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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 14/06/2022 16:23 (SGT) Date of Accident 30/05/2022 14:50 (SGT) Exact Location of Accident Sungei Kadut Loop, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number GBF4697H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ZOOKEEPER Company Reg No 5XXXX031E **Email Address** greyhousemedia@gmail.com Mobile Phone No (Phone) +65-85115110 Alternative Phone No +65-85115110

VEHICLE PARTICULARS

Manufacturer

Model Nv200 Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Commercial vehicle Vehicle Category Transmission Auto CC 1597

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00138072100 Cover Note Number

DRIVER

Name of Driver WONG KAI KIT, JONATHAN NRIC No. SXXXX197G

Date Of Birth 05/11/1987 Occupation Outdoor Date Of Driving Pass 08/01/2011 Driving experience 11 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-85115110 Alt. Phone Number Email Address greyhousemedia@gmail.com Address BLK 209B PUNGGOL PLACE #07-1286 Address complement Postcode 822209 Is the driver the policyholder? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Punggol Neighbourhood Police Centre Police Station Phone No (Phone) +65-18006049999 Alt. Police Station Phone No (Fax) +65-64468015 Police Station Address Blk 21A Tebing Lane Singapore 828837 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220608/2030 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YM5909G Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 Formby insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded 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
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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
- (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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

UEN Policyholder's

ignature / Date &

Sketch Plan

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

Winessed by Reporting Centre

Vehicle A: GBF46974

Vehicle B : ym Igoga

scribe Circumstances REFER TO POLICE REP	ORT - T/20220608/2030		
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I/We declare the foregoing particulars are true in every respect.

UEN 53380031E Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





















Police Station Of Origin:

Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

Report No. T/20220608/2030

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 08/06/2022 11:26		Vide Report No.:	Station Diary No.: 32	
Informa	nt's Partic	ulars		THE RESIDENCE OF THE SECOND	
	f Informant: KAI KIT, JC		Address: APT BLK 209B PUNGGOL P 822209	LACE #07-1286 SINGAPORE	
ID Type / ID No.: NRIC NO / S8736197G			Contact No.: Home/Office: Mobile: 85115110		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 34	Date of Birth: 05/11/1987	Type of Informant: Vehicle Owner		
Race: Chinese	HT		Language: English	Institution / School Name:	
Occupation: VIVARIUM DESIGNER		IER	Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/05/2022 14:30	Type of Location: Car Park
Location: SUNGEI KAD Weather: Clear	OUT LOOP	Road Surface:	R	oad Speed Limit:
		Traffic Control:	T	raffic Volume:
Traffic Flow: Two Way		Not Controlled		ght

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF4697H	Van	NISSAN	nv 200	Silver	Slightly Damaged	0
YM5909G	Truck			White		0

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pede	estrian Crossing; NA



T/20220609/2020

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

2 of 3 Report No. T/20220608/2030

CONTINUATION OF REPORT

Vehicle Owner			Left at the	A 1 1 1 1 1 1 1	SAME	and the second
Name	WONG KAI KIT, JONATHAN		WONG KAI KIT, JONATHAN ID No.		S8736197G	
Related Vehicle	GBF4697H (Van)			Conta	act No.	85115110
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	The second second	NIL	

Brief Details.

On 30/05/2022, at around 2pm, I parked my silver vehicle bearing registration number, GBF4697H, 'Nissan' model: NV 200 at a parking lot of 59 Sungei Kadut Loop.

At around 3pm when I got back I discovered that my vehicle was damaged on the rear right, there are multiple dents and the rear red light was broken as well.

I have a video footage that I retrieved from my client that is the owner of the building.

After reviewing the cctv footage, I discovered that the white dumpster truck bearing registration number: YM5909G has hit my van when the truck was reversing at around 2.30pm.

I believed the white truck (YM5909G) belongs to the company: Yong Soon General Contractor Pte Ltd as informed by my client and the damage is estimated to be S\$1500/-.





Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

3 of 3 Report No. T/20220608/2030

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 / SGT 2 PHUA YUYING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/06/2022 11:26
Officer In Charge Of Case: TP / HRT / Other SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:
NP168	J