

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 24/02/2022 16:32 (SGT)
Date of Accident 22/02/2022 09:30 (SGT)
Exact Location of Accident 182A Rivervale Cres, Singapore 541182
Additional Location Information OPEN CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC1325S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MR BAKERY
Company Reg No 5XXXX680C
Email Address cs8558cs@gmail.com
Mobile Phone No (Phone) +65-96631754
Alternative Phone No +65-96631754

VEHICLE PARTICULARS

Manufacturer Nissan
Model Urvan
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 2953

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNW00127512100
Cover Note Number -

DRIVER

Name of Driver NEO THO HO
NRIC No SXXXX776G

Date Of Birth	02/09/1943
Occupation	Outdoor
Date Of Driving Pass	15/06/1976
Driving experience	45 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96631754
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 461 ANG MO KIO AVENUE 10 #08-1164
Address complement	-
Postcode	560461
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	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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220222/2070

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	SMF8601C
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)	-

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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

BLK 182 RIVERVALE CRESCENT
OPEN CARPARK

A = GBC13255
B = 3MF8601C




REFER TO POLICE REPORT # 20220222 / 2070

Declaration

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



 Policyholder's Signature / Date & Time



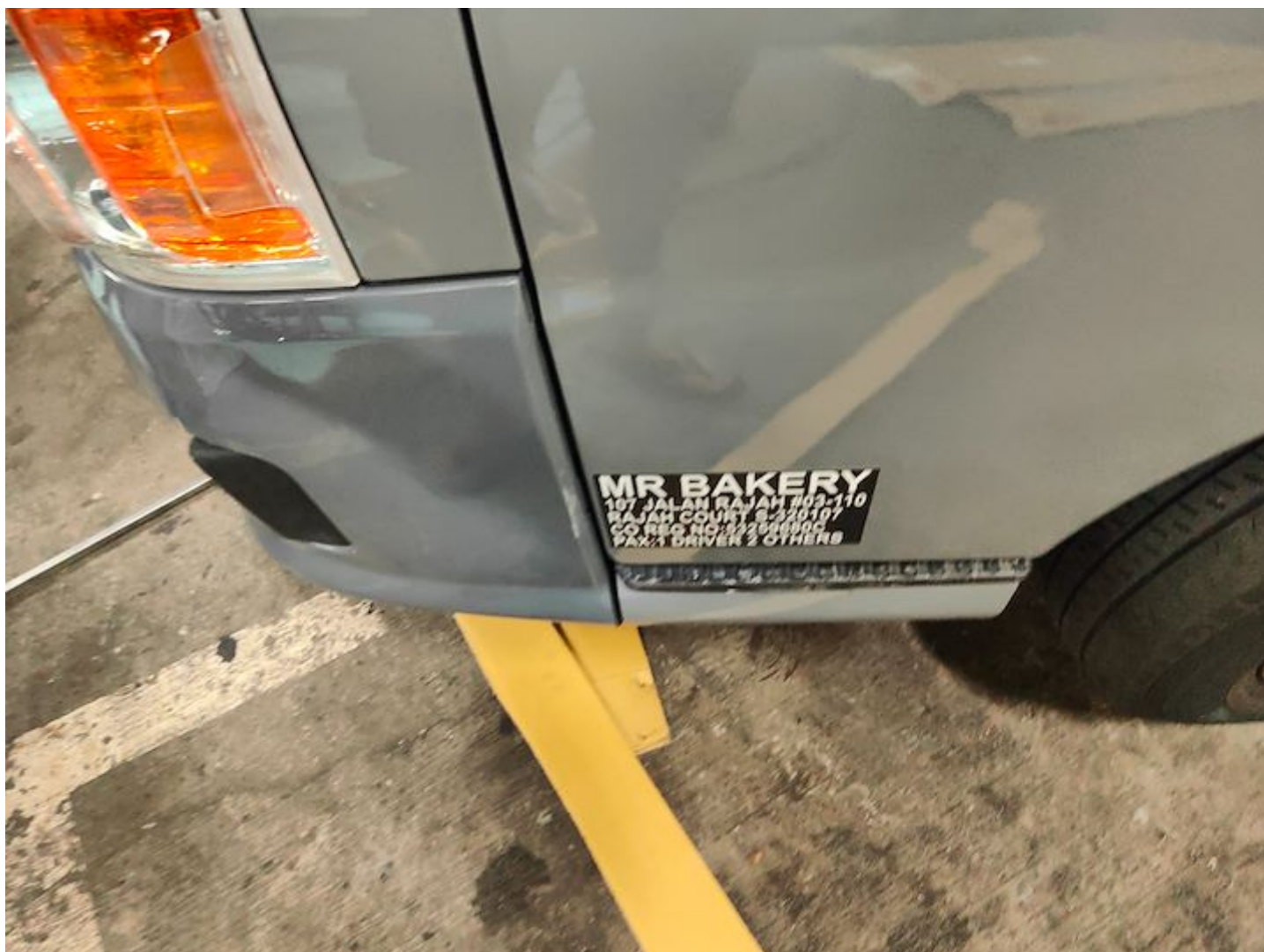
 Driver's Signature (if driver is not the policyholder) / Date & Time



 Witnessed by Reporting Centre Personnel



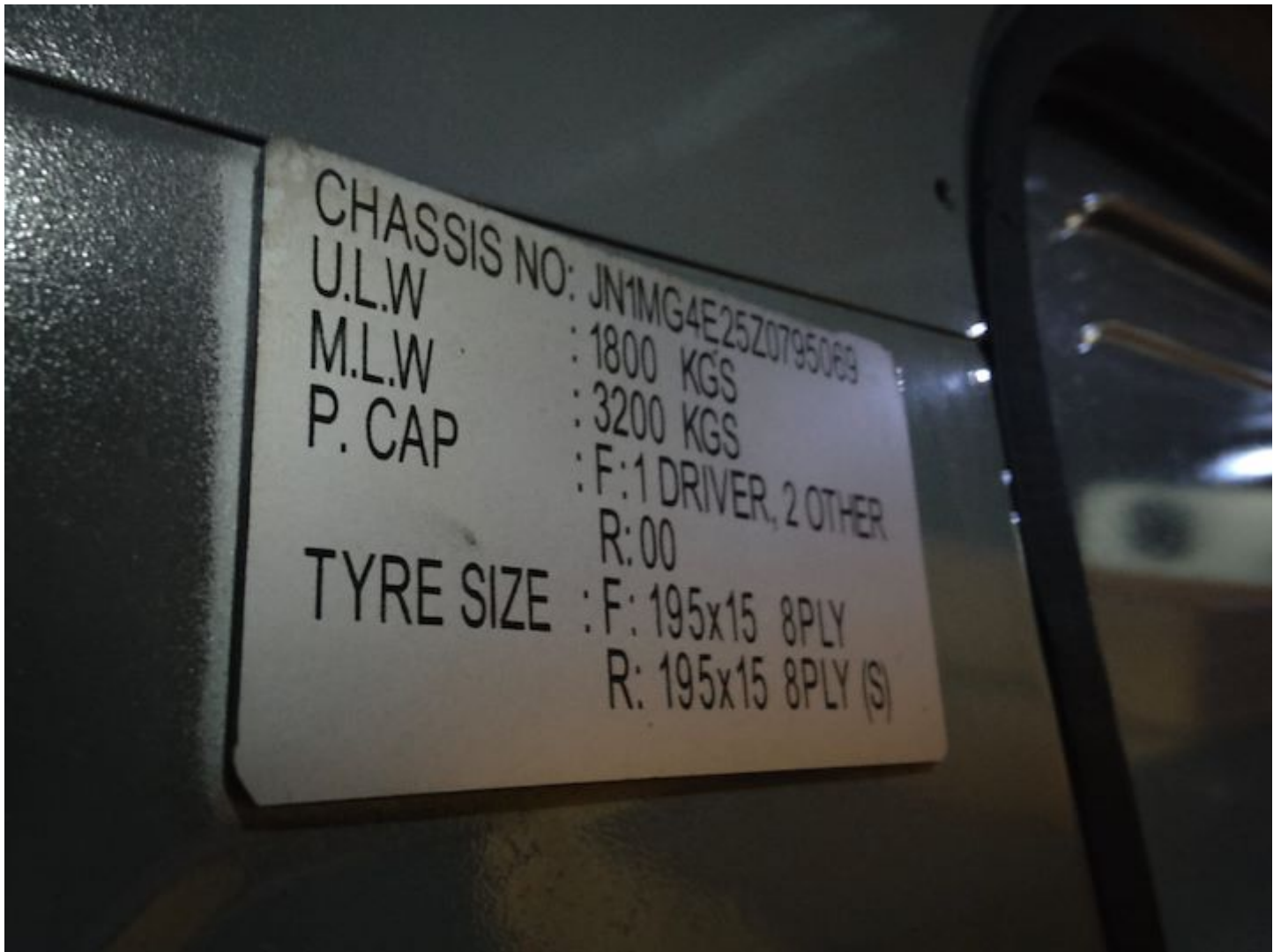



















**SINGAPORE
POLICE FORCE**


F/20220222/2070

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POLICE REPORT (NP299)

Report No. F/20220222/2070

Police Station Of Origin
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Date/Time Report Made 22/02/2022 18:15	Vide Report No.	Station Diary No. 67
Name Of Informant NEO THO HO	Address APT BLK 461 ANG MO KIO AVENUE 10 #08-1164 SINGAPORE 560461	
ID Type / ID No. NRIC NO / S0493776G	Contact No. Home/Office Mobile 96631754	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DELIVERY MAN	Sex Male	Age 78
Institution/School Name	Date of Birth 02/09/1943	Race Chinese
Date/Time Of Incident 22/02/2022 09:30	Location Of Incident 182A RIVERVALE CRESCENT RIVERVALE ARC SINGAPORE 541182	

Brief details.

On 22/02/2022 at about 0930hrs, I was at the carpark of Blk 182A Rivervale Crescent. At that point of time there was vehicle in front of my van(GBC1325S). Hence I make a reverse to allow the vehicle to move. However while I making the reverse, the rear of my van collided onto on vehicle(SMF8601C). The vehicle was parked in a car park lot number 55. The driver of SMF8601C was standing nearby to his vehicle, he approached me and both of us agreed to make a police report.

Signature Of Officer Recording The Report: F / SGT 3 ELAINE ONG EE LING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2022 18:15
Officer In-Charge Of Case: F / Sengkang N.P.C / SI MOHAMED SALLEH BIN MOHAMED IBRAHIM Contact No.: 63438999	Classification Of Case:
	SN 75
SIGNATURE	



**SINGAPORE
POLICE FORCE**



F/20220222/2070





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220222/2070

I am lodging this report for my insurance claim. I do not have the particulars of the driver. There is no damages on my vehicle. As for other party, there is a slight damages on its rim.

Signature Of Officer Recording The Report: F / SGT 3 ELAINE ONG EE LING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2022 18:15
Officer In-Charge Of Case: F / Sengkang N.P.C / SI MOHAMED SALLEH BIN MOHAMED IBRAHIM Contact No.: 63438999 	Classification Of Case:  SN 75
SIGNATURE	