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

	ACCIDENT STATEMENT
Date Of Report	27/02/2020 11:16
Date Of Accident	23/02/2020 10:00
Exact Location Of Accident	NORTH BRIDGE RD BLK10 OPEN CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH6495A
Insured/Policyholder	
Name Of Registered Owner	FONYEN FOODSTUFFS
Co Reg No	50172600D
Email Address	CATCYF@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67436538
Vehicle Particulars	
Manufacturer	ТОУОТА
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	DMCVSN1824711901
Cover Note Number	
Driver	
Name of Driver	LIM CHENG HUAT

NRIC No S1285500A

Date Of Birth 20/04/1958

Occupation OUTDOOR

Date Of Driving Pass 27/09/1983

Driving Experience 36 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81282040

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 4 BEACH ROAD #08-4967

Postcode 190004

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 COLLIDED INTO PARKED VEHICLE

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?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ROCHOR NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2949999 - **FAX NO**: 63918583

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

On 23/02/2020 in-between 10:00hrs - 11:00hrs, I was having coffee at the hawker center located at B/10 North Bridge Rd. My lorry bearing registration plate number GBH6495A was parked at one of the lots at the open car park of B/1 0 North Bridge Rd. There were some other vehicles parked beside my lorry. After drinking I came to my lorry and drove off. When I drove off, I did not hear any sound or felt and impact. I continued with my delivery works. On 24/02/2020, I proceeded back to B/10 North Bridge for my morning coffee and I was informed by one of my friends there that on 23/02/2020, as I moved off my lorry from the car park, my lorry brushed against another vehicle parked beside me. My friend does not know much information about this as he was also alerted by other members of public. There is no damages to my lorry. I don't know what exactly happened. I did not lodged a Police report on 24/02/2020 itself as I was not feeling well. As such I am reporting this incident to the Police today. That is all.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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, uso, 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:
 - 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.

OODSTUFFS

Policyholder's Signature Date & Time Driver's Signature

(If driver is not the policyholder)

Date & Time:

the policyholder) アイのイツン

11 am

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2

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(If driver is not the policyholder)

GIARMC Sketchtflani om: V3

Name: NRIC/FIN No.:

Page 4 of 21

POLICE REPORT





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Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE

Report No. T/20200225/2066

1 of 3

208678 Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2020 14:34			Vide Report No.:	Station Diary No.: 58	
Informa	nt's Particu	ulars			
	f Informant: ENG HUAT		Address: APT BLK 4 BEACH RO	DAD #08-4967 SINGAPORE 190004	
	/ ID No.: O / S128550	00A	Contact No.: Home/Office:	Mobile: 81282040	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 20/04/1958	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Inform Class: 3,4	ation: Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/02/2020 10:00		Type of Location Car Park	
Location: Along Road 1 NORTH BRID B/10 Open ca	OGE ROAD					
Weather: Clear		Road Surface: Dry		Roa	d Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traf	Traffic Volume:	
Type of Collis	sion: cle Against - Parked \	/ehicle		B 0 - 0 - 0 - 0 - 0	one conveyed by oulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH6495A	-	TOYOTA	DYNA	Silver	No Damage	0

POLICE REPORT



T20200225/2066

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

Report No. T/20200225/2066

CONTINUATION OF REPORT

Brief Details.

On 23/02/2020 in-between 10:00hrs - 11:00hrs, I was having coffee at the hawker centre located at B/10 North Bridge Rd. My lorry bearing registration plate number GBH6495A was parked at one of the lots at the open car park of B/10 North Bridge Rd. There were some other vehicles parked beside my lorry. After drinking I came to my lorry and drove off. When I drove off, I did not hear any sound or felt and impact. I continued with my delivery works.

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I did not lodged a Police report on 24/02/2020 itself as I was not feeling well. As such I am reporting this incident to the Police today. That is all.

POLICE REPORT





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 3 of 3 Report No. T/20200225/2066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

SIGNATURE

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 / Staff Sgt ALVIN SHAM THEYOPHOLOUS	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2020 14:34	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:	

Driving License



























