#### 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	24/09/2019 13:44
Date Of Accident	23/09/2019 13:25
Exact Location Of Accident	BLK 8 DEFU LANE 10 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD4711K
Insured/Policyholder	
Name Of Registered Owner	M/S HOCK LIAN SHING BUILDER PTE LTD
Co Reg No	201015166Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97522483
Alternative Phone No	OFFICE-97522483
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 1.5 TON
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSN3070781803
Cover Note Number	
Driver	

Name of Driver CHEW LENG CHING

NRIC No S2558434A

Date Of Birth 15/11/1960

Occupation OUTDOOR

Date Of Driving Pass 09/06/1981

Driving Experience 38 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97522483

Fax Number

Contact Number OFFICE-97522483

EMail Address NOEMAIL

BLK 688A WOODLANDS DRIVE 75 Address

#15-18 731688

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER** 

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

Postcode

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?

YES

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

soliciting/offering accident claims assistance.

NO 0

YES

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 GEYLANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20190924/2054 & T/20190927/2070.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number XD8808D

Vehicle Make/Model/Colour

**Details Of Properties** 

**COMMERCIAL VEHICLE** Vehicle Category

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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
  - (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**

ETCH PLAN		
	elk 8 pela Land is open	space carporte
		4: GBD 47 111C
	lase	15: Unknown
	Reversed.	
	TEX XEARS	
	A	
CRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
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CVTT 15 POIL	14201-1 100-10-10-10-10	
LARATION		
	ticulars are true in every respect.	100
CHUAN SE	(DKD	1
(*( )0)	NAME OF THE PARTY	
161	Driver's Signature Rep	porting Centre Personnel's Signature
yholder's Signature		

GIARMC SketchPlanForm\_V3

Page 5 of 23

2





Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

1 of 3 Report No. T/20190924/2054

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2019 12:40		Made:	Vide Report No.:	Station Diary No.: 43	
Informa	nt's Partic	ulars	THE RESIDENCE OF THE PARTY OF T		
Name of Informant: CHEW LENG CHING			Address: APT BLK 688A WOODLANDS DRIVE 75 #15-18 SINGAPORE 731688		
ID Type / ID No.: NRIC NO / S2558434A			Contact No.: Home/Office:	Mobile: 97522483	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 58 15/11/1960			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: CONTRACTOR			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/09/2019 12:10	Type of Location. Car Park	
Location: Along Road 1 DEFU LANE 1 Lot 495L	0				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Tr		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collisi		o Rear		Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBD4711K	Lorry		DYNA 1.5 TON	Blue	Slightly Damaged	0





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

2 of 3 Report No. T/20190924/2054

#### CONTINUATION OF REPORT

#### Brief Details.

On 23 September 2019 at about 12:10pm, I parked my vehicle GBD4711K at Blk 8 Defu lane 10 in lot 495L and went for lunch. When I came back at about 1:24pm, I discovered a dent on the front right frame of my vehicle. The glass has also been cracked. I then went to view the in-car camera installed in my vehicle and discovered one red in color Mitsubishi truck reversing and colliding into my vehicle.

My in-car camera was unable to capture the license plate of the truck however it managed to capture the company that it belongs to. The red Mitsubishi truck belongs to Chuan Huat Transport Pte Ltd.

CONTINUATION OF REPORT





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

3 of 3 Report No. T/20190924/2054

# 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 CHAN LIP YANG, DEMIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2019 12:40
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp	





1 of 3

Report No. T/20190927/2070

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2019 13:12			Vide Report No.: T/20190924/2054	Station Diary No.: 54	
Informa	nt's Partic	ulars		NEW YORK OF THE PERSON NAMED IN COLUMN TWO	
Name of Informant: CHEW LENG CHING			Address: APT BLK 688A WOODLANDS DRIVE 75 #15-18 SINGAPORE 731688		
ID Type / ID No.: NRIC NO / S2558434A			Contact No.: , Home/Office: Mobile: 97522483		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 58 15/11/1960		Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:	
Occupation: CONTRACTOR			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2019 12:10	Type of Location Car Park	
Location: Along Road 1 DEFU LANE Lot number 4	10				
1227		Road Surface: Dry		Road Speed Limit:	
	Traffic Control: Not Controlled			Traffic Volume:	
Traffic Flow: One Way		Not Controlled		No Traffic	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBD4711K	Lorry				Slightly Damaged	0
XD8808D	Lorry					0





T/20190927/2070

Police Station Of Origin: Geylang N.P.C

Report No. T/20190927/2070

2 of 3

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

## Brief Details.

Reference report T/20190924/2054, I wish to add in extra information of the vehicle that had collided onto my lorry. The vehicle number of the other party is XD8808D. I then went to my insurance company who assisted to view the CCTV and I managed to trace the vehicle involved to be of registration plate number XD8808D.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 3 of 3 Report No. T/20190927/2070

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 CHONG YUN CHANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2019 13:12
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 SAINATURE	







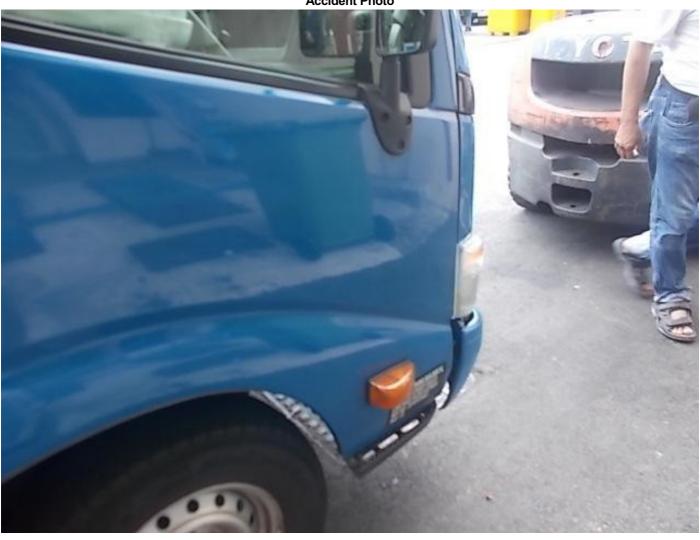
















#### **Addendum Sheet**



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report

# with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA119126422 \_Vehicle Registration No: GBD4711K Name(as shown in NRIC): MIS HOCK LIAN SHING BUILDER PTE LTD \_NRIC/FIN/Passport No: 201015166Z (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address \_Singapore( Contact (Tel) Mobile No.: 97522483 Email Address 23/09/2019 Date of Accident Time of Accident: 13:25 Place of Accident : BLK 8 DEFU LANE 10 OPEN SPACE CARPARK Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend third party vehicle number & add in police report - T/20190927/2070. Amond

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: Date:

GIARMC addendumform\_VII