SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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	05/05/2020 09:39
Date Of Accident	01/05/2020 13:15
Exact Location Of Accident	6 SELETAR NORTH LINK PPT LODGE 1B
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP4877E
Insured/Policyholder	
Name Of Registered Owner	JLC SERVICES
Co Reg No	5XXXX144A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98755604
Alternative Phone No	OFFICE-98755604
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB
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	DMCVSN1835781901
Cover Note Number	
Driver	
Name of Driver	LOUIS TAN AH GUAN
NRIC No	SXXXX299E
Date Of Birth	29/12/1970
Occupation	OUTDOOR

06/10/1992

MALE

27 YEARS AND 6 MONTHS

(LOCAL) +65-98755604

OFFICE-98755604

NOEMAIL

BLK 241 SERANGOON AVENUE 3 Address

#02-152

Postcode 550241

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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?

YES

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

soliciting/offering accident claims assistance.

NO 0

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 **PUNGGOL N.P.C**

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

YES

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - F/20200504/2024.

Attachment(s)

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

Was there any audio recorded?

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **BINPULLER**

Vehicle Make/Model/Colour CLEAN SOLUTIONS PTE LTD

Details Of Properties

MOBILE EQUIPMENT Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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
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 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:
 - (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:

NRIC/FIN No.:

Accident Sketch Plan

	A: 4P 487	21
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	6 Seletar Abrillo Link PP7 Lodge 1 12.	
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	By By River.	
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CRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
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cetter to boll	ce report - F/2020514/204.	
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ARATIONRV		
ARATION declare the foregoing part	iculars are true in every respect.	
LARATION declare the foregoing part	culars are true in every respect.	
ARATION Redeclare the foregoing part	culars are true in every respect.	





1 of 2

Report No. F/20200504/2024

POLICE REPORT (NP299)

Police Station Of Origin Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

Date/Time Report Made 04/05/2020 14:15	Vide Re	Vide Report No.		Station Diary No. 19		
Name Of Informant LOUIS TAN AH GUAN	APT BL	Address APT BLK 241 SERANGOON AVENUE 3 #02-152 SINGAPORE 550241				
ID Type / ID No. NRIC NO / S7045299E	CT 2 T 2 T 2 T 2 T 2 T 2 T 2 T 2 T 2 T 2	Contact No. Home/Office		•		
Nationality SINGAPORE CITIZEN	Email A	Email Address				
Occupation Lorry driver	Sex Male	Age 49	Date of Birth 29/12/1970	Race Chinese		
Institution/School Name		Language Chinese				
Date/Time Of Incident 01/05/2020 13:15	6 SELE 797445	Location Of Incident 6 SELETAR NORTH LINK PPT LODGE 1B SINGAPOR 797445 Loading/Unloading Bay				

Brief details.

On 01/05/2020 at about 1315hrs, I parked my vehicle bearing registration number YP4877E at PPT Lodge 1B Block 6 Loading/ Unloading Bay to unload food from my lorry. While I was unloading the food, a yellow color bin puller collided on the right rear area of my lorry.

There was no injuries and the driver is one Nazri Bin Kamal, G8158226U from Clean Solutions. The

Signature Of Informant: Signature Of Officer Recording The Report: F / Sgt 1 YEO HUI YU Date/Time: Signature Of Interpreter: 04/05/2020 14:15 Not applicable Officer In-Charge Of Case: F / Punggol N.P.C / Sgt 3 ONG CHUN KAI Classification Of Case:

Contact No.: 66049999 Authentication Stamp

Police Report





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200504/2024

driver asked me to wait as his manager is not working and he cannot make any decision. The people from the dormitory then gave me the project manager's contact number and informed me that I can call him as he will be settling the matter with me.

I then waited and on 03/05/2020, I called the project manager and he informed me that one 04/05/2020 at about 1300hrs, he will be proceeding to PPT Lodge 1B and informed me to meet him there. After meeting up with him, he advised me to do a insurance claim and as such I am lodging this report for insurance claim purpose as the yellow color bin puller do not have any registration number plate.

I would like to inform that the Clean Solutions Project Manager is Yap Boon Ping H/P: 8133 3255.

Signature Of O F / Sgt 1 YEO I	fficer Recording The Report:	Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 04/05/2020 04:15	
Officer In-Chan F / Punggol N.F Sgt 3 ONG CH Contact No.: 66	P.C / UN KAI	Classification Of Case:	
Authentication	Stamp	SN 685	_
	Signatures	7	
	Managa Dellas Til	100	











































