

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	21/03/2020 10:46
Date Of Accident	20/03/2020 06:30
Exact Location Of Accident	JUNC OF KAKI BUKIT RD 3 & KAKI BUKIT AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1833A
Insured/Policyholder	
Name Of Registered Owner	M/S HAI'S ROASTED MEAT SUPPLIER PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62626733

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	DMCVSN1918461900
Cover Note Number	

Driver

Name of Driver	BAN SHUN
NRIC No	GXXXX445W
Date Of Birth	18/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87582757
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	15 WOODLANDS LOOP #03-31
Postcode	738322
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 PEDESTRIAN
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , 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 G/20200320/7018

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TP TOOK THE MEMORY CARD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	PEDESTRIAN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	PEDESTRIAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

海燒臘食品供應私人有限公司
HAI'S ROASTED MEAT SUPPLIER PTE LTD
Reg. No. 201618233N

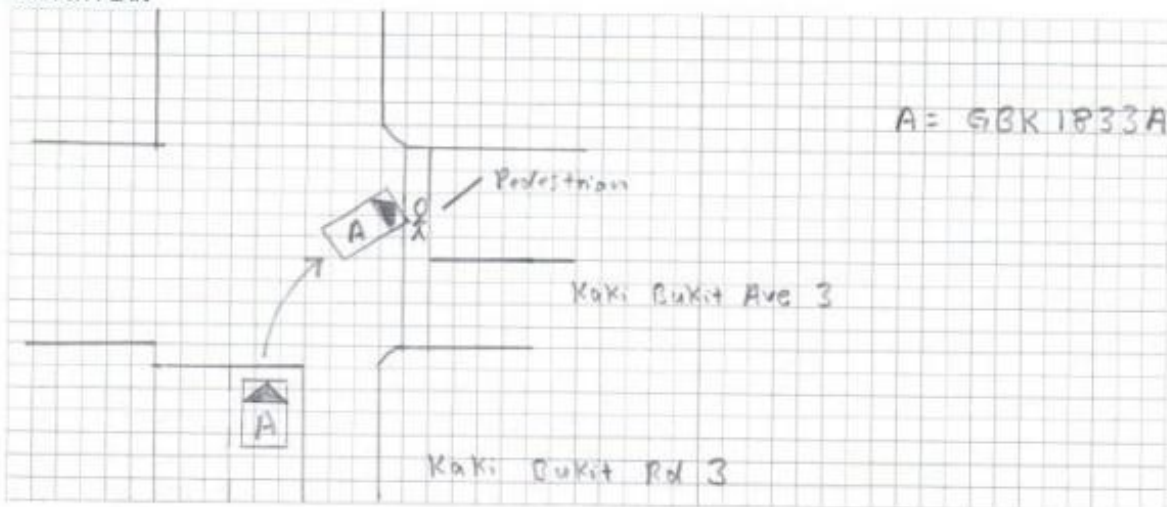
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report # G/2020032017018

DECLARATION

I/We declare the foregoing particulars are true in every respect.

海燒臘食品供應私人有限公司
HA'S ROASTED MEAT SUPPLIER PTE LTD
Reg. No. 201618233N

Policyholder's Signature
Date & Time:

BAN SHUN

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Handwritten signature

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20200320/7018

1 of 2

POLICE REPORT (NP299)

Report No. G/20200320/7018

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 20/03/2020 10:35	Vide Report No.	Station Diary No.
Name Of Informant THONG LOO WEI	Address	
ID Type / ID No. FIN NO / G6863785L	Contact No. Home/Office:	Mobile: 62626733
Nationality MALAYSIAN	Email Address admin@haisroasted.com.sg	
Occupation Accountant	Sex Female	Age 28
Institution/School Name	Date of Birth 17/06/1991	Race Chinese
Date/Time Of Incident 20/03/2020 06:30 - 20/03/2020 07:00	Location Of Incident KAKI BUKIT AVENUE 3	

Brief details.

Report No.G/20200520/0057 at Kaki Bukit Road 3 x Kaki Bukit Ave 3

Vehicle Number: GBK1833A

Driver: Ban Shun

Our company vehicle GBK1833A, while waiting to turn right at the traffic light, the driver did not see the pedestrian crossing the road.

Subjects Involved	
Suspect	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2020 10:35
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20200320/7018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200320/7018

Person Name	BAN SHUN		
ID Type	FIN NO	ID No	G8850445W
Gender	Male	Age	40-45
Race	Chinese	Language	Chinese
Occupation	Van driver	Address	15 Woodlands Loop #03-31 SINGAPORE 738322
Home/Office No	62626733	Mobile No	90033904
Complexion	Fair	Build	Thin
Height About	180cm	Attire Last Worn	Working attire
Hair Colour	Black	Hair Style	Crew
Relation To Informant	Employee		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

20/03/2020 10:35

Classification Of Case:

LTA LETTER

Email to finance company & insurance company.



10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

20 Jan 2020

Our ref 2001200203N061011775

HAI'S ROASTED MEAT SUPPLIER PTE. LTD.
15 WOODLANDS LOOP
#03-31
SINGAPORE 738322

Dear Sir/Madam

You Have Successfully Replaced Vehicle Registration No. GBJ4759S With GBK1833A

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was GBJ4759S, now has the number GBK1833A.

What You Need To Do:

- You must show the new number GBK1833A on your vehicle by 23 Jan 2020.

The vehicle details after the transaction are:

Transaction No. : 20200120131404461438
Vehicle Registration No. : GBK1833A (Previously GBJ4759S)
Vehicle Make : TOYOTA
Vehicle Model : DYNA 150 5MT
Chassis No. : JTFAT35Y00K212761
Engine No./ Motor No. : 1KD2847328 / -

Please change the number plates on this vehicle to show GBK1833A by 23 Jan 2020. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

