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 <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	12/09/2019 15:54
Date Of Accident	11/09/2019 06:40
Exact Location Of Accident	BLK 1 BEACH ROAD OPEN SPACE CARPARK, LOT 85
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ3093K
Insured/Policyholder	
Name Of Registered Owner	ARKINO PTE LTD
Co Reg No	201901630W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90057701
Alternative Phone No	OFFICE-90057701
Vehicle Particulars	
Manufacturer	KIA
Model	K2500-2.5 D 6M/T (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN1910991900
Cover Note Number	
Driver	
Name of Driver	TAY POO JIEN

Name of Driver TAY POO JIEN
NRIC No G7902502Q
Date Of Birth 15/12/1980
Occupation OUTDOOR
Date Of Driving Pass 07/01/2008

Driving Experience 11 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90057701

Fax Number

Contact Number OTHERS-90057701

EMail Address NOEMAIL

NO.1 TAMPINES NORTH DRIVE 1 Address

#01-05

Postcode 528559

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

0

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190911/2057

Attachment(s)

Are accident photos available for attachment? YES

YES

Was there any video captured by Car Camera?

WITH THE POLICE OFFICER

Was there any audio recorded?

NO

Details of Witness 1

Remarks/ Reasons:

Name JOE WONG

Phone Number **Email Address**

DETAILS OF OTHER VEHICLE PROPERTY 1

SME8Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 20

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.
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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
 interested parties.
- 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:
 - 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

der 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:

Page 4 of 20

Beforting Centre Personner's Signature
Name:
NRIC/FIN No.

Accident Sketch Plan

(ETCH PLAN			
		V-A) 6333093K	
		V. B) SME 82	
	TAI		
	中的		
	[R]	Beach re carpa	rt Lot 85
ESCRIBE CIRCUMSTAN	NCES OF THE ACCIDENT		
	Refer to P	olice Report	
		111/2057 -	
	1/2019 0	111/2054 /	
My damage	portion: Front left	door and lett nm	(61833095K
0 0			
rehicle B do	image portion: Rear	Right (SME&Z)	
	1000		
ECLARATION			
CALL OF THE PARTY	particulars are true in every respect.	/	
((() () () () () () () () ()	10		109/2018
licyholder s Signature	Driver's Signature	Reporting Centre Personnel	es lenature
ite & Time.			I would

POLICE REPORT





Date of Expiry: 08/01/2023

Police Station Of Origin: Kolam Ayer NPP

72 Geylang Bahru #01-3038 SINGAPORE

330072

Occupation:

ADVERTISING

Tel No: 1800-2969999

1 of 3

Report No. T/20190911/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 11/09/2019 12:37 A/20190911/0024 Informant's Particulars Name of Informant: Address: TAY POO JIEN ID Type / ID No .: Contact No.: FIN NO / G7902502Q Home/Office: Mobile: 90057701 Nationality: Email: MALAYSIAN Sex: Age: Date of Birth: Type of Informant: Male 38 15/12/1980 Driver Race: Language: Institution / School Name: Chinese Chinese

Driving Licence Information:

Class: 2B,3

General Inform	mation of the Accident			132 (84 189 18 18 18 18 18 18 18 18 18 18 18 18 18	
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/09/2019 06:40	Type of Location Car Park	
Location: Along Road 1 BEACH ROAI Block 1 Beach Weather:		park, Lot 85	1 6	5-16-11	
Cloudy		Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Moving Vehic	ion: le Against - Parked Vehic	cle		Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ3093K	Lorry				Slightly Damaged	0
SME8Z	Car				No Damage	0

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

POLICE REPORT





T/20190911/2057

Police Station Of Origin: Kolam Aver NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

2 of 3 Report No. T/20190911/2057

Tel No: 1800-2969999

CONTINUATION OF REPORT

Driver	STATE OF BUILDING	4750000900		UNGSTREE	NEW OF	AND DESCRIPTION	Medical	
Name	TAY POO JIEN		ID No		G7902502Q			
Related Vehicle	GBJ3093K (Lorry)		GBJ3093K (Lorry)		Conta	ict No.	90057701	
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 2B,3 Date of Expiry: 08/01/2023		
Date Treatment	NIL Date Di		Date Disc	charge	NIL			
No. of Days granted Medical Leave NIL		Degree o	finjury	NIL				

Brief Details.

On 11/09/2019, at about 0630hrs, I drove my lorry (GBJ 3093 K) and arrived at the open-space carpark at Block 1 Beach Road. Subsequently, I then parked my lorry at lot number 85 before proceeding for my meal at the nearby coffee shop.

At about 0640hrs, while I was still eating, I heard some noises coming from the carpark, as such I then went over to take a look. I then witnessed that one white in colour car (SME 8 Z) had collided into the front left of my lorry while it was reversing.

As such, I then went over to approach the said driver to inform him about it, however he was very hostile and aggressive towards me. The said driver then went over to Golden Mile Complex to fetch several friends before coming back to his vehicle.

When the said driver returned again, one of the witness (Name: Joe Wong) then approached him again to inform about the said collision. However, the driver was not remorseful about it and instead mentioned that he is a very wealthy person. The driver then drove off the vehicle along with his friends.

As a result of the accident, my vehicle suffered scratches and dents on the front left side just above the wheels. However, no one was injured or require any medical attention. There is a In-Car carnera that is installed in my lorry and it was recording at that point of time.

Shortly after, Traffic Police Officers then arrived at the open-space carpark and conducted preliminary investigations. I then handed over my memory card to the Traffic Police Officers for investigation purposes.

I was also advised to lodge a Traffic Accident Report. Hence, I am here to lodge a Traffic Accident Report for the above-mentioned accident.

POLICE REPORT





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072 Tel No: 1800-2969999

3 of 3 Report No. T/20190911/2057

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: A / Sgt 2 LOW JIN KUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2019 12:37
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp NP168	



















Accident Photo GBJ3093K





