

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 21/01/2021 11:19 (SGT)
Date of Accident 17/12/2020 15:00 (SGT)
Exact Location of Accident 20 Changi N Cres, Singapore 499613
Additional Location Information VICOM VEHICLE INSPECTION CENTRE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB7965K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FAST CLASS SERVICES PTE LTD
Company Reg No 2XXXXX390W
Email Address KBK@FASTCLASSSERVICES.COM
Mobile Phone No (Phone) +65-97590004
Alternative Phone No +65-97590004

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FB70BB1SRDEA
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 China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNA00001821900
Cover Note Number -

DRIVER

Name of Driver ZAHARA BINTE SAMAD
NRIC No SXXXX932D
Date Of Birth 17/03/1979
Occupation Outdoor

Date Of Driving Pass	08/02/2011
Driving experience	9 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97590004
Alt. Phone Number	-
Email Address	KBK@FASTCLASSSERVICES.COM
Address	BLK 774 BEDOK RESERVOIR VIEW #14-113
Address complement	-
Postcode	470774
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	Raining
Road Surface	Wet

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)	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	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT G/20201218/2126

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	SJP1903K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GRACE LIM
Contact Number	(Phone) +65-91002204

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

SKETCH PLAN

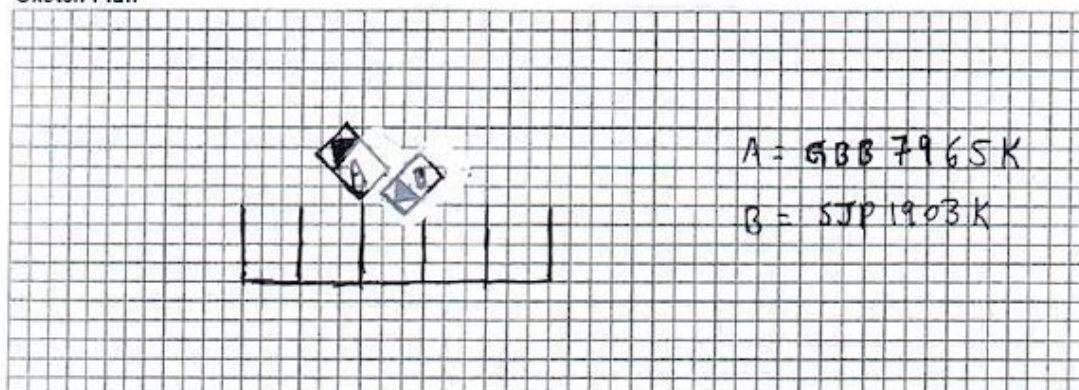
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

Policyholder's Signature / Date & Time
 Driver's Signature (If driver is not the policy holder) / Date & Time
 Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to police report.

We declare the foregoing particulars are true in every respect.



Driver's Signature
& Time

Witnessed by Reporting Centre
Personnel















**SINGAPORE
POLICE FORCE**



G/20201218/2126

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POLICE REPORT (NP299)

Report No. G/20201218/2126

Police Station Of Origin
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Date/Time Report Made 18/12/2020 18:58		Vide Report No.		Station Diary No. 55	
Name Of Informant ZAHARA BINTE SAMAD		Address APT BLK 774 BEDOK RESERVOIR VIEW #14-113 SINGAPORE 470774			
ID Type / ID No. NRIC NO / S7907932D		Contact No. Home/Office		Mobile 97590004	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SELF EMPLOYED		Sex Female	Age 41	Date of Birth 17/03/1979	Race Malay
Institution/School Name		Language			
Date/Time Of Incident 17/12/2020 15:00		Location Of Incident 20 CHANGI NORTH CRESCENT VICOM VEHICLE INSPECTION CENTRE SINGAPORE 499613			

Brief details.

On 17/12/2020 at about 1500hrs, I was at VICOM for my company (Fast Class Services Pte Ltd) lorry (GBB 7965K) inspection for the intended renewal of road tax. I was at the sentry area seeking direction advice from the staff to join the queue for the inspection. Thus, I was directed to leave the compound to join back the correct queue. While in the midst of leaving the compound, I was supposed to reverse into one of the lot in order to make a change of direction to exit. As I was reversing, my lorry collided with one of a local car (SJP 1903K) which is going head front to the lot that I was reversing into.

Signature Of Officer Recording The Report: G / Sgt 3 MEGGY TOR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/12/2020 18:58
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt MAZLAN BIN MIAT Contact No.: 62447200	Classification Of Case:

Authentication Stamp

SINGAPORE
POLICE FORCE

SIGNATURE



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201218/2126

Therefore, a collision took place in which the rear of my lorry collided into the local car rear right side area. No one was injured. Additionally I would like to add that it was raining heavily hence visibility was the road was affected. Moreover, the local car was heading front, in that case, the driver could have seen me reversing to the same intended lot. Also, rightfully under my understanding of the road traffic regulation, the said driver should have reversed or wait for me to do a complete reverse, instead of proceeding head front with the intended lot.

I am lodging this report for insurance claim purposes.

Particulars of the driver is as such:

Grace Lim

* 9100 2204

Signature Of Officer Recording The Report: G / Sgt 3 MEGGY TOR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/12/2020 18:58
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt MAZLAN BIN MIAT Contact No.: 62447200	Classification Of Case:
Authentication Stamp 	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0921120005 Vehicle Registration No: G3B7965X
Name (as shown in NRIC) : Fast class Services pte Ltd NRIC/FIN/Passport No : 2XXXXX390W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 9759 0004
Email Address : KBX@FastclassServices.com
Date of Accident : 17/12/20 Time of Accident : 15:00
Place of Accident : 20 Changi M Cres
Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Policy Number to DMCVSNA00001821900

Policyholder / Driver's Signature
Date:


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