

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	02/10/2020 16:31
Date Of Accident	23/09/2020 19:50
Exact Location Of Accident	CHOA CHU KANG NORTH 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4807L
Insured/Policyholder	
Name Of Registered Owner	LAY AUTO LEASING PTE LTD
Co Reg No	2XXXXX521C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93874666
Alternative Phone No	OFFICE-93874666

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	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	DMCVSNA00018532000
Cover Note Number	

Driver

Name of Driver	CHIA POH FATT
NRIC No	SXXXX251B
Date Of Birth	24/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1992
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97206076
Fax Number	
Contact Number	OFFICE-97206076
Email Address	NOEMAIL

Address	BLK 790 CHOA CHU KANG NORTH 6 #06-240
Postcode	680790
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , 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 - T/20200923/2121.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK5709A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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7. 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:



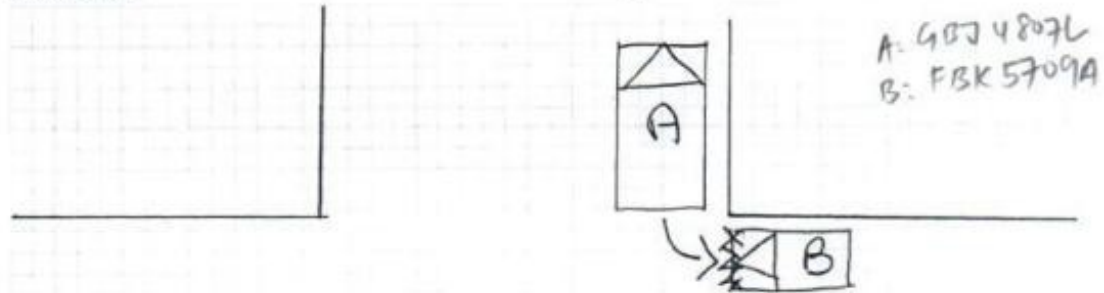
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/02000232/21

Police Station Of Origin:
Choa Chu Kang N.P.C.
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No. 1800-7859889

1 of 3
Report No. T/20200623/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2020 19:51
Vide Report No.:
Station Diary No.: 123

Informant's Particulars

Name of Informant: GHIA POH FATT		Address: APT BLK 760 CHOA CHU KANG NORTH 6 #05-240 SINGAPORE 680700	
ID type / ID No: NRIC NO. S1702251B		Contact No: Home/Office: Mobile: 97206076	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 24/06/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: MARINE FITTER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 23/09/2020 17:40	Type of Location: A small road just outside the coffee shop
Location: CHOA CHU KANG NORTH 6			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Reversing	Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FBK5708A	Motorcycle	YAMAHA	FZN150	Red	Slightly Damaged	0
GBJ4807L	Lorry	TOYOTA	DYNA 160 5MT	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil	

Police Report



**SINGAPORE
POLICE FORCE**



1/20200923/2121

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689288
Tel No: 1800-7659999

Report No: 1/20200923/2121

CONTINUATION OF REPORT

Ride			
Name	EDDIE BIN AMAT	ID No.	S7147691
Related Vehicle	FBK5709A (Motorcycle)	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	CHIA POH FATI	ID No.	S1702251B
Related Vehicle	GBU4807L (Lorry)	Contact No.	97208076
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL


Brief Details

On 23/09/2020 at about 1740hrs, I parked my vehicle at the small road at the side just outside the coffee shop. I then went to the coffee shop to buy a newspaper at Blk 787 Choa Chu Kang North 6. Afterward, I proceed back to my vehicle. As I was moving off, without noticing any vehicle I reversed and suddenly knocked onto a motorbike that was parked behind me.


I came down to make a check on the motorbike and pick it up. The rider shouted at me from far distance. There was a slight scratches on the front of the motorbike. However, he also mentioned to me that there was a slight cracked on the left of the motorbike. Instead when the motorbike initially fall to the right side. He told me that I need to pay a lot of money, thus I disagree and came to the police to lodge a report.

Police Report

2 of 3
132721

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin
Choa Chu Kang N.P.C.
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689288
Tel No: 1800-7669999


T20200923/2121




1 of 3
Report No: T20200923/2121

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

1

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 Sgt 2 SHARIFFUDIN BIN ROSMAN 	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time 23/09/2020 19:51
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65478151 	Classification Of Case

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



