

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 11:43 (SGT)
Date of Accident 11/12/2021 17:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information LOR 35 GEYLANG ALONG CENTRAL LOFT CONDO
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX7546L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SKY POOL SERVICES PTE LTD
Company Reg No 2XXXXX602H
Email Address skypool88@gmail.com
Mobile Phone No (Phone) +65-93793922
Alternative Phone No +65-93793922

VEHICLE PARTICULARS

Manufacturer Nissan
Model P/UP D/CAB
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 Manual
CC 2664

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNW00026712100
Cover Note Number -

DRIVER

Name of Driver CHIN CHEE LIP
Passport No/FIN FXXXX702N

Date Of Birth	15/10/1980
Occupation	Outdoor
Date Of Driving Pass	17/12/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-93793922
Alt. Phone Number	-
Email Address	skypool88@gmail.com
Address	BLK 343 YISHUN AVE 11
Address complement	#04-141
Postcode	760343
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	Hit and run / Vandalism / Damaged whilst parked
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)	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

PLS REFER TO THE POLICE REPORT:T/20211213/7062

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	SJM7866K
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

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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.



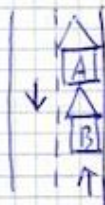
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Central Loft Condo along Lor 75 geiyang



Vehicle A: GX7546L

Vehicle B: 55M7866K

Describe Circumstances of the Accident

My vehicle was stationary at Central Loft condo along Lor 35
 Geylang. I was working upstairs at Central Loft condo, suddenly I
 heard a loud sound from below the condo. I got down and
 realised vehicle B (SJM786EK) had hit onto the rear of my vehicle.
 The impact was so huge causing my vehicle to shift forward
 and hit onto the wall in front of me.

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211213/7062

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

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Report No. T/20211213/7062

CONTINUATION OF REPORT

Owner wife			
Name	CHIN SEI SEI	ID No.	S8364200I
Related Vehicle	NIL	Contact No.	93793922
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.

My vehicle was stationery at lor 35 geylang outside Central loft condo. I was working at Central loft condo, suddenly I heard a loud sound from below the condo. I got down and realised my vehicle is hit by vehicle B(SJM7866K) the impact was so big causing my vehicle to be push forward and hit onto the wall in front of my vehicle.





























**SINGAPORE
POLICE FORCE**



T/20211213/7062

1 of 3

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

Report No. T/20211213/7062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2021 22:59		Vide Report No.: G/20211211/0173		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHIN SEI SEI			Address: 343 YISHUN AVENUE 11 #04-141 SINGAPORE 760343		
ID Type / ID No.: NRIC NO / S83642001			Contact No.: Home/Office: Mobile: 93793922		
Nationality: MALAYSIAN			Email: Skypool88@gmail.com		
Sex: Female	Age: 38	Date of Birth: 29/07/1983	Type of Informant: Owner wife		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Admin			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: 11/12/2021 17:00	Type of Location: Bend
Location: LORONG 35 GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GX7546L	Lorry					0
SJM7866K	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211213/7062

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

2 of 3

Report No. T/20211213/7062

CONTINUATION OF REPORT

Owner wife			
Name	CHIN SEI SEI	ID No.	S8364200I
Related Vehicle	NIL	Contact No.	93793922
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.

My vehicle was stationery at lor 35 geylang outside Central loft condo. I was working at Central loft condo, suddenly I heard a loud sound from below the condo. I got down and realised my vehicle is hit by vehicle B(SJM7866K) the impact was so big causing my vehicle to be push forward and hit onto the wall in front of my vehicle.



**SINGAPORE
POLICE FORCE**

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



T/20211213/7062

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Report No. T/20211213/7062

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 /
THABAGESH JEYATHESH
Contact No.: 65476178

NP168

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

Date/Time:
13/12/2021 22:59

Classification Of Case: