

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 19/05/2021 17:52 (SGT)
Date of Accident 17/05/2021 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information HOUGANG AVE 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP7363B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SENGKANG TRADING ENTERPRISE
Company Reg No 52846050A
Email Address wei.ling.ang@sengkanggrp.com
Mobile Phone No (Phone) +65-64817333
Alternative Phone No (Office) +65-64817333

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NPR75UH5A
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
Transmission Manual
CC 5193

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00073012000
Cover Note Number 18/08/20 - 17/08/21

DRIVER

Name of Driver CHAM KWONG PING
NRIC No S1629639B

Date Of Birth	07/07/1964
Occupation	Outdoor
Date Of Driving Pass	15/05/2006
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-93825193
Alt. Phone Number	-
Email Address	wei.ling.ang@sengkanggrp.com
Address	BLK 117 YISHUN RING RD #06-589
Address complement	-
Postcode	760117
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	No Collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

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 ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

1. VEHICLE NO.: YP7363B
 2. INSURER CO: Shina Taiping
 3. ACCIDENT
 DATE & TIME: 17/5/21 12:30

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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.



[Signature]
 Driver's Signature (if driver is not the policyholder) / Date & Time

(73) *[Signature]* 19/5/21
 Witnessed by Reporting Centre Personnel

PLEASE
 TURN
 OVER















**SINGAPORE
POLICE FORCE**



T/20210518/2059

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

1 of 3

Report No. T/20210518/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2021 15:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHAM KWONG PING			Address: APT BLK 117 YISHUN RING ROAD #06-589 SINGAPORE 760117		
ID Type / ID No.: NRIC NO / S1629639B			Contact No.: Home/Office: Mobile: 93825193		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 07/07/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2021 12:30	Type of Location: Car Park
Location: HOUGANG AVENUE 10				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
YP7363B	Lorry	ISUZU	NPR75UH5A	White		1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210518/2059

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

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Report No. T/20210518/2059

CONTINUATION OF REPORT

Driver			
Name	CHAM KWONG PING	ID No.	S1629639B
Related Vehicle	YP7363B (Lorry)	Contact No.	93825193
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.

ON STATED DATE, TIME AND LOCATION

ON 17/05/21 I RECEIVE A CALL FROM AN IO SAYING THAT MY COMPANY VEHICLE, WAS INVOLVE IN A HIT AND RUN INCIDENT THAT HAPPEN AROUND 1230 HRS AT 401 HOUGANG AVE 10, ON THAT SAID DAY MY COLLEAGUES REMEMBER PARKING THE SAID LORRY AT AN OPEN CARPARK NEAR BLK 401 HOUGANG AVE 10. THEY PARKED THE VEHICLE ON THE MIDDLE OF TWO LOTS TO UNLOAD ITEMS TO DELIVER NEAR THE SAID LOCATION THAT DAY. NEITHER HE NOR HIS PARTNER IN THAT VEHICLE COULD RECALL HITTING INTO ANY VEHICLE THAT DAY. I WANTED TO MAKE A POLICE REPORT HENCE IM MAKING A POLICE REPORT AT TPHQ.



**SINGAPORE
POLICE FORCE**



T/20210518/2059

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

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Report No. T/20210518/2059

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:
TP /
SC ABU HURAIRAH BIN ABDUL TALIB

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/05/2021 15:25

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____