

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 19/01/2021 17:06 (SGT)
Date of Accident 05/12/2020 23:00 (SGT)
Exact Location of Accident Lor Bekukong, Singapore
Additional Location Information LORONG BEKUKONG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ183D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner THONG CHEW FOOD INDUSTRIES PTE LTD
Company Reg No 198501315D
Email Address Raihan14430@gmail.com
Mobile Phone No (Phone) +65-98555830
Alternative Phone No (Office) +65-62667879

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Nhr85eu3es
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070159022
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD RAIHAN MOHD REDUAN
NRIC No S9709056D
Date Of Birth 17/03/1997
Occupation Outdoor

Date Of Driving Pass	19/10/2016
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98555830
Alt. Phone Number	-
Email Address	Raihan14430@gmail.com
Address	BLK. 236 CHOA CHU KANG CENTRAL
Address complement	#06-45 SINGAPORE
Postcode	680236
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 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?	-
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	MOHD REDUAN
Gender	Male

PASSENGER 2

Name	SALAMAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)






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

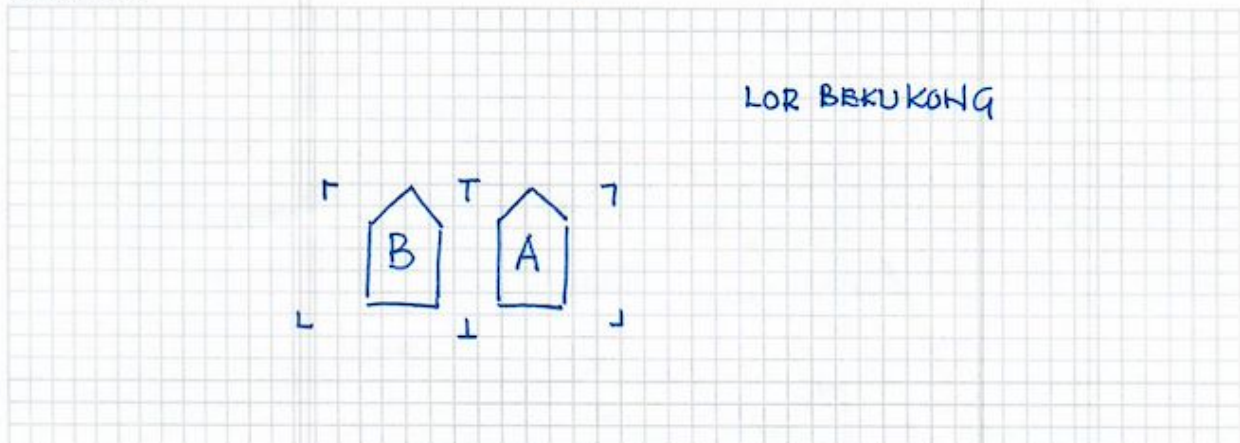
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3434L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
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**IMPORTANT NOTICE**

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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.

  Policyholder's Signature / Date & Time	  Driver's Signature (If driver is not the policyholder) / Date & Time 19/1/2021 12.16 pm	 Witnessed by Reporting Centre Personnel
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Sketch Plan

Describe Circumstances of the Accident

Refer to police report attachment.

Declaration


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
19/1/2021 12.16 pm




Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



G/20201219/7006

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POLICE REPORT (NP299)

Report No. G/20201219/7006

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 19/12/2020 10:37	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD RAIHAN BIN MOHD REDUAN	Address 236 CHOA CHU KANG CENTRAL #06-45 SINGAPORE 680236	
ID Type / ID No. NRIC NO / S9709056D	Contact No. Home/Office:	Mobile: 98555830
Nationality SINGAPORE CITIZEN	Email Address raihan14430@gmail.com	
Occupation Lorry attendant	Sex Male	Age 23
Institution/School Name	Date of Birth 17/03/1997	Race Malay
Date/Time Of Incident 05/12/2020 23:00 - 05/12/2020 23:00	Location Of Incident LORONG BEKUKONG	

Brief details.

It was a saturday night, having dinner with my family. When we returned back to the carpark to drive home, taxi driver accused me of banging into his taxi that caused some damage which I am not sure of. He showed me, the paint that chipped off from his taxi that was found at the back of my lorry which could possibly came from a forklift that is available in the company. Then, he showed me the damage from his taxi which I was shocked to see the damage as I believed I would feel the impact but i did not and neither were my passengers which was my mum and dad. The taxi driver said that he and the company will review the in-car footage and will make the claims against my company if there is evidence that I caused

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2020 10:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20201219/7006

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201219/7006

the damage. Therefore, i didnt make any police report as he also instructed me to just wait. However, now, police is involved.

Subjects Involved			
Victim			
Person Name	MUHAMMAD RAIHAN BIN MOHD REDUAN		
ID Type	NRIC NO	ID No	S9709056D
Gender	Male	Age	23
Race	Malay	Language	English
Occupation	Lorry attendant	Address	236 CHOA CHU KANG CENTRAL #06-45 SINGAPORE 680236
Mobile No	98555830	Is Informant A Victim?	Yes
Person Name	MUHAMMAD RAIHAN BIN MOHD REDUAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
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