

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	22/10/2019 15:14
Date Of Accident	17/09/2019 23:45
Exact Location Of Accident	CANBERRA LINK TWDS SEMBAWANG PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3148T
Insured/Policyholder	
Name Of Registered Owner	POWER HUBB
Co Reg No	53062590C
Email Address	PH.HUBB@YAHOO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97595324

Vehicle Particulars

Manufacturer	KIA
Model	K2500 6M/T
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	REPORTING ONLY
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	DMCVSN3055561900
Cover Note Number	28/08/19 - 27/08/20

Driver

Name of Driver	CHAN LAP KONG
NRIC No	S1809963B
Date Of Birth	06/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	22/02/1986
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91010106
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 798 WOODLANDS DR.72 #13-73
Postcode	730798
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

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	SHA5276M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GBD 3148T
INSURER : China Taiping
DATE & TIME: 17/9/19 @ 23:45

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:

Reporting Centre Personnel's Signature
Name: (YS)
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

↑

Canberra MRT

A

B

A = GBD 3148 T

B = SHA 5276 M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report NO: T/2019/007/211

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.:

B-ARMC SketchPlatform V3

☐ Claim Own Policy

☐ Claim Third Party

(✓) Reporting Only

☐ Claim OD/TP at other workshop ()



**SINGAPORE
POLICE FORCE**



T/20191007/2111

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20191007/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2019 15:17	Vide Report No.:	Station Diary No.: 99
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHAN LAP KONG			Address: APT BLK 798 WOODLANDS DRIVE 72 #13-73 SINGAPORE 730798		
ID Type / ID No.: NRIC NO / S1809963B			Contact No.: Home/Office: Mobile: 91010106		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 06/05/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONTRACTOR			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2019 23:45	Type of Location:
Location: Along Road 1 CANBERRA LINK				
Canberra Link towards Sembawang Park				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3148T	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191007/2111

2 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20191007/2111

CONTINUATION OF REPORT

Driver			
Name	CHAN LAP KONG		ID No. S1809963B
Related Vehicle	GBD3148T (Lorry)		Contact No. 91010106
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/09/2019 at about 2345hrs, I was driving my company lorry, GBD3148T along Canberra Link towards Sembawang Park. There was a Comfort taxi alighting a passenger along Canberra MRT which was still on going construction. It was dark at that point of time as such I was not able to see clearly. As a result, I lightly hit onto the said vehicle.

Both of us came down from our vehicle. The damage on the taxi was slight dent at the bumper. The damage on my vehicle was slight scratch on the front right.

I received a TP letter, ref. no. TP/IP/60121/2019.

PR



**SINGAPORE
POLICE FORCE**



T/20191007/2111

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20191007/2111

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:

L /

Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/10/2019 15:17

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:



Authentication Stamp

SN 085

Signature:

Singapore Police Force

INS LETTER



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079908

Tel: 6389 6111 Fax: 6222 1033

Website: www.sg.cntaiping.com

Co. Reg. No. 200206384E

Our Ref. : SNM19D204509/8

Date : 16/10/2019

Power Hubb
3 Jalan Sankam
Sembawang Straits Estate
Singapore 759017

Dear Policyholder

RE: Accident Involving GBD3148T & SHA5276M on 17.09.2019 at/along Caneberra Link
Policy nos.: DMCVSN30555619000

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 6389 6111 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc: AN0478A – Insure Hub Pte Ltd

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1809963B

Name: CHAN LAP KONG

Race: CHINESE

Date of Birth: 06-05-1967 Sex: M

Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1809963B

Name: CHAN LAP KONG

Birth Date: 05 May 1967

Issue Date: 10 Feb 2003



1809963B



NRIC No: S1809963B




Blood Group: A+ Date of Issue: 24-06-1993

NRIC No: Date: No: 2022039

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	07 Aug 1989
Class 2A	Motorcycles between 201 cc and 400 cc	07 Aug 1989
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Feb 1986

Licence No: S1809963B



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

