

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	28/12/2021 10:01 (SGT)
Date of Accident	27/12/2021 14:15 (SGT)
Exact Location of Accident	Beach Rd, Singapore
Additional Location Information	GOLDEN MILE TOWER LOADING/UNLOADING BAY ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4779E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	POLARIS INTERNATIONAL (S) PTE LTD
Company Reg No	2XXXXX092K
Email Address	singapore@systempest.com
Mobile Phone No	(Phone) +65-96701366
Alternative Phone No	(Office) +65-96701366

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4aa
Variant	NHR85AUE4AA
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	2999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00132462102
Cover Note Number	-

DRIVER

Name of Driver	CHAN CHOY FOOK
NRIC No	SXXXX153F

Date Of Birth	05/10/1965
Occupation	Outdoor
Date Of Driving Pass	25/01/1999
Driving experience	22 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91508303
Alt. Phone Number	-
Email Address	singapore@systempest.com
Address	BLK 43 BENDEMEER ROAD #05-1010
Address complement	-
Postcode	330043
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kolam Ayer Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002969999
Alt. Police Station Phone No	(Fax) +65-62937659
Police Station Address	Blk 72 Geylang Bahru #01-3038 Singapore 330072
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	YN9475J
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)	-

Email :

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.

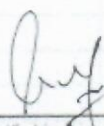
(collectively the "Purposes").

(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.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

28/12/2021

Sketch Plan



LOADING BAY.

DOA: 27/12/2021, 14:18 PM

A: GBF 4779E

B: UNKNOWN.


Describe Circumstances of the Accident


PLEASE REFER TO POLICE REPORT.

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 28/12/2021.


**SINGAPORE
POLICE FORCE**


T/20211227/2083

1 of 3

Report No. T/20211227/2083

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
27/12/2021 19:02

Vide Report No.:

Station Diary No.:
34

Informant's Particulars

Name of Informant:
CHAN CHOY FOOK

Address:
APT BLK 43 BENDEMEER ROAD #05-1010 SINGAPORE
330043

ID Type / ID No.:
NRIC NO / S2633153F

Contact No.:
Home/Office:

Mobile: 91508303

Nationality:
MALAYSIAN

Email:

Sex:
Male

Age:
56

Date of Birth:
05/10/1965

Type of Informant:
Driver

Race:

Chinese

Language:

Institution / School Name:

Occupation:

PEST CONTROL

Driving Licence Information:

Class: 3

Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/12/2021 14:15	Type of Location: Loading and Unloading Bay
Location: BEACH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

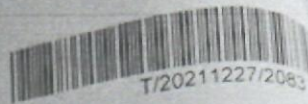
Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4779E	Lorry				Seriously Damaged	1



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T/20211227/2083

Report No. T/20211227/2083



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330072
Tel No: 1800-2969999

Sketch
Inform

CONTINUATION OF REPORT

Brief Details.

On 27/12/2021 at about 1418hrs, I was driving my company's lorry bearing license plate GBF4779E (Blue Isuzu) accompanied by a passenger (Name: Neo Teng Huat, Contact No: 81613395) into Golden Mile Tower. My company's lorry was queuing at the entrance of Golden Mile Tower as the Loading and unloading Bay is fully occupied as such I had to wait.

Meanwhile, when I was waiting a huge lorry came out from the loading and unloading bay. The huge lorry was driving against the traffic flow and used the entrance to go out of Golden Mile Tower instead of using the exit. While he was driving against the traffic flow, my company's lorry is still waiting at the entrance of Golden Mile Tower.

The Huge Lorry then collided with right side of his lorry against the driver side of my company's lorry resulting to have damages. The damages were as follows:

- 1) Right Side Mirror came off
- 2) Right Head Light unsure whether is there any damages
- 3) Right Signal Light cracked

After which, the huge lorry did not stop his vehicle and he proceeded to drove off. I then got off my company's lorry to make a check and found out that there were damages which I have mentioned above.

Hence, I went to the security guard room to make a check with the CCTV, however the footage was too blur for me to see the license plate of the huge lorry. Thus, I then proceeded to run my errands, after doing so, I then went to lodge a police report.

I wish to add that I do not have any particulars of the other driver and I did not suffer any injuries from this incident.

I am lodging this report for investigation and insurance claims purposes.

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T/20211227/2083

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330072
Tel No: 1800-2969999

3 of 3

Report No. T/20211227/2083

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
A /
Sgt 1 SEAH JIA JUN DAMIEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
27/12/2021 19:02

Classification Of Case: