

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 Submission 01/10/2020 18:42 (SGT)
Date of Accident 05/08/2020 17:30 (SGT)
Exact Location of Accident Yio Chu Kang Link
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR2116Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GAN BOON HENG
NRIC No S6884986A
Email Address boonheng6269@gmail.com
Mobile Phone No (Phone) +65-97806269
Alternative Phone No (Phone) +97806269

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180K
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car
Transmission -
CC -

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSN3050691900
Cover Note Number 06/07/19 - 03/11/20

DRIVER

Name of Driver WANG SOON FOOK
Passport No/FIN F7302290T

Date Of Birth	18/06/1976
Occupation	Indoor
Date Of Driving Pass	15/08/2015
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Office) +65-81840681
Alt. Phone Number	-
Email Address	NOEMAIL
Address	-
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver 1	-
Insurance Company of Other Vehicle Owned by Driver 1	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2	-
Insurance Company of Other Vehicle Owned by Driver 2	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3	-
Insurance Company of Other Vehicle Owned by Driver 3	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang North Neighbourhood Police Post
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT.

ATTACHMENT(S)

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

Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7500C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	HUA DEKUN FABIAN
Contact Number	-
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

1. VEHICLE NO.: SJR 2116 Z
 2. INSURER CO: CHINA TRADING
 3. ACCIDENT
 DATE & TIME: 05/08/2020 17:30H

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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.
8. **Consent under the Personal Data Protection Act (PDPA)**
 I understand, acknowledge, agree and consent that:

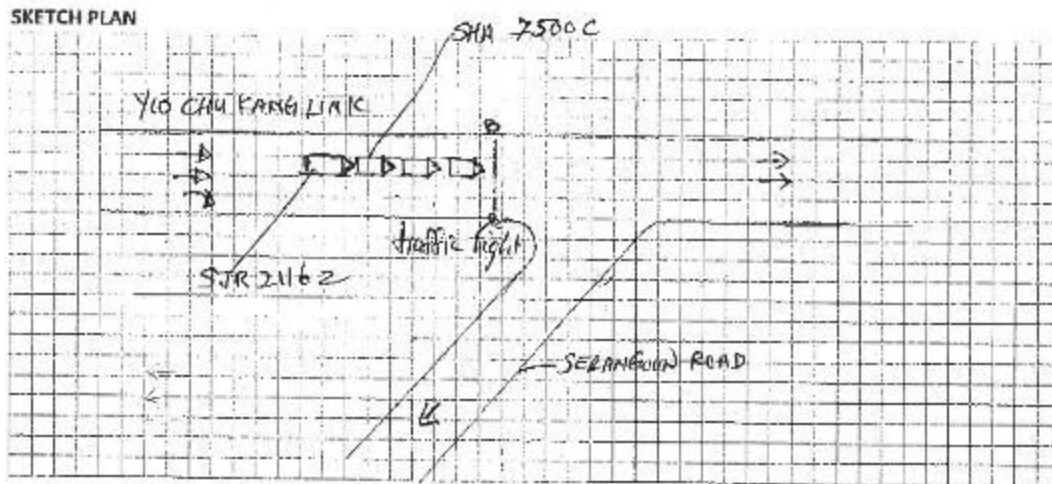
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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: 1/10/20

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

GIA/ACC 2020/01/01/01/01/01



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ATTACHED TO POLICE REPORT

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time: 1/10/20	NRIC/FIN No.:
GLAR/MC Sketch Plan Form, VS	() Claim Own Policy () Claim Third Party (v) Reporting Only	
	() Claim ODP/TP at other workshop	









**SINGAPORE
POLICE FORCE**



T/20200805/2126

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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Report No. T/20200805/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2020 21:10		Vide Report No.:		Station Diary No.: 13
Informants/Parties				
Name of Informant: WANG SOON FOOK		Address: APT BLK 152 Woodlands Street 13 #11-783 SINGAPORE 730152		
ID Type / ID No.: FIN NO / F7302290T		Contact No.: Home/Office: Mobile: 81840681		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 44	Date of Birth: 18/06/1976	Type of Informant: Driver	
Race: Chinese		Language: Malay	Institution / School Name:	
Occupation: Plumber		Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/08/2020 17:30	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG LINK along Yio Chu Kang Link				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
SHA7500C	Car	MERCEDES BENZ	E220 BLUETEC	White	Slightly Damaged	2
SJR2116Z	Car	MERCEDES BENZ	C180K	White	Slightly Damaged	0



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T/20200805/2126

Police Station Of Origin:
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27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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Report No. T/20200805/2126

CONTINUATION OF REPORT

Brief Details.

On the 05/08/2020 about 1730hrs, I was driving along Yio Chu Kang Link. I was using my hand phone (Google Map) to navigate my way. However, I did not notice that the car bearing SHA7500C stop his vehicle as traffic light shown red. I was not alert thus I accidentally hit onto the rear of SHA7500C vehicle. In result, the accident leads to minor scratches and some dents to SHA7500C. Both myself and SHA7500C driver alighted the vehicle and exchange of particulars. No injuries occurred and no threats or assault took place. The involved driver mentioned that he wanted to claim insurance against me thus I acknowledge. I wish to state that this is the first time such incident happened to me.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999



T/20200805/2128

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Report No: T/20200805/2128

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:
L /
Sgt 2 MUHAMMAD KHAIRIL BIN MOHAMED
RAIS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Authentication Stamp
NP16

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:
05/08/2020 21:10

Classification Of Case:

