

# 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 ..... 14/12/2021 09:02 (SGT)  
Date of Accident ..... 10/11/2021 19:00 (SGT)  
Exact Location of Accident ..... 2 Bishan St. 23, Singapore  
Additional Location Information ..... BLOCK 207 CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP8776L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PTC DELIVERY2HOME PTE LTD  
Company Reg No ..... 2XXXXX860M  
Email Address ..... thenmolhi@live.com  
Mobile Phone No ..... (Phone) +65-87333394  
Alternative Phone No ..... +65-87333394

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... XZU710R  
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 ..... 4009

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D-21097950MFCV/1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ONG AI PENG  
NRIC No ..... SXXXX366E

Date Of Birth .....	30/01/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	06/10/2016
Driving experience .....	5 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-87333394
Alt. Phone Number .....	-
Email Address .....	bosexpress@gmail.com
Address .....	48 PANDAN ROAD
Address complement .....	-
Postcode .....	609289
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 .....	Collided into Parked Vehicle
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	STEVEN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20211122/7017

#### 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 .....	SMC9567C
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) .....	-

**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.



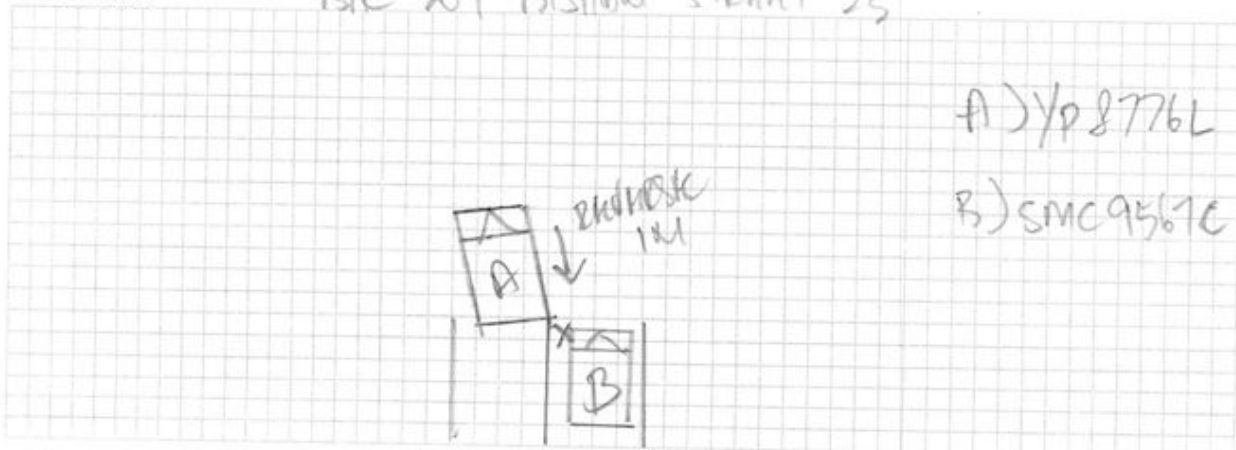
A. Subramaniam 5:42  
Policyholder's Signature / Date & Time

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

am 14/12/2021  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

BK 207 BISHOP STREET 23



**Describe Circumstances of the Accident**

REFER to POLICE REPORT E/2021/1122/7017

**Declaration**

We declare the foregoing particulars are true in every respect.



A. SUBRAMANIAM 5:42  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





















**SINGAPORE  
POLICE FORCE**



E/20211122/7017

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**POLICE REPORT (NP299)**

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Report No. E/20211122/7017

Date/Time Report Made 22/11/2021 13:22	Vide Report No.	Station Diary No.
Name Of Informant THENMOLHI KUMARESAN	Address 521 WOODLANDS DRIVE 14 #03-349 SINGAPORE 730521	
ID Type / ID No. NRIC NO / S9283577D	Contact No. Home/Office: Mobile: 87333394	
Nationality MALAYSIAN	Email Address THENMOLHI@LIVE.COM	
Occupation Accountant	Sex Female	Age 29
Institution/School Name	Date of Birth 12/04/1992	Race Indian
Date/Time Of Incident 10/11/2021 19:00 - 10/11/2021 20:00	Location Of Incident 2 BISHAN STREET 23 BLK 207 SINGAPORE 573973	

**Brief details.**

on 10/11/2021 at 1900hrs, my driver (yp8776l), ONG AI PENG (S1547366E) ACCIDENTLY KNOCKED TO THE GLASS OF THE LEFT HEADLIGHT OF THE VEHICLE (SMC9567C) WHILE TRYING TO REVERSE THE TRUCK TO A PARKING LOT.

THE CAR DRIVER HAD MADE A POLICE REPORT REGARDING THIS ON THE NEXT DAY.

I WAS TOLD TO MAKE A POLICE REPORT BY THE TRUCK COMPANY FOR FURTHER

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2021 13:22
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**

E/20211122/7017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211122/7017

INVESTIGATION, NO INJURIES WAS CAUSED BY THIS INCIDENT. AND THE POLICE REPORT  
WAS MADE WITHIN 24 HOURS AT BISHAN NPC.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/11/2021 13:22

Officer In-Charge Of Case:

Classification Of Case: