SN09211M000D / National Assessment Centre Services [408933] ENTRY DATE & TIME: 22/01/2021 15:36 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (22/01/2021 15:36 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 22/01/2021 15:36 (SGT) Date of Accident 25/12/2020 14:40 (SGT) Exact Location of Accident Haig Rd, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBH9776U

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CRYSTALLITE ELECTRICAL & PLUMBING CONTRACTOR Company Reg No **Email Address** TIANWEN87@HOTMAIL.COM Mobile Phone No (Phone) +65-97388317 Alternative Phone No +65-97388317

Toyota

#### VEHICLE PARTICULARS

Manufacturer

Model Dyna Variant Exact purpose for which vehicle was being used at time of **Employment** accident 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 Policy Number DMCVSNW00099032002 Cover Note Number

#### DRIVER

Name of Driver NG THIAM SENG NRIC No SXXXX531A Date Of Birth 06/09/1954 Occupation Outdoor

Date Of Driving Pass 06/08/1975 Driving experience 45 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97388317 Alt. Phone Number Email Address TIANWEN87@HOTMAIL.COM Address 31 LORONG 26 GEYLANG#03-03 Address complement Postcode 398498 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο 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 No Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210121/7029 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 SJP8108T

Vehicle Registration Number SJP8108T

Vehicle Manufacturer 
Vehicle Model 
Vehicle Variant 
Vehicle Colour 
Vehicle Category Private car

Name of Driver 
Contact Number -

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

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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' law yers/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")

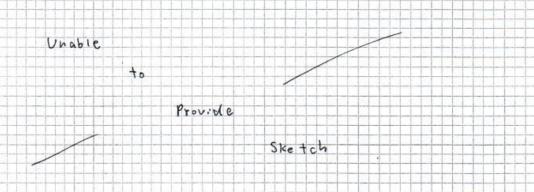
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/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 (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer	to Police Report T/ 20210121 / 7020	
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	Li Company	
Management and the second		
aration		
eclare the foregoing p	particulars are true in every respect.	
CHYOL	Y .	
The state of the s	Temmosto	1_
nolder's Signature / Da	ate & Driver's Signature (If-driver is not the policyholder) / Date Witnessed by Rep.	orting Centre
	& Time Personnel	aring centre
	V	



























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Report No. T/20210121/7029

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 121 21:22	/lade:	Vide Report No.:	Station Diary No.
	nt's Partic		ALIKA TO THE REPLY WE	Mary Land Company of the Company
	Informant: AM SENG		Address: 31 LORONG 26 GEYLANG	#03-03 SINGAPORE 398498
ID Type NRIC NO	/ ID No.: D / S02375	31A	Contact No.: Home/Office:	Mobile: 97388317
Nationali SINGAP	ty: ORE CITIZ	EN	Email: tianwen87@hotmail.com	
Sex: Male	Age: 66	Date of Birth: 06/09/1954	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Self-employed			Driving Licence Information: Class: 3	Date of Expiry:

	Non Inium	D : 1		Company of the last	SHALL DESCRIPTION OF STREET, S
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/12/2020 14:40		Type of Location Car Park
Location:	The state of the s				
HAIG ROAD					
Weather: Clear		Road Surface: Dry		Roa	d Speed Limit:
Weather: Clear Traffic Flow: One Way		The state of the s		Traf	d Speed Limit: fic Volume:

Details of V	efiicle Invo	ved		FT. Dalla	<b>日本企業的</b>
Vehicle No.	Type	Make Mo	del cas i Color (	Conditio	No of
GBH9776U	Lorry	ТОУОТА	Silver	No Damage	1

Vehicle No	Insurance Company	Insurance No	Effective	TE PER
	NTUC Income Insurance Co-Operative Limited		Enecuve	Expiry Date



T/20010104 (7000

T/20210121/7029

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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#### CONTINUATION OF REPORT

No. of Pedestriar	ns Injured: NIL		Use of Per	destrian C	rossing: NA
Driver	C. Control of the con				DA TO SERVICE
Name	NG THIAM SENG		MINICE SERVICE MANAGEMENT	ID No.	S0237531A
Related Vehicle	GBH9776U (Lorry)			Contact	No. 97388317
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date		IL
No. of Days gran	ted Medical Leave	NIL	Degree of		

#### Brief Details.

Please refer to Ref TP/IP/00939/2021. I received this urgent reminder letter with regards to an alleged hitand-run accident involving a SJP8108T & my vehicle GBH9776U. I would like to state on the record that this is the first time I have received a letter regarding this case, and I do not harbour any wilful intention of ignoring this case.

- 1. On the 25th of Dec 2020, I was indeed at Haig Road Food Centre. I do not have any recollection of ever seeing nor interacting with the A/M vehicle, SJP8108T on the day of this incident. I remembered very clearly that I managed to find a suitable lot, and I parked my vehicle very smoothly without any hitch. I got down from my vehicle, and did my routine check around to ensure my vehicle posed no problem to others before going off to run my errands.
- 2. My vehicle parking rule of thumb has always been to only park my vehicle in lots that have sufficient space on both sides, and I prioritise safety and comfort over convenience of time spent on locating a parking lot. On top of that, I also have the habit of always checking my vehicle's surrounding after I parked to ensure that my vehicle is not obstructing other road users. I am very bewildered and puzzled by this claim that me and my vehicle is involved in this alleged hit-and-run accident.
- 3. After I have received this letter, I quickly checked my lorry for any new damages and failed to find any. There are a few dents on my vehicle from previous incidents, and they are documented either with my Insurance Agent and workshop, or photo proofs with date and time stamps on my phone. I will be sending my vehicle to my insurance and authorised workshop for further inspection and documentation.
- 4. I would like to reiterate that I pride myself as a law abiding and courteous citizen. In the events of an incident or accident, I will go out of my way to ensure that the other party will have means of contacting me so we can proceed to deal with the incident or accident amicably. I also understand that it is required by the law that in the events of any incident or accident with the absence of the other party, it is my duty to leave my contact for the vehicle owner.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



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Report No. T/20210121/7029

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20210121/7029

4 of 4 Report No. T/20210121/7029

CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch

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: 21/01/2021 21:22
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476144	Classification Of Case:

NP168

Authentication Stamp