

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 27/05/2021 17:00 (SGT)
Date of Accident 25/05/2021 13:45 (SGT)
Exact Location of Accident Bras Basah Rd, Singapore
Additional Location Information Junction of Bras Basah Road and Queen Street
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK2845J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Hindu Casket Services Pte Ltd
Company Reg No 201329321W
Email Address cjpeters_1975@hotmail.com
Mobile Phone No (Phone) +65-90487477
Alternative Phone No (Home) +65-90487477

VEHICLE PARTICULARS

Manufacturer Nissan
Model NV350 PANEL VAN 5DR 2.5 5AT
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? Yes
Vehicle Category Commercial vehicle
Transmission Auto
CC 2488

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNA00059492101
Cover Note Number -

DRIVER

Name of Driver Christopher John Peters
NRIC No S7539676G

Date Of Birth	23/12/1975
Occupation	Outdoor
Date Of Driving Pass	01/12/2010
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90487477
Alt. Phone Number	-
Email Address	cjpeters_1975@hotmail.com
Address	127 Lavender Street
Address complement	-
Postcode	338735
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	Chain 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	3
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	unknown
Gender	Female

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 attached police report.

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	SGF3848L
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	unknown
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)	-

Details of accident for my Vehicle No : GBK2845J claiming O/D
✧ **Vehicle no : SGF3848L which happened on 25th May 2021**
at 1345hrs

I was driving straight along Bras Basah Road on the extreme right lane heading towards Victoria Street and it was a 4 lanes road. As the sun was scorching and glaring, I failed to see the traffic light on the opposite side on my left which arrow sign was red. Immediately, I drove passed the traffic light junction heading straight to my destination but collided onto two vehicles on my right from Queen Street (green light was in their favour) which turning to their right towards Victoria Street. One of the car which did not have much damage had took my particulars and left, whereas my van and other vehicles (SGF3848L) which required towing services due to badly damage and particulars also given to him too. As I was in the state of shock, hence no particulars were being recorded. No one was injured during the time of accident, hence no ambulance was arrived at the scene.

A handwritten signature in black ink is positioned above a circular official stamp. The stamp contains text that is partially illegible but appears to include 'POLICE' and 'SINGAPORE'.

Describe Circumstances of the Accident


Refer attached statement.

Declaration

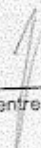
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel



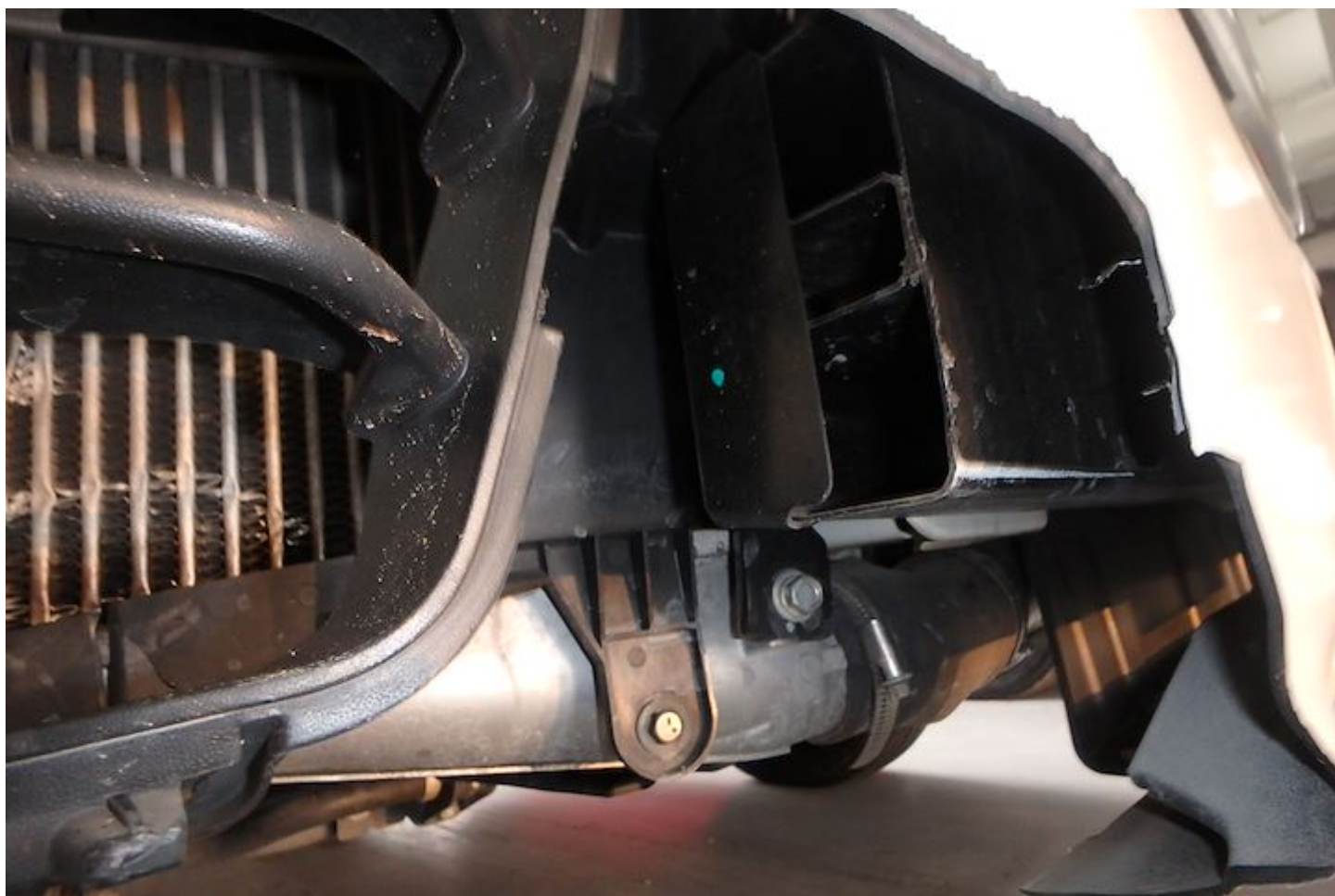


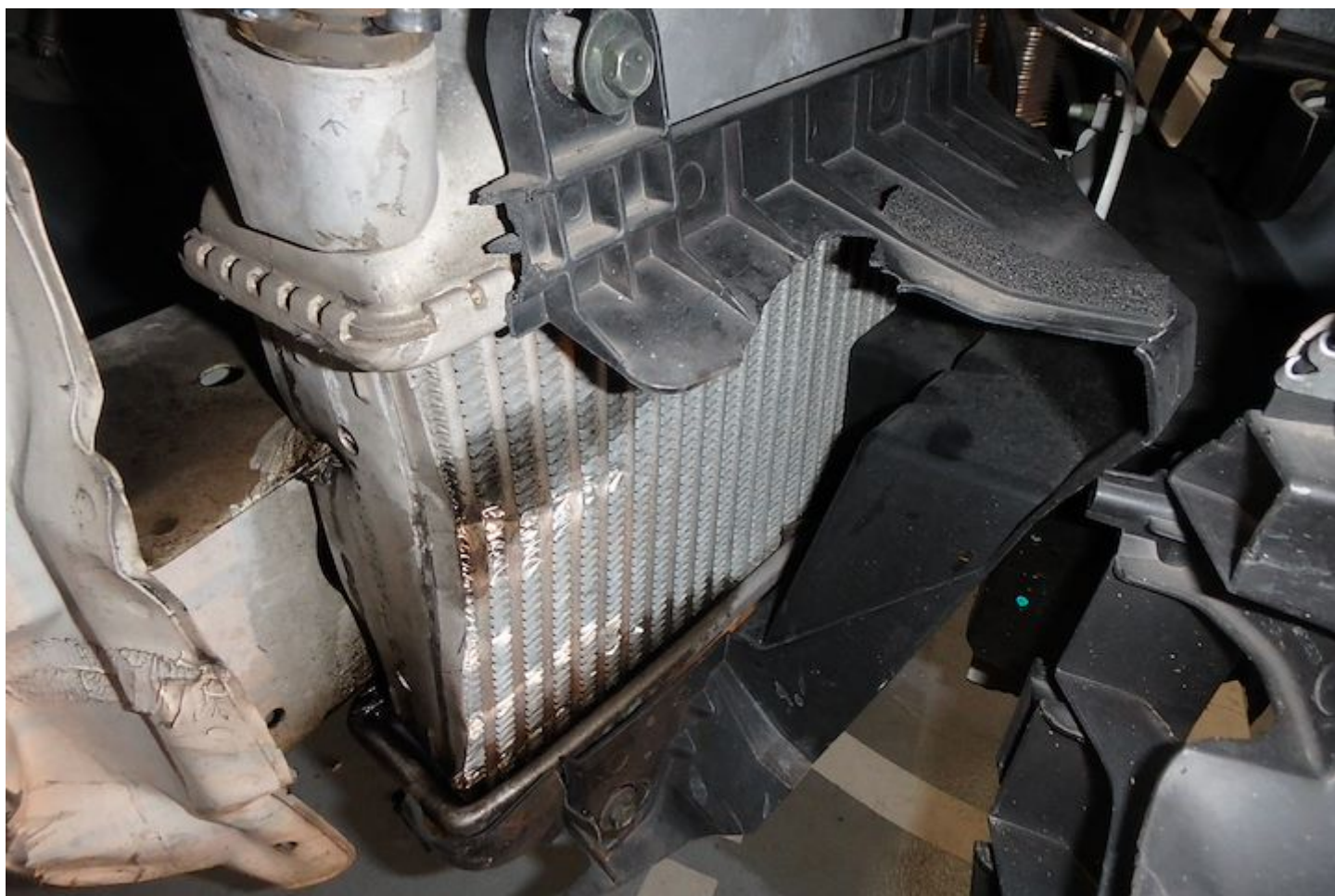


























































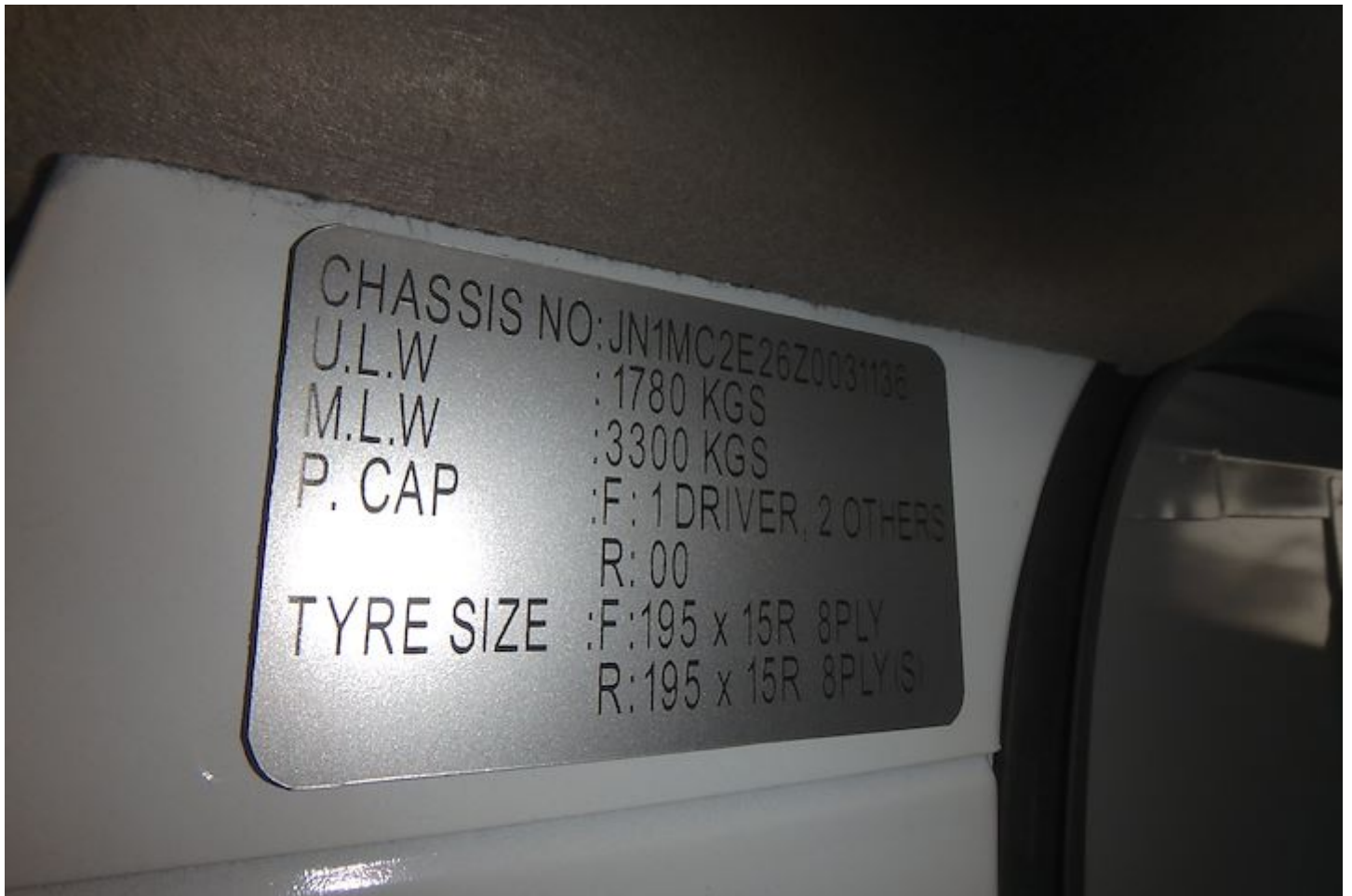


















**SINGAPORE
POLICE FORCE**



T/20210528/7011

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

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Report No: T/20210528/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
28/05/2021 13:16

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210528/7011

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

Report No. T/20210528/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2021 13:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHRISTOPHER JOHN PETERS			Address: 443D BUKIT BATOK WEST AVENUE 8 #04-771 SINGAPORE 654443		
ID Type / ID No.: NRIC NO / S7539676G			Contact No.: Home/Office: Mobile: 90487477		
Nationality: SINGAPORE CITIZEN			Email: cjpeters_1975@hotmail.com		
Sex: Male	Age: 45	Date of Birth: 23/12/1975	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: UnderTaker			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 25/05/2021 12:41	Type of Location: Straight Road
Location: Junction of Bras Basah Road and Queen Street				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of
GBK2845J	Van	NISSAN		White	Slightly Damaged	1
	Car	HONDA		Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210528/7011

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

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Report No: T/20210528/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBK2845J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNA0005949 2101	22/05/2021	21/05/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	CHRISTOPHER JOHN PETERS	ID No.	S7539676G	
Related Vehicle	GBK2845J (Van)	Contact No.	90487477	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger				
Name	REENA PETERS	ID No.	S8034850I	
Related Vehicle	GBK2845J (Van)	Contact No.	91251354	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
We do not know the driver				
Name	Unknown We do not know the driver	ID No.	NIL	
Related Vehicle	(Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	



**SINGAPORE
POLICE FORCE**



T/20210528/7011

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

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Report No. T/20210528/7011

CONTINUATION OF REPORT

Brief Details.

I was driving my company van Vehicle No : (GBK 2845J) along Bras Basah Road on the extreme right lane heading towards Victoria Street and it was a 4 lane Road. As the sun was scorching and glaring, I failed to see the traffic light on the opposite side on my left which arrow sign was red. Immediately, I drove passed the traffic light junction heading straight to my destination but collided onto two vehicles on my right from Queen Street (green light was in their favour) which turning to their right from towards Victoria Street. One of the car which did not have much damage had took my particulars and left, whereas my van and other vehicle No : (SGF3848L) which required towing services due to badly damage and particulars also given to him too. As I was in the state of shock, hence no particulars were being recorded. No one was injured during the time of accident, hence no ambulance was arrived at the scene. On 26th May which was a public holiday I did made a police report online but the online system did not accept it as no one was injured. No damages to property. I have a screenshot of the online statement. On the morning of 27th May which was the working day after the public holiday, I went to my Insurance company to lodge a report. I asked them whether i need to make a police report because I beat the Red Light but was advise not to as no one was injured and Police was not at the scene of the accident. In the Evening, i received a call from my Insurance Company stating that I have hit on the lamp post and advise me to make a police report. On the day of the accident i was in a state of shock and this is my 1st major accident and i wasn't aware of the lamp post. This is to my best of my knowledge of the accident.



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS 02215 R 0007 Vehicle Registration No: GBK 2845J
 Name (as shown in NRIC): Christopher John Peter NRIC/FIN/Passport No: S7539676G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9047477
 Email Address: _____
 Date of Accident: 25/5/2021 Time of Accident: 1345hrs
 Place of Accident: Junction of Bras Basah Rd & Queen Street
 Insurance Company: Chua Tai ping

(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:

Attached police report.

 Policyholder / Driver's Signature
 Date: 28/5/21

 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: 28/5/21