

# 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 ..... 15/12/2020 11:33 (SGT)  
Date of Accident ..... 13/12/2020 10:00 (SGT)  
Exact Location of Accident ..... Simei Street 3, Singapore  
Additional Location Information ..... TOWARDS SIMEI AVENUE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GX4490H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHILLI API CATERING PTE LTD  
Company Reg No ..... 2XXXXX964G  
Email Address ..... judy@chillipadi.com.sg  
Mobile Phone No ..... (Phone) +65-97492716  
Alternative Phone No ..... (Office) +65-62479531

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
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 ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5054004184-08  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOM TIAN HOCK  
NRIC No ..... SXXXX594G  
Date Of Birth ..... 30/11/1962  
Occupation ..... Outdoor

Date Of Driving Pass .....	07/01/1994
Driving experience .....	26 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97492716
Alt. Phone Number .....	-
Email Address .....	judy@chillipadi.com.sg
Address .....	BLK 63 KALLANG BAHRU
Address complement .....	#13-439
Postcode .....	330063
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 .....	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 .....	1
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kolam Ayer Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002969999
Alt. Police Station Phone No .....	(Fax) +65-62937659
Police Station Address .....	Blk 72 Geylang Bahru #01-3038 Singapore 330072
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201213/2078

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-96301584

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

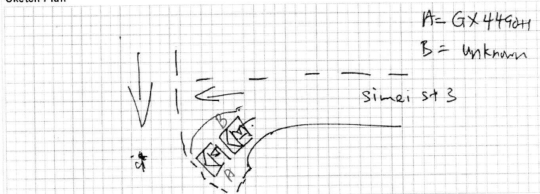
SKETCH PLAN

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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 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 the accident (all insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law firm/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' law firm/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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firm/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 \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel \_\_\_\_\_

Sketch Plan



Describe Circumstances of the Accident

RM to the right T 20201213/2078

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

Witnessed by Reporting Centre Personnel 15/12/2020





















**SINGAPORE  
POLICE FORCE**



T/20201213/2078

Police Station Of Origin:  
Kotam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

1 of 3

Report No. T/20201213/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/12/2020 17:14 Vide Report No.: Station Diary No.: 24

**Informant's Particulars**

Name of Informant: LIM TIAN HOCK	Address: APT BLK 63 KALLANG BAHRU #13-439 SINGAPORE 330063		
ID Type / ID No.: NRIC NO / S1544594G	Contact No.:	Mobile: 97492716	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 58	Date of Birth: 30/11/1962	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: CATERING DELIVERY	Driving Licence Information: Class: 3.4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2020 10:00	Type of Location: Bend
Location: SIMEI STREET 3				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate		
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 Passenger
GX4490H	Lorry	NISSAN	Cabstar	Blue	Slightly Damaged	0



SINGAPORE  
POLICE FORCE



T/20201213/2078

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Police Station Of Origin:  
Kalam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No. T/20201213/2078

CONTINUATION OF REPORT

**Brief Details.**

On 13/12/2020 at about 1000hrs, I was making a turn from Simei Street 3 to Simei Ave. I make a stop at the bend before the merge as there is on coming traffic approaching. Suddenly I felt a bump on my lorry and I alighted to see what happened. I saw one blue car knock into my lorry but I cannot remember the model of the car nor the car plate number. I managed to exchange number with the other driver (96301584) and we agreed to settle it between us as my lorry only suffer a light damage. No police came to the incident and no one was injured in this accident.



SINGAPORE  
POLICE FORCE



T/20201213/2078

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Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No. T/20201213/2078

## 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:

A /

Sgt 2 WANG CHAOFAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/12/2020 17:14

Classification Of Case: