

# 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 Actual 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 .....	28/07/2022 16:58 (SGT)
Reported by .....	Driver
Date of Accident .....	23/07/2022 13:42 (SGT)
Exact Location of Accident .....	Upper Serangoon View, Singapore
Additional Location Information .....	RIO VISTA CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBL260D
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ABS LEASING SERVICES PTE LTD
Company Reg No .....	2XXXXX528D
Email Address .....	optionsgarage@hotmail.com
Mobile Phone No .....	(Phone) +65-92966056
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Auto
CC .....	2754

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00013802201

### DRIVER

Name of Driver .....	GAVIN TAN
NRIC No .....	SXXXX414G
Date Of Birth .....	12/03/1998
Occupation .....	Outdoor

Date Of Driving Pass .....	23/04/2019
Driving experience .....	3 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91697745
Alt. Phone Number .....	-
Email Address .....	optionsgarage@hotmail.com
Address .....	BLK 455 YISHUN STREET 41 #07-45
Address complement .....	-
Postcode .....	760455
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? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE WITNESS POLICE REPORT T/20220725/7042 AND DRIVER POLICE REPORT T/20220725/7040

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ1471G
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	GAVIN TAN
Gender .....	Male
Phone No .....	(Phone) +65-91697745
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBL260D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

#### WITNESS DETAILS

##### WITNESS 1

Name .....	CHUA WEN LUO
Phone .....	(Phone) +65-92203215
Email .....	ahluo95@gmail.com

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. This report will be forwarded by the insurers to 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.
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

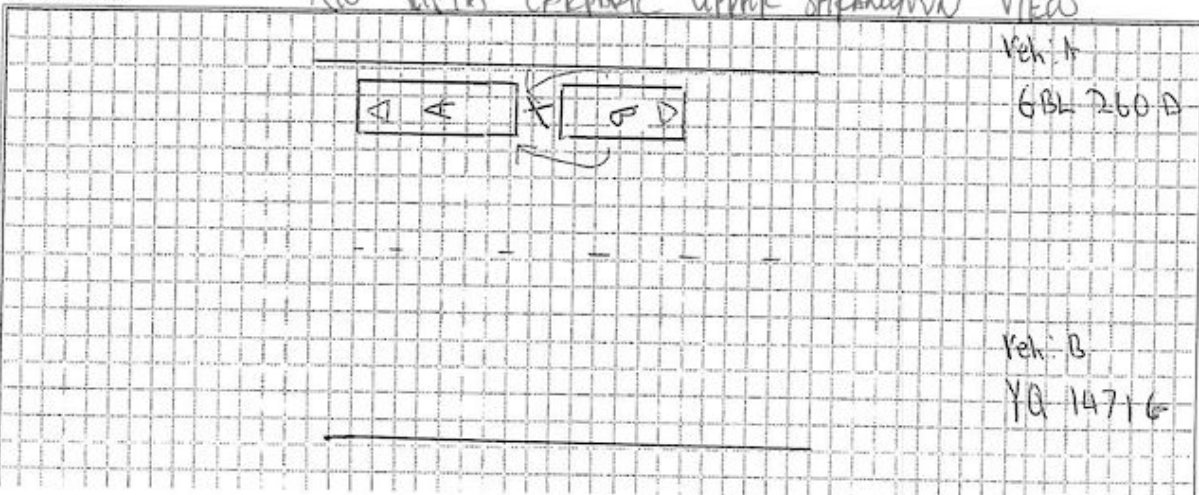
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

Rio VINA CARPAC UPPER STRENGTH VIEW

Veh: A  
GBL 260 A

Veh: B  
YQ 1471 G



Describe Circumstance of the Accident

REFER TO POLICE REPORT. T/20220725/704/2  
T/20220725/7040.

Declaration

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

Policyholder's Signature / Date & Time

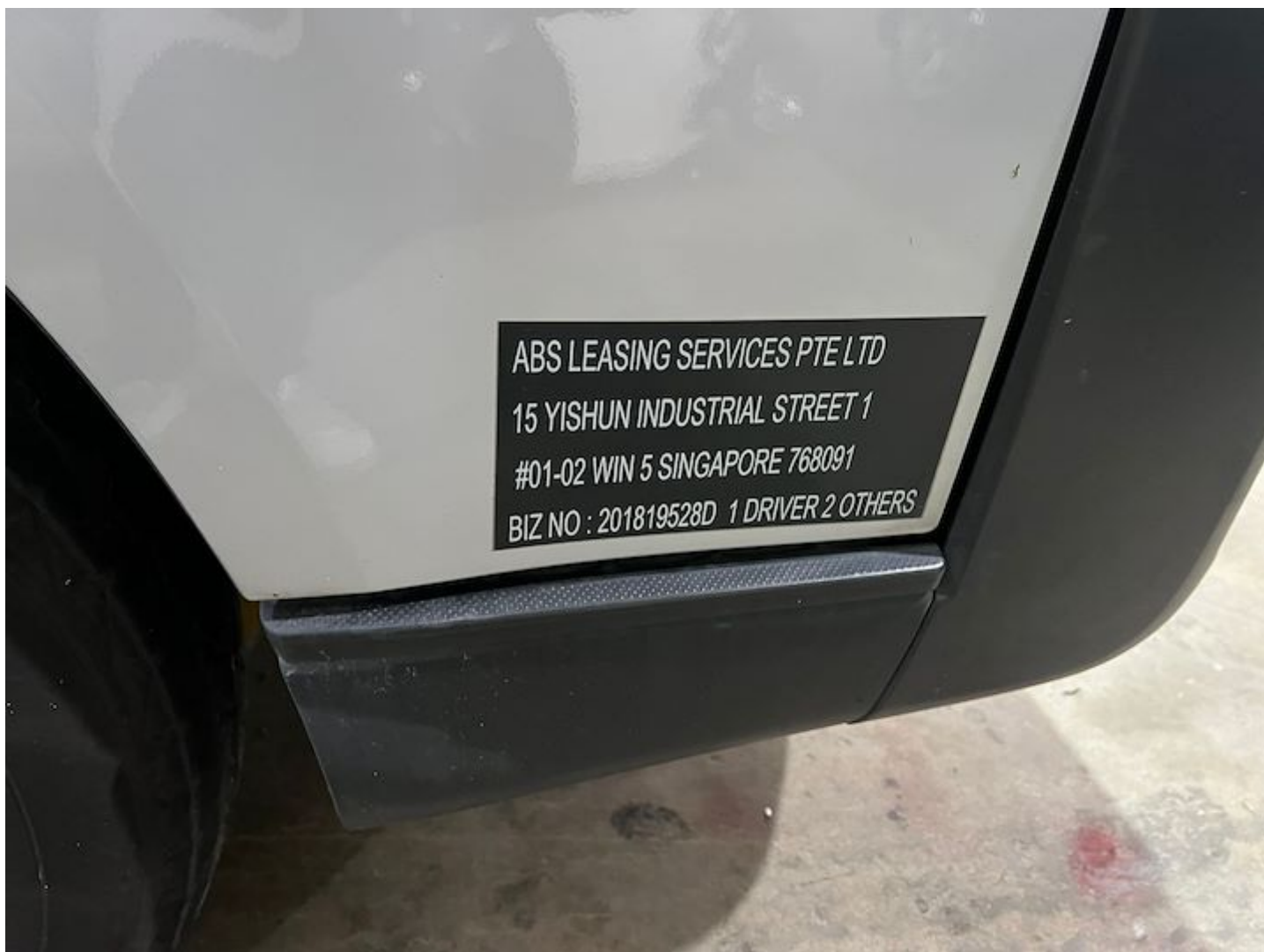
2018195287

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

Witnessed by Reporting Centre Personnel

28/07/2022






















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220725/7040

1 of 3

Report No. T/20220725/7040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/07/2022 16:09		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: GAVIN TAN		Address: 455 YISHUN STREET 41 #07-45 SINGAPORE 760455		
ID Type / ID No.: NRIC NO / S9807414G		Contact No.: Home/Office: Mobile: 91697745		
Nationality: SINGAPORE CITIZEN		Email: XIIAOSADS@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 12/03/1998	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: delivery driver		Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2022 13:40	Type of Location: Loading bay
Location:  UPPER SERANGOON VIEW				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
GBL260D	Van			Yellow	Seriously Damaged	0
YQ1471G	Lorry					1



**SINGAPORE  
POLICE FORCE**



T/20220725/7040

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220725/7040

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	GAVIN TAN	ID No.	S9807414G
Related Vehicle	GBL260D (Van)	Contact No.	91697745
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/07/2022	Date	25/07/2022
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

ON THE STATED DATE AND TIME I VEHICLE PLATE NUMBER GBL260D WAS STATIONARY PARK AT RIO VISTA LOADING AND UNLOADING AREA, I WAS IN MY VAN SUDDENLY VEHICLE PLATE NUMBER YQ1471G REVERSE AND HIT ONTO MY REAR PORTION OF MY VAN AND DAMAGE MY REAR PORTION.

AFTER THE ACCIDENT WE EXCHANGE PARTICULAR AND LEFT THE PLACE, ON THE 25-07-2022 I WENT TO INTEMEDICAL CLNIC AT KOVAN TO SEE DOCTOR CAUSE I FELT PAIN ON MY NECK AND BACK AND DOCTOR GIVEN ME 5 DAYS MC.

I WISH TO STATE I HAVE A WITNESS  
CHUA WEN LUO (92203215)  
THAT SAW HOW THE INCIDENT HAPPEN



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220725/7040

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Report No. T/20220725/7040

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
25/07/2022 16:09

Classification Of Case:


**SINGAPORE  
POLICE FORCE**


T/20220725/7042

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220725/7042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/07/2022 16:17		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHUA WEN LUO			Address: 250 YISHUN AVENUE 9 #05-227 SINGAPORE 760250		
ID Type / ID No.: NRIC NO / S9530167C			Contact No.: Home/Office: Mobile: 92203215		
Nationality: SINGAPORE CITIZEN			Email: ahluo95@gmail.com		
Sex: Male	Age: 26	Date of Birth: 29/08/1995	Type of Informant: Witness		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2022 13:40	Type of Location: Car Park
Location:  UPPER SERANGOON VIEW				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBL260D	Van				Seriously Damaged	0
YQ1471G	Lorry				Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**

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T/20220725/7042

2 of 3

Report No. T/20220725/7042

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	GAVIN TAN	ID No.	NIL
Related Vehicle	GBL260D (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On the date 23/07/2022 time about 1330hrs. I was a delivery man sending parcel to block 30 upper serangoon view Rio Vista. While I was walking towards block 30, I saw a Lorry YQ 1471 G reverse and collided onto a Van GBL 260 D. The driver of GBL 260 D Van alighted and I told the driver Gavin that I saw how the incident happen.

This is a witness report to assist the driver of GBL 260 D.



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220725/7042

3 of 3

Report No. T/20220725/7042

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

NP168

### Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
25/07/2022 16:17

Classification Of Case: