

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	15/07/2021 09:37 (SGT)
Date of Accident	14/07/2021 00:45 (SGT)
Exact Location of Accident	66 Kallang Bahru, Singapore 330066
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7651A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Q SOLUTIONS
Company Reg No	5XXXX280L
Email Address	qsolutions16@gmail.com
Mobile Phone No	(Phone) +65-93889318
Alternative Phone No	+65-93889318

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS001967-R02
Cover Note Number	-

DRIVER

Name of Driver	QUEK GUI DUAN(GUO GUIDUAN)
NRIC No	SXXXX865H

Date Of Birth	10/09/1991
Occupation	Outdoor
Date Of Driving Pass	16/11/2012
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93889318
Alt. Phone Number	-
Email Address	qsolutions16@gmail.com
Address	BLK 64 KALLANG BAHRU
Address complement	#12-393
Postcode	330064
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JTK5238
Vehicle Category	Commercial vehicle

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

PLS REFER TO THE POLICE REPORT:T/20210714/7028

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	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTK5238
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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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' 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

66 KALLANG BAHRU
OPEN SPACE CARPARK



A: GBE7651A
B: JTK 5238

Describe Circumstances of the Accident

Refer to police report T120240714 / 7028

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

15/07/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210714/7028

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

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Report No. T/20210714/7028

CONTINUATION OF REPORT

Driver			
Name	QUEK GUI DUAN	ID No.	S9132865H
Related Vehicle	GBE7651A (Van)	Contact No.	93889318
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

Brief Details.

On the stated date and time, my vehicle was parked stationary at the open space car park of 66 Kallang Bahru. At around 9am, when I came to my van GBE7651A, I saw there was damages on the front portion of my van. I immediately called the police and check my in car camera. I realized there was a Malaysia lorry bearing car plate JTK5238 hit onto my van when reversing. However, the driver of the lorry JTK5238 did not left any note to me. I have tried to check with the boss of the nearby fruits stall as the the company of the lorry is the supplier of the fruits stall. The boss of the fruits stall gave me the contact number of the lorry company and I contacted the company informed them regarding the accident and we agreed to settle this thing by insurance.















**SINGAPORE
POLICE FORCE**



T/20210714/7028

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

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Report No. T/20210714/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2021 14:58	Vide Report No.: A/20210714/0043	Station Diary No.:
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Informant's Particulars

Name of Informant: QUEK GUI DUAN			Address: 64 KALLANG BAHRU #12-393 SINGAPORE 330064		
ID Type / ID No.: NRIC NO / S9132865H			Contact No.: Home/Office: Mobile: 93889318		
Nationality: SINGAPORE CITIZEN			Email: qsolutions16@gmail.com		
Sex: Male	Age: 29	Date of Birth: 10/09/1991	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SOLE PROPRIETOR			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/07/2021 00:45	Type of Location:
Location: KALLANG BAHRU				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE7651A	Van					0
JTK5238	Lorry					0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**


T/20210714/7028

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

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Report No. T/20210714/7028

CONTINUATION OF REPORT

Driver			
Name	QUEK GUI DUAN	ID No.	S9132865H
Related Vehicle	GBE7651A (Van)	Contact No.	93889318
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

Brief Details.

On the stated date and time, my vehicle was parked stationary at the open space car park of 66 Kallang Bahru. At around 9am, when I came to my van GBE7651A, I saw there was damages on the front portion of my van. I immediately called the police and check my in car camera. I realized there was a Malaysia lorry bearing car plate JTK5238 hit onto my van when reversing. However, the driver of the lorry JTK5238 did not left any note to me. I have tried to check with the boss of the nearby fruits stall as the the company of the lorry is the supplier of the fruits stall. The boss of the fruits stall gave me the contact number of the lorry company and I contacted the company informed them regarding the accident and we agreed to settle this thing by insurance.

**SINGAPORE
POLICE FORCE**

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



T/20210714/7028

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Report No. T/20210714/7028

CONTINUATION OF REPORTSketch 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 /
CHONG GUAN FATT
Contact No.: 65476083

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:
14/07/2021 14:58

Classification Of Case: