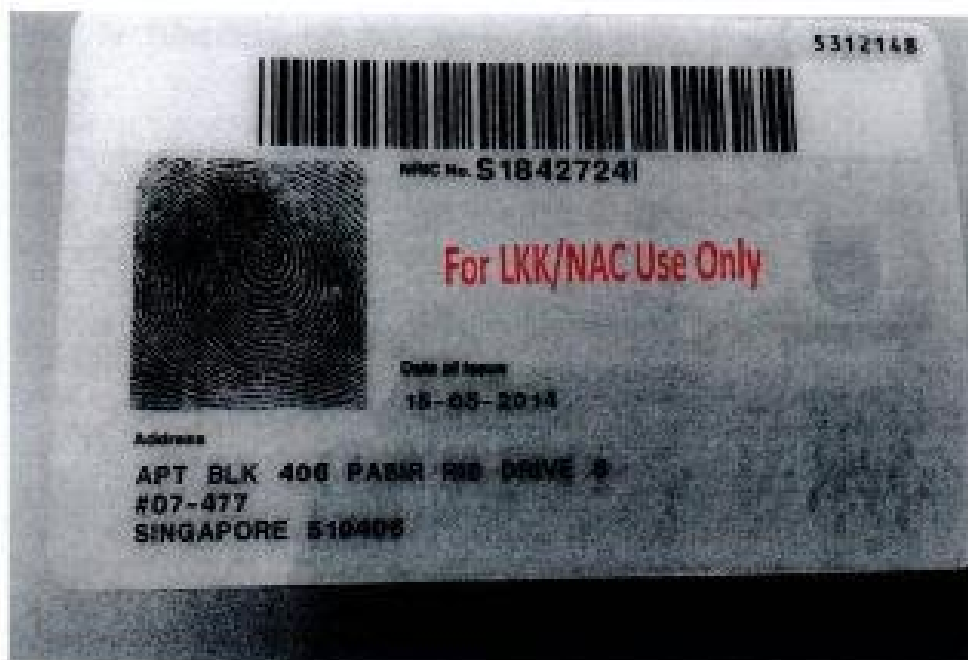
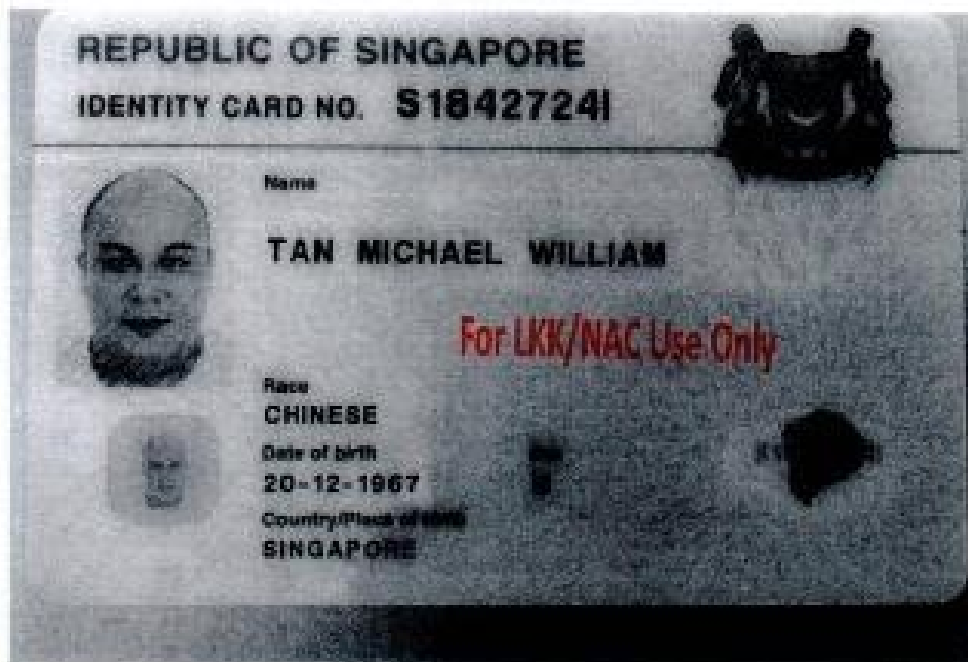
Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

Identification Card



Driving License

