

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 29/11/2021 14:56 (SGT)
Date of Accident 28/11/2021 10:30 (SGT)
Exact Location of Accident New Upper Changi Rd, Singapore
Additional Location Information TOWARDS PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **XE6544Y**

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SIN HENG TRANSPORT PREVATE LIMITED
Company Reg No 201925138N
Email Address sinhengtransport@gmail.com
Mobile Phone No (Phone) +65-90858889
Alternative Phone No +65-93546211

VEHICLE PARTICULARS

Manufacturer Hino
Model FS1EKKD
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 12913

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00073842100
Cover Note Number -

DRIVER

Name of Driver JASKARAN SINGH
Passport No/FIN G8436344N

Date Of Birth	04/08/1990
Occupation	Outdoor
Date Of Driving Pass	16/02/2017
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93546211
Alt. Phone Number	-
Email Address	sinhengtransport@gmail.com
Address	156 MARIAM WAY #07-02
Address complement	BALLOTA PARK CONDOMINIUM
Postcode	507082
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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)	1
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	Tanah Merah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004499999
Alt. Police Station Phone No	(Fax) +65-62447251
Police Station Address	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211128/2050

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	SHC3783T
Vehicle Manufacturer	Hyundai
Vehicle Model	Accent
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi

Name of Driver	NG KOON HUAT
NRIC No	S0705325H
Contact Number	(Phone) +65-97529103
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

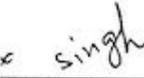
IMPORTANT NOTICE

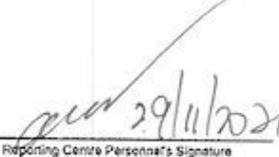
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8. Consent under the Personal Data Protection Act (PDPA)

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

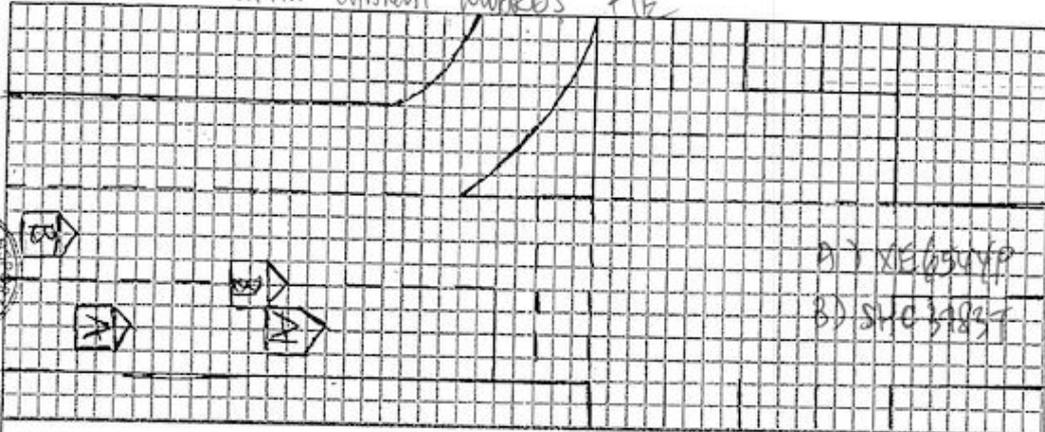

 Policyholder
 Date & Time


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


 Reporting Centre Personnel's Signature
 Name:
 NRIC / Fin No.:

SKETCH PLAN

UPPER CHANGI TOWARDS PIE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER TO POLICE REPORT VIDE : T/20211128/2050 -



A) KE6544P
B) SHC3783T

IMPORTANT NOTE

Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 14 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder
Date & Time

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

29/11/2021
Reporting Centre Personnel's Signature
Name:
NRIC / Fin No.:














**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999



T/20211128/2050

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Report No. T/20211128/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2021 14:51		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: JASKARAN SINGH			Address: 156 MARIAM WAY #07-02 BALLOTA PARK CONDOMINIUM SINGAPORE 507082		
ID Type / ID No.: FIN NO / G8436344N			Contact No.: Home/Office: Mobile: 93546211		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 04/08/1990	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2021 10:30	Type of Location: Bend	
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3783T	Car					0
XE6544Y	Lorry					0

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



**SINGAPORE
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T/20211128/2050

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20211128/2050

CONTINUATION OF REPORT

Driver			
Name	NG KOON HUAT	ID No.	S0705325H
Related Vehicle	SHC3783T (Car)	Contact No.	97529103
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
Driver			
Name	JASKARAN SINGH	ID No.	G8436344N
Related Vehicle	XE6544Y (Lorry)	Contact No.	93546211
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 28/11/2021 at about 10.30am while I was driving my company truck bearing the plate number of XE6544Y along Upper Changi Road East towards PIE at the left side lane bend over, there was a taxi bearing the plate number of SHC3783T driving on the right side beside me and he suddenly cut into my lane which my front driver side hit onto his passenger side and causing his passenger side mirror to be slightly scratch and dent. I wish to state that both of us had exchanged particulars and the said driver informed that he will proceed with insurance claiming. I had also since reported the matter to my company and I was directed to lodge a report for their recording purposes. No one was injured during the accident.



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51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999



T/20211128/2050

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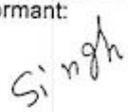
Report No. T/20211128/2050

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 G / Sgt 3 ALFIN NG KOK CHIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2021 14:51
Officer In Charge Of Case: TP /GIA / SI TAN JEOK LENG SINGAPORE 151 GOVERNMENT POLICE FORCE	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	