

SC1R218O0007 / City Auto Pte Ltd  
ENTRY DATE & TIME: 24/08/2021 14:09 (SGT)  
SUBMITTED BY: Jason Quak  
VERSION: 1 (24/08/2021 14:09 (SGT))

Your NCD will be affected due to late reporting

## 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	24/08/2021 14:09 (SGT)
Date of Accident	22/08/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HSA (OUTRAM RD)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK821R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	A R LINK SERVICES PTE. LTD.
Company Reg No	200306949G
Email Address	admin@arlink.com.sg
Mobile Phone No	(Phone) +65-98512948
Alternative Phone No	+65-98512948

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114865043-01
Cover Note Number	-

#### DRIVER

Name of Driver	TAN CHIN CHEE
Passport No/FIN	G7811712K

01 01 01 100  
DATE 08/01/21  
PA 11/02/11/15 6

Vehicle Category  
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)

Commercial vehicle  
-  
-  
-  
-  
-  
-  
-

## SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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  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. 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' 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 sums 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 shed outside of Singapore, for one or more of the above Purposes.



**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-68/69/72 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1285 Fax: 6453 7944  
 (Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

out from Rd									
A - GBK-821R									
B - YW 1017B									
(car park)									



**Describe Circumstances of the Accident**

PLEASE refer to police report, ref no: T/20210414/2024

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Pirado stotek

### ( ) **Claim Over policy**

( ) Claim Third Party

~~4) Claim OD/TP at other Workshop~~

( ) Reporting Only

### 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

CITY AUTO PTE LTD  
81k 2 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 573643  
Tel: 6453 1235 Fax: 6453 7944  
(Cleaning Section)  
Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20210824/2024

1 of 3

Report No: T/20210824/2024

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
24/08/2021 12:01

Vide Report No.:

Station Diary No.:  
25

### Informant's Particulars

Name of Informant: TAN CHIN CHEE		Address: APT BLK 19 EUNOS CRESCENT #04-2927 SINGAPORE 400019	
ID Type / ID No.: FIN NO / G7811712K		Contact No.: Home/Office: Mobile: 91889866	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 32	Date of Birth: 03/11/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Manager		Driving Licence Information: Class: 2B,3 Date of Expiry:	

### General Information of the Accident

Type of Accident: Non-injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/08/2021 14:00	Type of Location:
Location: OUTRAM ROAD			
Weather:	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
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
GBK821R	Van	TOYOTA	HIACE VAN TURBO 5DR MT	Silver	Slightly Damaged	0
YM7687H	Lorry	ISUZU				0

### Details of Person Involved

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



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81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20210824/2024

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Report No. T/20210824/2024

## CONTINUATION OF REPORT

Driver				
Name	TAN CHIN CHEE		ID No.	G7811712K
Related Vehicle	GBK821R (Van)		Contact No.	91889866
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Mohd Omar Abdullah @ Shamikummar S/O V S Baskaran		ID No.	NIL
Related Vehicle	YM7687H (Lorry)		Contact No.	92426725
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

### Brief Details.

On 22/8/21 at about 1240pm, I drove my company van and parked at the loading/unloading of Health Science Authority. I secured my van and proceed for my blood donation. On 22/8/21 at about 8.30pm, I discovered that my left side door was dented. There was no collision since I last parked my van at HSA. Thus, on 23/8/21, I checked back my in-car camera and discovered that on 22/8/21 at about 2pm, there was a lorry who reversed his vehicle and collided to my van. On 24/8/21 at about 9.30am, I went to HSA to clarify about the accident with the security.

Thus, the security updated that they were notified by the accident, and the other vehicle owner came to facilitate with the driver's particulars. I was informed to lodge a police report when I send my van for repairs. There was a dent at the left side of my van. That is all.





**SINGAPORE  
POLICE FORCE**



T/20210824/2024

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569929  
Tel No: 1800-4519999

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Report No: T/20210824/2024

**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: F / Sr Staff Sgt MUHAMMAD ALI BIN MANSOR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2021 12:01
Officer In Charge Of Case: TP / HRT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP168	

