

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	19/10/2020 14:26
Date Of Accident	18/10/2020 03:00
Exact Location Of Accident	CHANGI BEACH CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC788X
Insured/Policyholder	
Name Of Registered Owner	ABS LEASING SERVICES PTE LTD
Co Reg No	2XXXXX528D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92966056
Alternative Phone No	OFFICE-92966056

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN 3.0 5MT ABS AB 5DR LWB PANEL
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	DMCVSNW00018162000
Cover Note Number	

Driver

Name of Driver	MOHAMAD FADLI BIN NORKAMAL
NRIC No	SXXXX074G
Date Of Birth	12/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86082805
Fax Number	
Contact Number	OFFICE-86082805
EEmail Address	NOEMAIL

Address	BLK 175 ANG MO KIO AVENUE 4 #04-777
Postcode	560175
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201018/2014.

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	QX4974K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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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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. The 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 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.

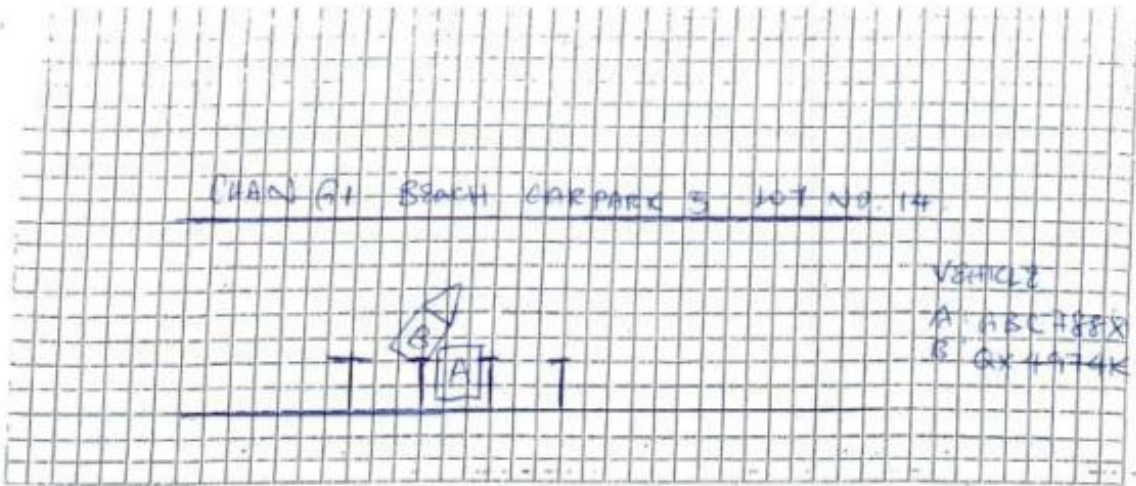


Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time:

01/01/2018 10:00 AM



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

01/01/2018 10:00 AM

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

[Handwritten Signature]

Police Report



**SINGAPORE
POLICE FORCE**



T/20201018/2014

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Report No. T/20201018/2014

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2020 05:31	Vide Report No.: G/20201018/0084	Station Diary No.: 10
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Informant's Particulars

Name of Informant: MOHAMAD FADLI BIN NORKAMAL			Address: APT BLK 175 ANG MO KIO AVENUE 4 #04-777 SINGAPORE 560175		
ID Type / ID No.: NRIC NO / S9042074G			Contact No.: Home/Office: Mobile: 86082805		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 12/11/1990	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Courier Service			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 18/10/2020 03:05	Type of Location: Car Park
Location: NICOLL DRIVE			
Weather:		Road Surface:	Road Speed Limit:
Traffic Flow:		Traffic Control:	Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC788X	Van				Slightly Damaged	1
QX4974K	Van					0

Details of Person Involved

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

Police Report



**SINGAPORE
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T/20201018/2014

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Report No. T/20201018/2014

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569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Passenger			
Name	Nur Hafizah Binte Ibrahim	ID No.	S8719298I
Related Vehicle	GBC788X (Van)	Contact No.	97818917
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	MOHAMAD FADLI BIN NORKAMAL	ID No.	S9042074G
Related Vehicle	GBC788X (Van)	Contact No.	86082805
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
Driver			
Name	Muhammad Ghaffar Bin Mohd Gani	ID No.	S9118513Z
Related Vehicle	QX4974K (Van)	Contact No.	96985608
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.

At 0100hrs on 18/10/2020 at Changi Beach Carpark 5 lot No.14 along Nicoll Dr, I parked my vehicle (GBC 788X) and went to cycle at Changi Beach. At around 0307hrs, I returned to my vehicle and noticed that there were a group of police officers surrounding my vehicle.

The driver informed me that at 0306hrs, their police vehicle (QX4974K) was in the lot beside mine and was trying to maneuver out of the lot when it had come into contact of my vehicle. There is a scratch on the front left bumper of my vehicle and the cover of my front left headlight is also damaged. I had a passenger in the vehicle at the time, and she informed that she was fine and did not need to seek medical attention.

The police officer provided me a case card reference to G/20201018/0084 and informed me to make a

Police Report



**SINGAPORE
POLICE FORCE**



T/20201018/2014

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Report No. T/20201018/2014

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569784
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CONTINUATION OF REPORT

police report at the nearest police station.

Police Report



SINGAPORE
POLICE FORCE



T/20201018/2014

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Report No. T/20201018/2014

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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



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: F / Sgt 2 TAN YAN ZHI DANIEL 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant: 
Date/Time: 18/10/2020 05:31
Classification Of Case: 

Authentication Stamp
NP166

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo



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Accident Photo

