

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 03/11/2021 16:02 (SGT)
Date of Accident 02/11/2021 18:19 (SGT)
Exact Location of Accident Dakota Cres, Singapore
Additional Location Information BLK 58 OPEN SPACE CARPARK , CARPARK K19
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB8032J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEAH KIM TIONG
NRIC No SXXXX471F
Email Address kimtseah@gmail.com
Mobile Phone No (Phone) +65-96714727
Alternative Phone No (Home) +65-96714727

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant COMMUTER 3.0 GL AUTO
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNW00012262000
Cover Note Number -

DRIVER

Name of Driver SEAH KIM TIONG
NRIC No SXXXX471F

| | |
|--|--------------------------------|
| Date Of Birth | 22/06/1960 |
| Occupation | Outdoor |
| Date Of Driving Pass | 19/11/1979 |
| Driving experience | 42 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-96714727 |
| Alt. Phone Number | (Home) +65-96714727 |
| Email Address | kimtseah@gmail.com |
| Address | BLK 58 DAKOTA CRESCENT #10-263 |
| Address complement | - |
| Postcode | 390058 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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 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 |

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

PLEASE REFER TO POLICE REPORT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBH7275C |
| 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' 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.

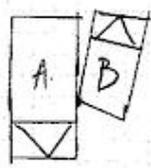
Seah
 Policyholder's Signature / Date & Time
 03/11/2021, 15:40pm

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

[Signature]
 Witnessed by Reporting Centre Personnel

Sketch Plan

Seah



DOA: 02/11/2021

A: CB 8032I

B: GBH 7275C





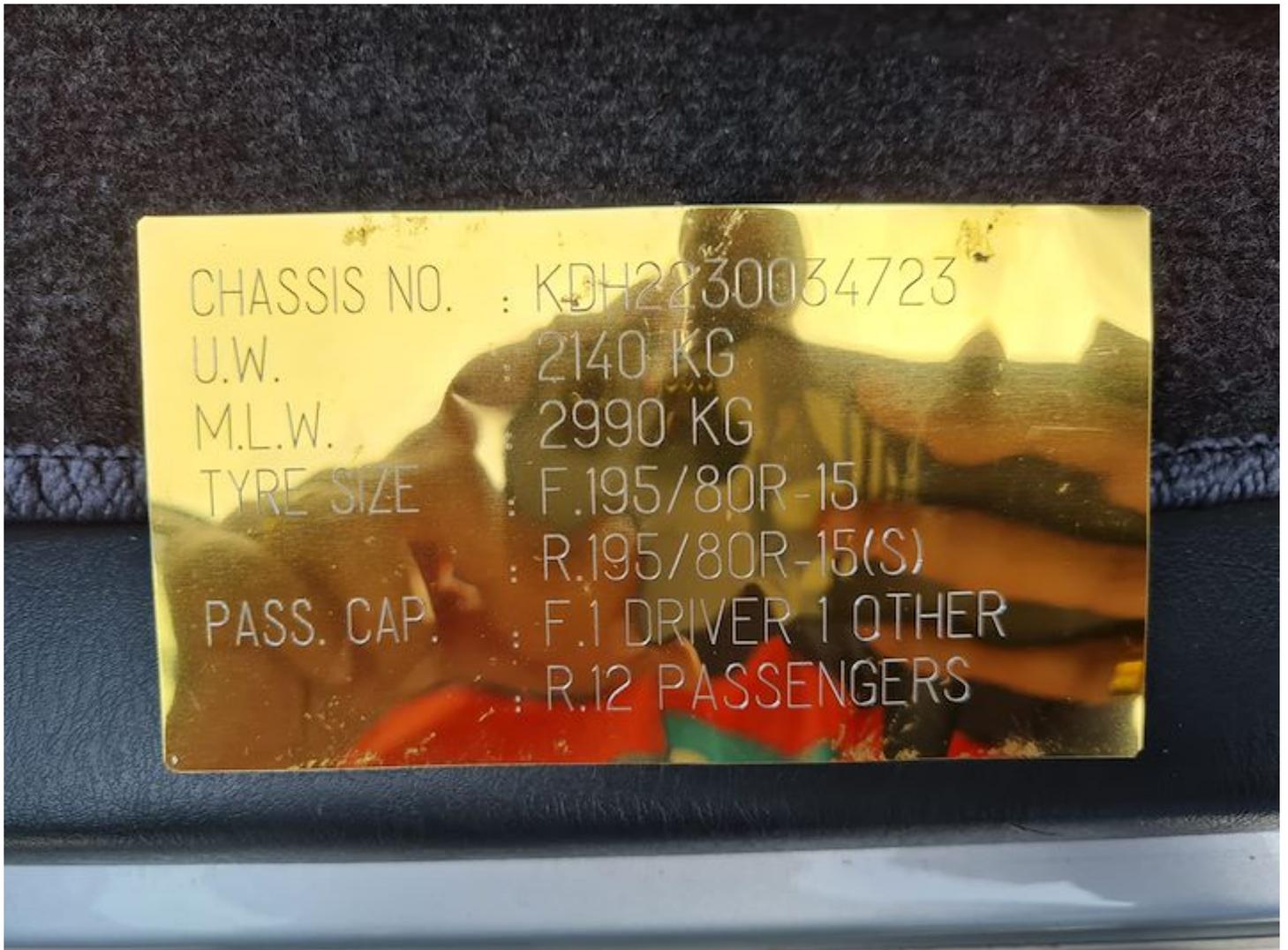



























**SINGAPORE
POLICE FORCE**


T/20211103/7003

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

1 of 3

Report No. T/20211103/7003

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 03/11/2021 09:42 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | |
|--|------------|---|------------------------------|
| Name of Informant: SEAH KIM TIONG | | Address: 58 DAKOTA CRESCENT #10-263 SINGAPORE 390058 | |
| ID Type / ID No.: NRIC NO / S1440471F | | Contact No.: Home/Office: | Mobile: 96714727 |
| Nationality: SINGAPORE CITIZEN | | Email: kimtseah@gmail.com | |
| Sex: Male | Age: 61 | Date of Birth: 22/06/1960 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: school bus driver | | Driving Licence Information: Class: 3,4 | Date of Expiry: |

General Information of the Accident

| | | | |
|---|------------------------------------|--|-------------------------------------|
| Type of Accident: Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 02/11/2021 15:15 | Type of Location: Car Park |
| Location: DAKOTA CRESCENT | | | |
| Weather: Raining | Road Surface: Wet | Road Speed Limit: 20 Km/h | |
| 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 | Conditio | No of |
|-------------|------|--------|-------|-------|------------------|-------|
| CB8032J | Bus | TOYOTA | Hiace | Grey | Slightly Damaged | 0 |
| GBH7275L | Van | NISSAN | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20211103/7003

2 of 3

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

Report No. T/20211103/7003

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SEAH KIM TIONG | ID No. | S1440471F |
| Related Vehicle | CB8032J (Bus) | Contact No. | 96714727 |
| 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 |

Brief Details.

on the above mentioned date and time, i parked my bus at the car park lot 92. Later on at 1830hrs i came down to drive my bus but i realised that there was damages at the rear of the bus. i checked my camera footage and saw there was accident at 1819hrs. The accident involved a van bearing the plate no. GBH7275L and it was a hit and run. the next the day i came down to TPHQ to lodge this report. That is all.



**SINGAPORE
POLICE FORCE**



T/20211103/7003

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

3 of 3

Report No. T/20211103/7003

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 /
KALESWARI PALANI
Contact No.: 65476902

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

Date/Time:
03/11/2021 09:42

Classification Of Case:

This report is lodged at Traffic Police Kiosk 1
NP168