

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	03/01/2022 18:23 (SGT)
Date of Accident	02/01/2022 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOR 31 GEYLANG BESIDE 611
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6607U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETF ENGINEERING PTE LTD
Company Reg No	2XXXXX284G
Email Address	ktmotorwerk@hotmail.com
Mobile Phone No	(Phone) +65-69092005
Alternative Phone No	(Office) +65-69092005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00090532101
Cover Note Number	-

DRIVER

Name of Driver	RAIHAN
Passport No/FIN	GXXXX224L

Date Of Birth	25/11/1985
Occupation	Outdoor
Date Of Driving Pass	27/12/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82678599
Alt. Phone Number	-
Email Address	ktmotorwerk@hotmail.com
Address	29 LOR 31 GEYLANG
Address complement	#02-01
Postcode	388029
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)	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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5720L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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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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

Sketch Plan

Describe Circumstances of the Accident

On the 10th date and time, is the accident happen.

My lorry (GBH6607U) is parking in the carpark lot.

Suddenly veh B (SHC5720L) trying to park into the

front parking lot, But hit the Front right side

of my vehicle. I saw it on my video. It is

a hit and run case.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Raihan

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

slm 03/01/22

Witnessed by Reporting Centre Personnel



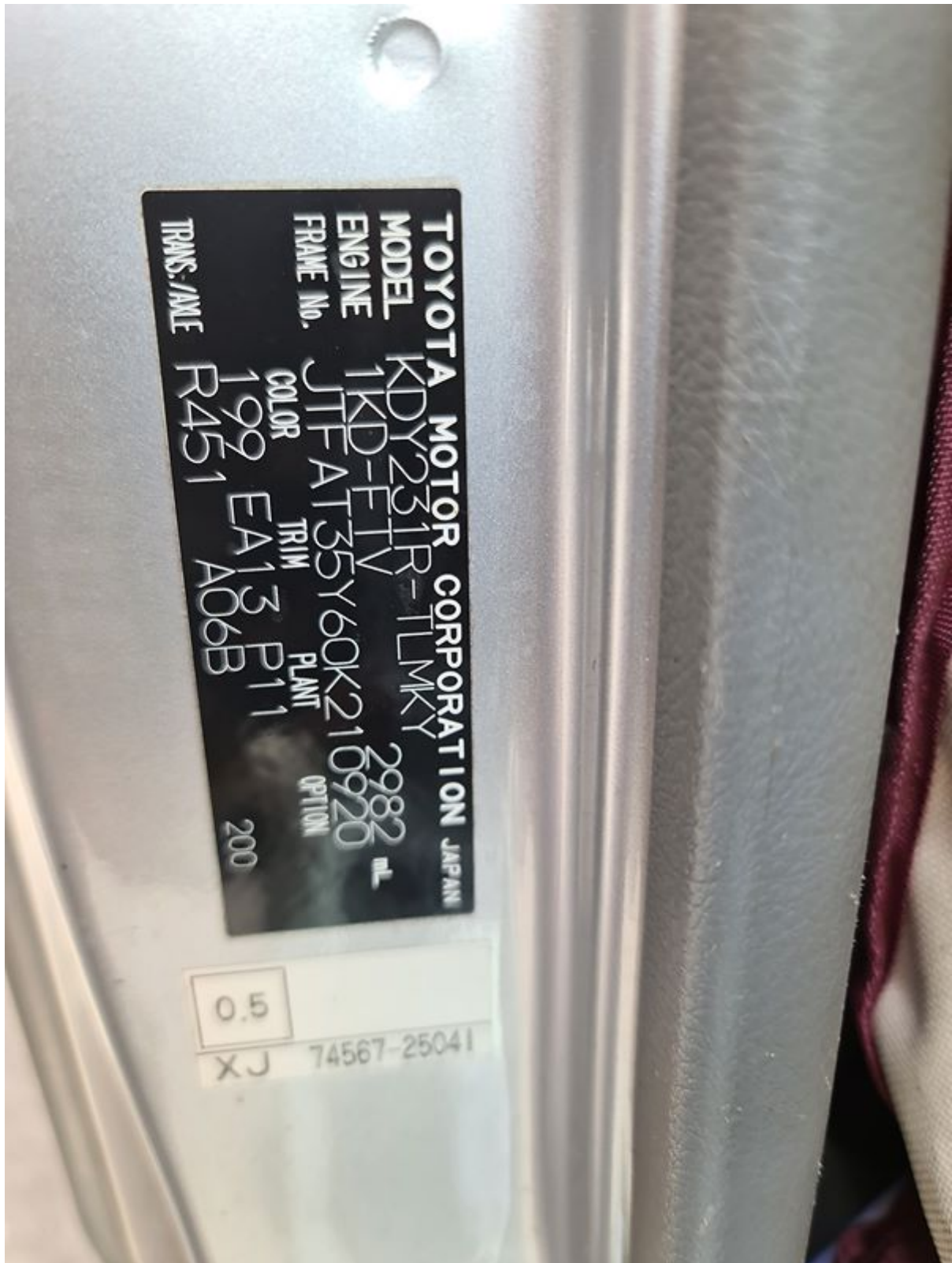
















**SINGAPORE
POLICE FORCE**



T/20220103/2118

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20220103/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2022 22:19	Vide Report No.:	Station Diary No.: 104
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Informant's Particulars

Name of Informant: RAIHAN			Address:		
ID Type / ID No.: FIN NO / G6551224L			Contact No.: Home/Office: Mobile: 82678599		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 36	Date of Birth: 25/11/1985	Type of Informant: Driver		
Race: Bangladeshi			Language:		Institution / School Name:
Occupation: Lorry driver			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: 01/01/2022 21:00	Type of Location: Straight Road
Location: LORONG 31 GEYLANG				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
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	Condition	No. of Passengers
GBH6607U	Lorry				Slightly Damaged	0
SHC5720L	Car				Slightly Damaged	0

Details of Person Involved

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



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Report No. T/20220103/2118

CONTINUATION OF REPORT

Name	RAIHAN		ID No.	G6551224L
Related Vehicle	GBH6607U (Lorry)		Contact No.	82678599
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 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 above mentioned date and time, I parked my vehicle (GBH6607U) at the said location ,On 02/01/2022 at about 0930hrs, I came to my vehicle and discovered there are damages on right of the front bumper.
I then checked with my dashboard camera and able to see that another vehicle collided with my vehicle (SHC5720L) on the 02/01/2022 at about 0810hrs.



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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220103/2118

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Report No. T/20220103/2118

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 1 MOHAMMAQ FARIZUAN
BIN NASRUDDIN

Signature Of Interpreter:
Not applicable

Officer in Charge Of Case:
TP / HBT /
SINGAPORE
SI KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Raihan

Date/Time:
03/01/2022 22:19

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN092213000I Vehicle Registration No: GBH6607U
 Name (as shown in NRIC): ETF ENGINEERING PTE LTD NRIC/FIN/Passport No: 201628284G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 5 Soon Lee St, #04-28 Pioneer Point Singapore (627609)
 Contact (Tel): _____ Mobile No.: 69092005
 Email Address: kimotorwerk@hotmail.com
 Date of Accident: 02-01-2022 Time of Accident: 10:50 hrs
 Place of Accident: Lot 31, Geylang Reside 611
 Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I would like to amend the third party vehicle to (SHC5720L)
I would like to add in police report, T/20220103/2118.



Policyholder / Driver's Signature
Date:

[Signature]

11/01/22

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