

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 27/05/2022 13:42 (SGT)
Date of Accident 25/05/2022 16:20 (SGT)
Exact Location of Accident Temasek Ave, Singapore
Additional Location Information Temasek Ave Lamp Post No. P2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH496L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Bar & Grill Pte Ltd
Company Reg No 201527853E
Email Address cbdpremiumcourierservices@gmail.com
Mobile Phone No (Phone) +65-86884121
Alternative Phone No (Home) +65-86884121

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00075102102
Cover Note Number -

DRIVER

Name of Driver Sim Jing Hiong
NRIC No S9216544B

Date Of Birth	26/04/1992
Occupation	Outdoor
Date Of Driving Pass	30/04/2015
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96520350
Alt. Phone Number	-
Email Address	cbdpremiumcourierservices@gmail.com
Address	9 Kallang Place
Address complement	-
Postcode	339154
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	Collision - Head on collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

refer attached police report.

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	SMJ6584K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	Mr Lee
Contact Number	(Phone) +65-97601099
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMJ6584K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Refer attached police report

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 27/5/22

Witnessed by Reporting Centre
Personnel

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.



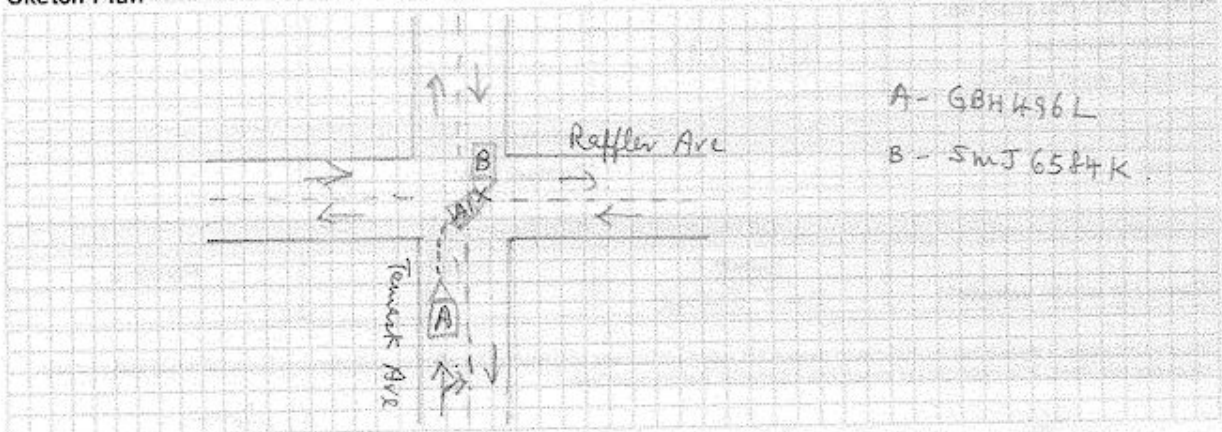
Policyholder's Signature / Date & Time

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

27/5/22

Witnessed by Reporting Centre Personnel

Sketch Plan



















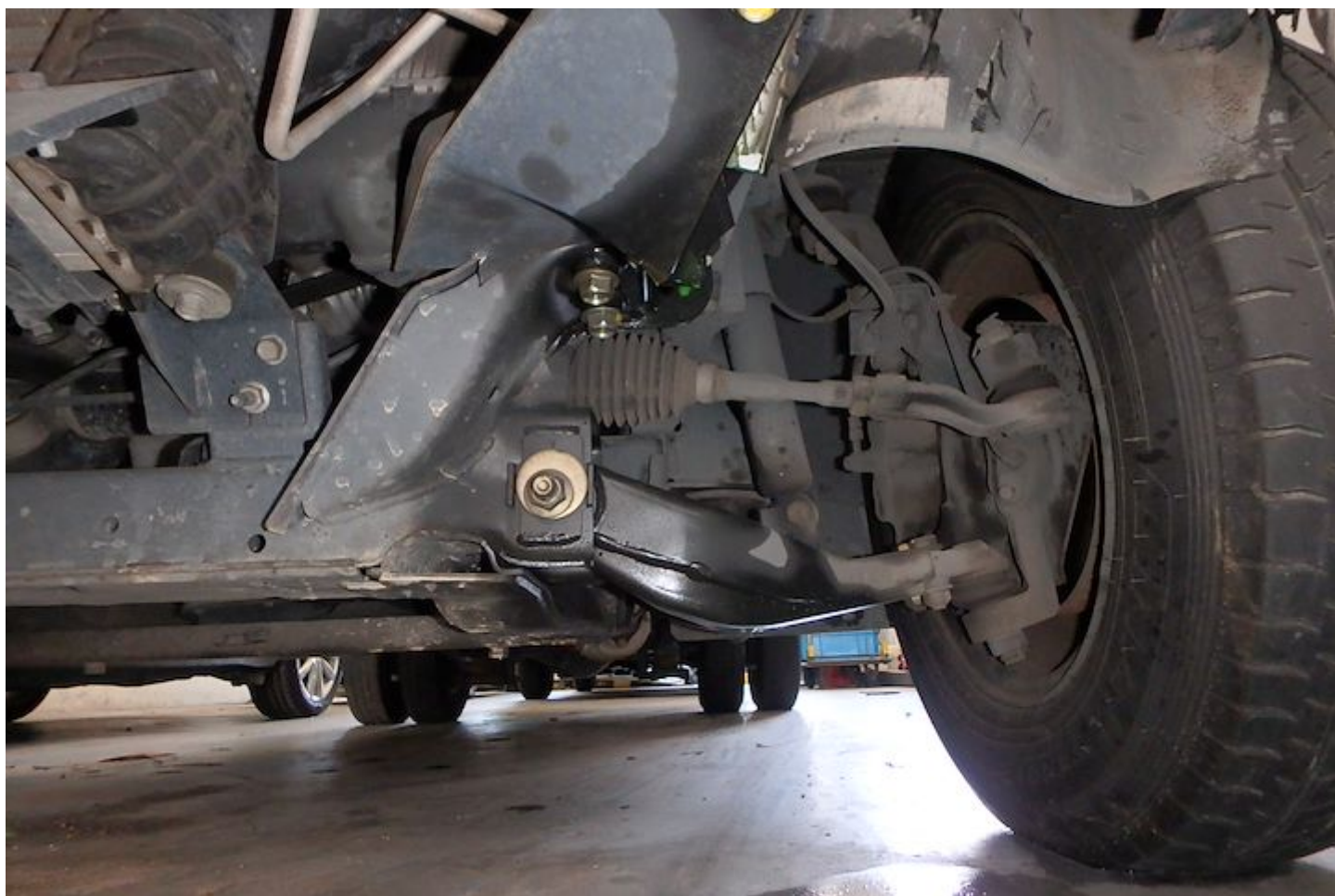


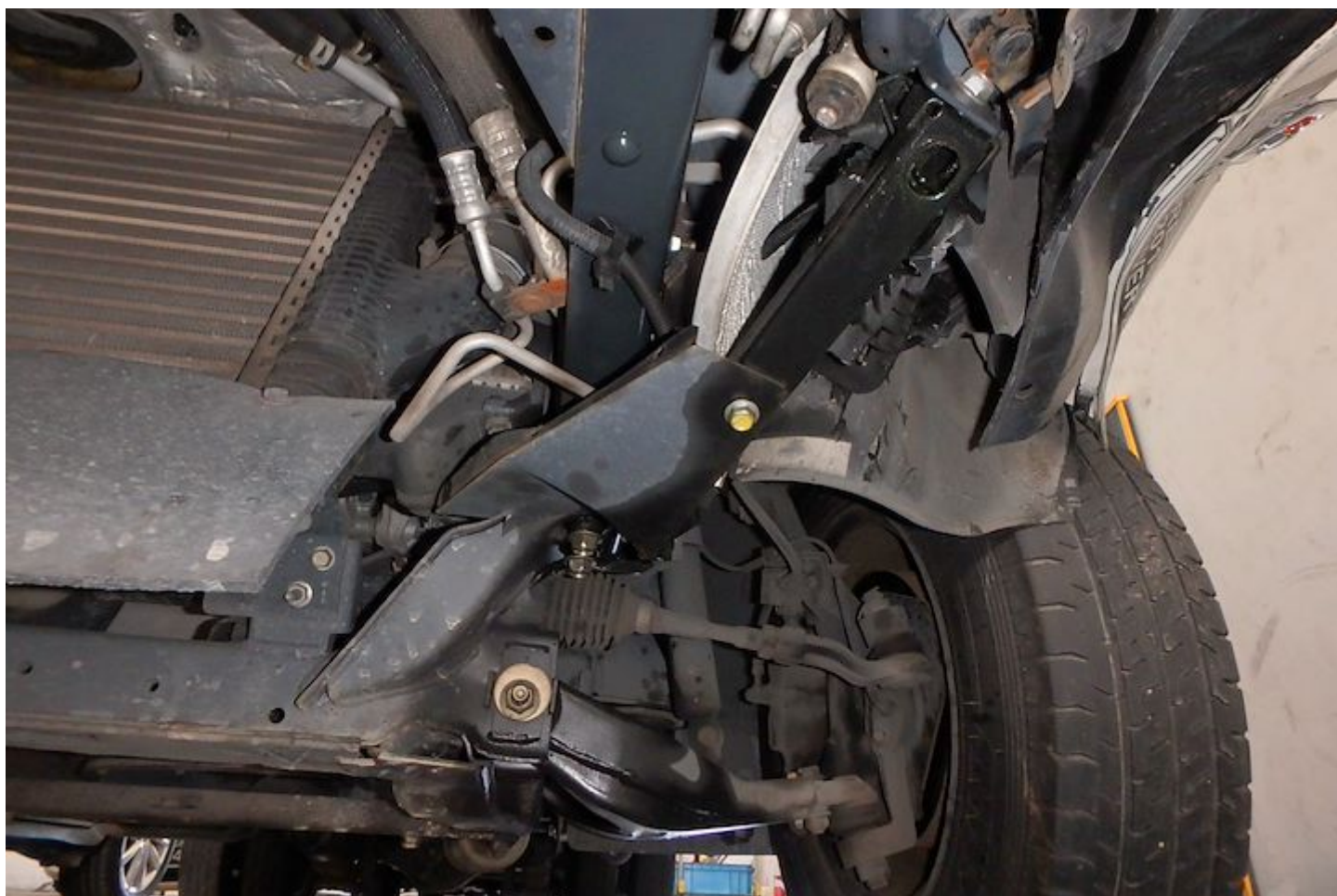
























**SINGAPORE
POLICE FORCE**

T/20220525/2111

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

3 of 3

Report No. T/20220525/2111

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:

F /

Other Lai Shihao

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/05/2022 23:01

Officer In Charge Of Case:

TP / GIT /

INSP (1) ABDUL RAHIM BIN KAMARUDIN

Contact No.: 65476039

Classification Of Case:

NP168


**SINGAPORE
POLICE FORCE**


T 20220525/2111

1 of 3

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

Report No: T/20220525/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2022 23:01		Vide Report No.: A/20220525/0068		Station Diary No.: 155
Informant's Particulars				
Name of Informant: SIM JING HIONG		Address: APT BLK 547 ANG MO KIO AVENUE 10 #09-2234 SINGAPORE 560547		
ID Type / ID No.: NRIC NO / S9216544B		Contact No.: Home/Office:		Mobile: 96520350
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 26/04/1992	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/05/2022 16:20	Type of Location: X-Junction
Location: TEMASEK AVENUE				
Lamp Post Number: P2				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH496L	Lorry	NISSAN	CABSTAR 3.0 5MT ABS 2DR 2WD EURO 5	Silver	Slightly Damaged	0
SMJ6584K	Car	TOYOTA	VELLFIRE ELEGANCE MOONROO F	Black	Seriously Damaged	0



SINGAPORE
POLICE FORCE



T/20220525/2111

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
S69929
Tel No: 1800-4519999

2 of 3

Report No. T/20220525/2111

CONTINUATION OF REPORT**Brief Details.**

On the 25/05/2022 at around 1619hrs, I was driving my van (GBH496L) along Temasek Ave, I was trying to do a right turn into raffles avenue when suddenly a car coming from the front accidentally hit unto my vehicle. We then both came down and exchanged particulars with him (Name: Mr Lee, Hp: 97601099). Mr Lee then proceed to call for the ambulance. A while later, The ambulance came and he was conveyed to a hospital. I would like to state that I am unsure which hospital he was conveyed to. The Traffic police also than came down to scene and issued me with a case card ref A/20220525/0068 and was advised by TP officer SSGT Khairulanwar to lodge a traffic accident report regarding this matter.