

### 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	07/10/2019 15:29
Date Of Accident	03/10/2019 12:15
Exact Location Of Accident	CLEMENTI AVE 5 SLIP RD INTO AVE 2
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5165P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPREME AUSTRALIAN MEATS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625977

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN3055661901
Cover Note Number	

#### Driver

Name of Driver	ANAND CHANDRAN
NRIC No	G8675735X
Date Of Birth	12/08/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84925924
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 32 SIGLAP DR
Postcode	456157
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	COLLISION - HEAD TO REAR
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	KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 112 LENGKONG TIGA #01-215 , POSTCODE: 410112 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7489999 - FAX NO: 67454676
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191003/2144

#### 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	SHC8397S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEW CHER JUAY
NRIC/Passport Number	S1435083G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

PETER'S BUTCHERY  
SUPREME AUSTRALIAN MEATS PTE LTD  
32 SIGLAP DRIVE  
SINGAPORE 481157

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

## SKETCH PLAN

Clementi Ave 2

A: 3855135P  
B: SHC 83975

Clementi Ave 2

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20191003/2144

**DECLARATION**  
 I/VSUPREME BUTCHERY  
 32 SIGLAP DRIVE  
 SINGAPORE 496157  
 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.:

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191003/2144

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

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Report No. T/20191003/2144

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2019 18:04		Vide Report No.:		Station Diary No.: 10	
<b>Informant's Particulars</b>					
Name of Informant: ANAND CHANDRAN			Address: C/O APT BLK 32 SIGLAP DRIVE SINGAPORE 456157		
ID Type / ID No.: FIN NO / G8675735X			Contact No.: Home/Office: Mobile: 84925924		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 12/08/1988	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/10/2019 12:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CLEMENTI AVENUE 5 CLEMENTI AVENUE 2 ALONG CLEMENTI AVE 5 HEADING TOWARDS TURN LEFT TO CLEMENTI AVE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5165P	Lorry	TOYOTA	DYNA	White	No Damage	0
SHC8397S	Car	HYUNDAI	i40	Blue	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191003/2144

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

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Report No. T/20191003/2144

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ANAND CHANDRAN		ID No. G8675735X
Related Vehicle	GBG5165P (Lorry)		Contact No. 84925924
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	GBG5165P		ID No. S1435083G
Related Vehicle	SHC8397S (Car)		Contact No. 96927651
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,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 03/10/2019 at around 1218hrs, I was driving my company lorry along Clementi ave 5. I moved into the lane that is turning left to merge onto Clementi Ave 2. I stopped behind a blue coloured Comfort taxi. I then proceeded to check on the oncoming traffic from Clementi Ave 2 and the first lane was clear. As such I, stepped off the brake and the lorry started to roll forward. Subsequently, I felt an impact and immediately stepped on the brakes. I realized that the taxi in front of me did not move despite the first lane being clear for a considerable amount of time.

I then got out of my vehicle and apologized to the taxi driver. He was unhappy and I offered to settle the matter privately. However, he refused and informed that he wanted to lodge a Police report on the matter and let the insurance company settle the matter instead. We exchanged particulars and parted ways. I wish to inform that his vehicle sustained a small dent at the rear bumper, below the boot. My lorry did not sustain any damage. There is also an in-car camera installed in my lorry however it is currently not in working condition. None of us were injured as a result of the accident.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191003/2144

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

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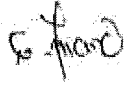
Report No. T/20191003/2144

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 3 MUHAMMAD DANIAL BIN SUMANAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2019 18:04
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo

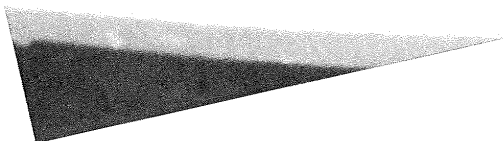
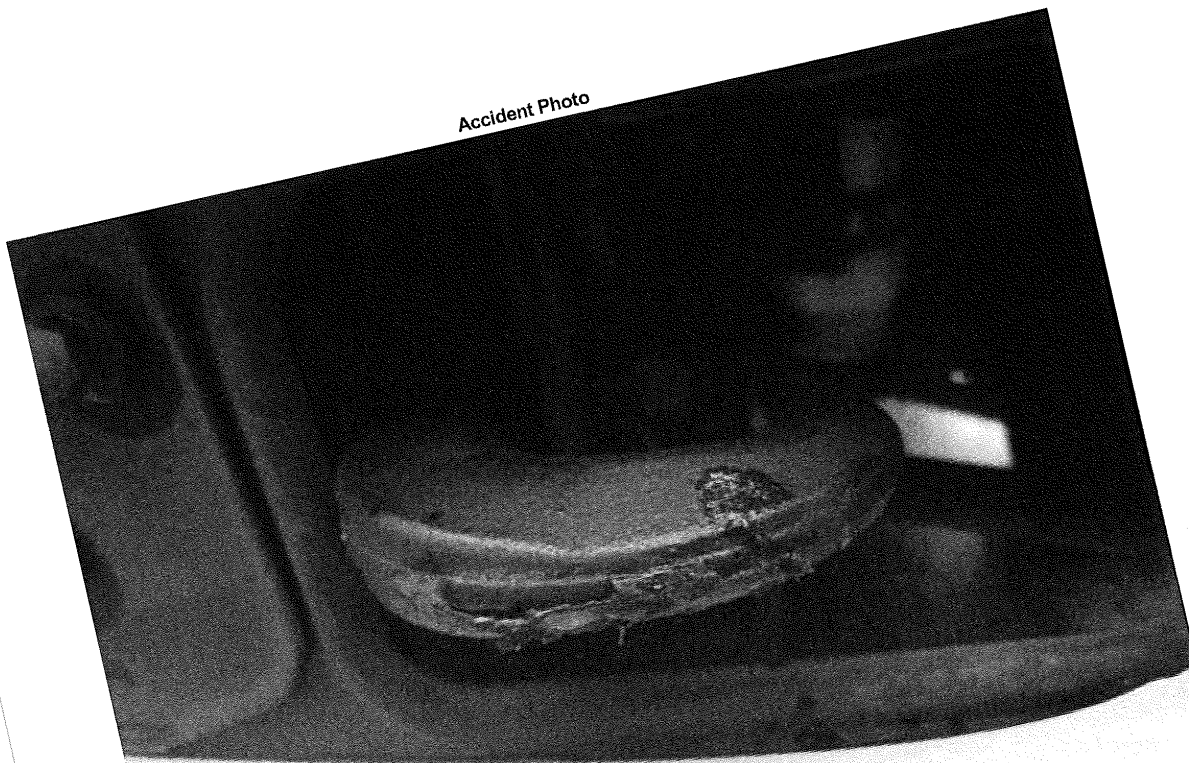




Accident Photo



Accident Photo



Accident Photo







Accident Photo

