

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	12/06/2020 15:01
Date Of Accident	05/06/2020 20:55
Exact Location Of Accident	JUNCTION OF SERANGOON ROAD AND CTE (PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2956C
Insured/Policyholder	
Name Of Registered Owner	GURU CONSTRUCTION PTE LTD
Co Reg No	200505178H
Email Address	GURUCONSTRUCTIONSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81382521
Alternative Phone No	OFFICE-63963945

Vehicle Particulars

Manufacturer	FIAT
Model	FIORINO-1.3 MJTD (M)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNA00016092001
Cover Note Number	

Driver

Name of Driver	CHADHA HARKIRAT SINGH
Work Permit No	G5496642W
Date Of Birth	18/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2020
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91265662
Fax Number	
Contact Number	
Email Address	HARLCIRAT.GUROS@GMAIL.COM

Address	BLK 9 ST. GEORGE ROAD #04-266
Postcode	320009
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYER
Vehicle Registration Number of Driver's Own Vehicle	FBK4532Z
	-
	-
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	-
	-

General Information of the Accident

Type Of Accident	DRINK DRIVING / DRUGS INFLUENCE
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFERRING TO POLICE REPORT NUMBER T/20200608/2045

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARE WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6091E
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC4591A
Vehicle Make/Model/Colour HYUNDAI
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.

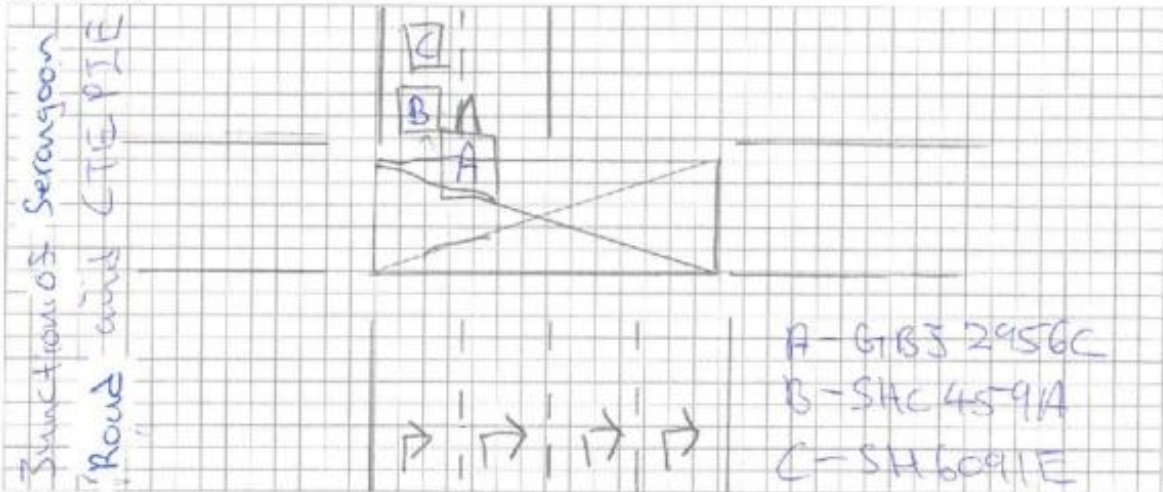

Policyholder's Signature
Date & Time: 


Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/6/20 14:30pm


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the point of reporting this accident, the driving license has been confiscated by the Traffic Police for the driver of the van, GBJ 2956C.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

GIABN/C Sketch Plan/accr/1/1

[Signature]

Driver's Signature
(If driver is not the policyholder)

Date & Time: 10/6/20 | 4:30pm



Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Motor Commercial

CERTIFICATE OF INSURANCE

Motor Commercial (Third Party Risks and Compensation) (Chapter 189)
 Motor Vehicle (Third Party Risks and Compensation) (Chapter 189)
 Motor Vehicle (Third Party Risks and Compensation) (Chapter 189)

MEDICAL
 H SR
 ANOSCA
 Cdr Type D

Expiry Mo: 2024/05/04/2025
 Cdr No: 7543752805-07504

CERTIFICATE No.

DMDT544607 9C50001

Vehicle Make and Reg. Station

01J2550C

AUTOCAR

Vehicle Type

01J2550C

Vehicle Make of the Component of Insurance or Reinsurance

1020/0023

Excess \$601 8830.00

Date of Entry of Insurance

1/10/2023

Ex CN WHDCORER 52450.00

Any person who is driving on the Policyholder's motor or other their possession.

Provided that the person driving is permitted in accordance with the law and/or (if) has been or
 registered to drive the Motor Vehicle or has been so permitted and is not disqualified by order of
 a Court of Law or by restriction of any enactment or regulation that would have driving the Motor
 Vehicle.

6. Conditions as to use

(1) Use in connection with the Policyholder's business.
 (2) Use for the carriage of passengers (other than hire or reward) in connection with the Policyholder's business.
 (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or other purpose.
 (2) Use while driving a motor vehicle on a road or other place where a motor vehicle is not permitted to be driven.

NOTE: POLICYHOLDER (TAHAKHIR PRAKASH, SONS, AFRICA & ASIA PACIFIC) IS THE OWNER

"Conditions of Insurance (by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189)
 and Section 20 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the
 provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road
 Transport Act, 1987 (Singapore).

Please also refer to

CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: 
 Authorized Officer

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (C.A. Reg. No. 200200044E)
 3 Shenton Road #10-00 Singapore 079500

8887 6111

6222 1033

www.ctaiping.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Police Report



SINGAPORE
POLICE FORCE



T/20200608/2045

4 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200608/2045

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:

TP /

EUGENE AW WEI XUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/06/2020 14:16

Officer In Charge Of Case:

TP / DDGVT /

Sr Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP188

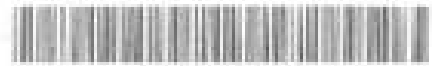
Signature:

Eugene.

Police Report



SINGAPORE
POLICE FORCE



T/20200608/2046

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20200608/2046

CONTINUATION OF REPORT

I THEN COLLIDED ON ONE OF THE TAXI FRONT LEFT PORTION BUT I DONT RECALL THE COLLISION WITH THE SECOND TAXI. THAT ALL.

VIDE INCIDENT NUMBER: A/20200605/0121

Police Report



**SINGAPORE
POLICE FORCE**



T/20200608/2045

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20200608/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHADHA HARKIRAT SINGH	ID No.	G5496842W
Related Vehicle	GBJ2956C (Van)	Contact No.	91265662
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
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SH6091E (Car)	Contact No.	NIL
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
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHC459A (Car)	Contact No.	NIL
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

Brief Details.

ON THE STATED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG SERANGOON ROAD TOWARDS UPPER SERANGOON ROAD ON EITHER THE FIRST OR SECOND LANE. I MADE A U TURN ALONG JLN TOA PAYOH AND REALISED I WAS UNABLE TO DO SO AS THE ROAD WAS CONFUSING. I THEN HEAD STRAIGHT AND WENT AGAINST THE FLOW OF TRAFFIC ALONG UPPER SERANGOON ROAD TOWARDS BENDEMEER ROAD ON SECOND LANE.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200608/2045

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4
Report No: T/20200608/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2020 14:16		Vide Report No.: A/20200605/0121		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHADHA HARKIRAT SINGH			Address:		
ID Type / ID No.: FIN NO / G5498642W			Contact No.: Home/Office: Mobile: 91265682		
Nationality: INDIAN			Email:		
Sex: Male	Age: 28	Date of Birth: 18/07/1991	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SENIOR OPERATIONS MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 05/06/2020 20:55	Type of Location:
Location: Along Road 1 BENDEMEER ROAD GEYLANG BAHRU BENDEMEER RD X GEYLANG BAHRU TWDS CTE PIE (MPAG: 5219A)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ2956C	Van	FIAT	FIORINO CARGO 1.3MTA E8 GLAZED	Brown		1
SH6091E	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0
SHC459A	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Yellow		0