

# 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 ..... 27/04/2022 18:19 (SGT)  
Date of Accident ..... 26/04/2022 16:20 (SGT)  
Exact Location of Accident ..... 13 Sungei Kadut Street 4, Singapore 729064  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD9966Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HUAT TAT CONSTRUCTION PTE LTD  
Company Reg No ..... 2XXXXX142C  
Email Address ..... cs8558cs@gmail.com  
Mobile Phone No ..... (Phone) +65-90036705  
Alternative Phone No ..... +65-90036705

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... FUSO FV51SJD2DEA  
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 ..... 11967

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MQ003472  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN JIANZHONG (CHEN JIANZHONG)  
NRIC No ..... SXXXX333B

Date Of Birth .....	29/08/1981
Occupation .....	Outdoor
Date Of Driving Pass .....	24/12/2002
Driving experience .....	19 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90036705
Alt. Phone Number .....	-
Email Address .....	cs8558cs@gmail.com
Address .....	10 WESTWOOD TERRACE
Address complement .....	-
Postcode .....	648593
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? .....	Yes
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	BKL2551
Vehicle Category .....	Private car

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT L/20220427/7036

#### 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 .....	BKL2551
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) .....	-

# **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.



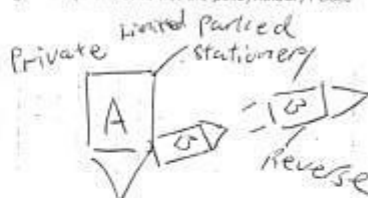
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Highway International  
13 Sungai Kadut str 4  
Singapore 729064



AXD 99672  
B BKL 2551

\* Describe Circumstances of the Accident

MY VEHICLE WAS PARKED STATIONARY.

SUDDENLY, VEHICLE B REVERSED INTO THE

FRONT LEFT PORTION OF MY VEHICLE.

POLICE REPORT L/20220427/7036

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Signature*

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

*Signature* 27/04/2022

Witnessed by Reporting Centre Personnel













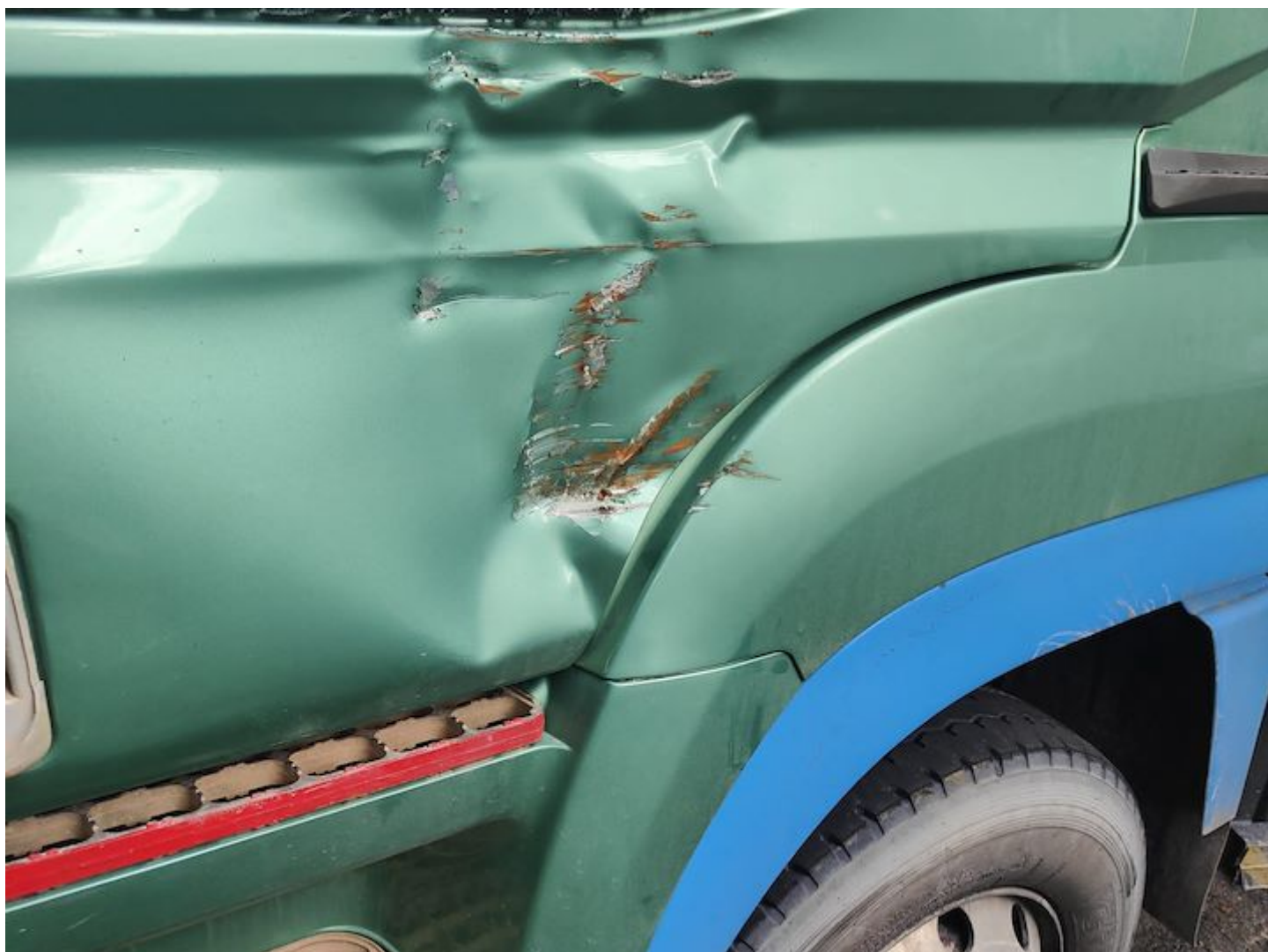
























**SINGAPORE  
POLICE FORCE**



L/20220427/7036

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**POLICE REPORT (NP299)**

Report No. L/20220427/7036

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 27/04/2022 17:28	Vide Report No.	Station Diary No.
Name Of Informant TAN JIANZHONG	Address 10 WESTWOOD TERRACE SINGAPORE 648593	
ID Type / ID No. NRIC NO / S8127333B	Contact No. Home/Office:	Mobile: 90036705
Nationality SINGAPORE CITIZEN	Email Address HUATTAT@SINGNET.COM.SG	
Occupation Director	Sex Male	Age 40
Institution/School Name	Date of Birth 29/08/1981	Race Chinese
Date/Time Of Incident 26/04/2022 16:20 - 26/04/2022 16:20	Location Of Incident 13 SUNGEI KADUT STREET 4 SUNGEI KADUT INDUSTRIAL ESTATE SINGAPORE 729064	

**Brief details.**

My vehicle XD9966Z was parked stationery. Suddenly this vehicle BKL255 reverse into front left portion of my vehicle XD9966Z  
This report is for insurance purpose.  
The driver details as follow: Jummat Bin Jumail IC: 960823-12-5321

Subjects Involved
Suspect

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: 27/04/2022 17:28
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20220427/7036

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No: L/20220427/7036

Person Name	Jummat Bin Jumail		
ID Type	NEW MALAYSIAN IC	ID No	960823125321
Gender	Male		
<b>Victim</b>			
Person Name	TAN JIANZHONG		
ID Type	NRIC NO	ID No	S8127333B
Gender	Male	Age	40
Race	Chinese	Language	English
Occupation	Director	Address	10 WESTWOOD TERRACE SINGAPORE 648593
Mobile No	90036705	Is Informant A Victim?	Yes
Person Name	TAN JIANZHONG (Informant)		

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: 27/04/2022 17:28
Officer In-Charge Of Case:	Classification Of Case: