

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 15/08/2022 11:56 (SGT)
Reported by Driver
Date of Accident 05/08/2022 18:45 (SGT)
Exact Location of Accident Buangkok Green, Singapore
Additional Location Information TWDS SENGKANG EAST RD B4 BUANGKOK DR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK9082Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SG LEASING PTE LTD
Company Reg No 2XXXXX520E
Email Address sgleasing@outlook.com
Mobile Phone No (Phone) +65-84211426
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 DMCVSNW00010212201

DRIVER

Name of Driver CHO KEAN FOO
NRIC No SXXXX754Z
Date Of Birth 01/05/1986
Occupation Outdoor

Date Of Driving Pass	12/06/2018
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98296669
Alt. Phone Number	-
Email Address	sgleasing@outlook.com
Address	BLK 20 CHAI CHEE RD
Address complement	#03-426
Postcode	461020
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 to Rear
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
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

PLS REFER TO THE POLICE REPORT:T/20220805/2106

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	FBP9085M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour -
Vehicle Category Motorcycle
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

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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 Traffic Police Department for investigation.**
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

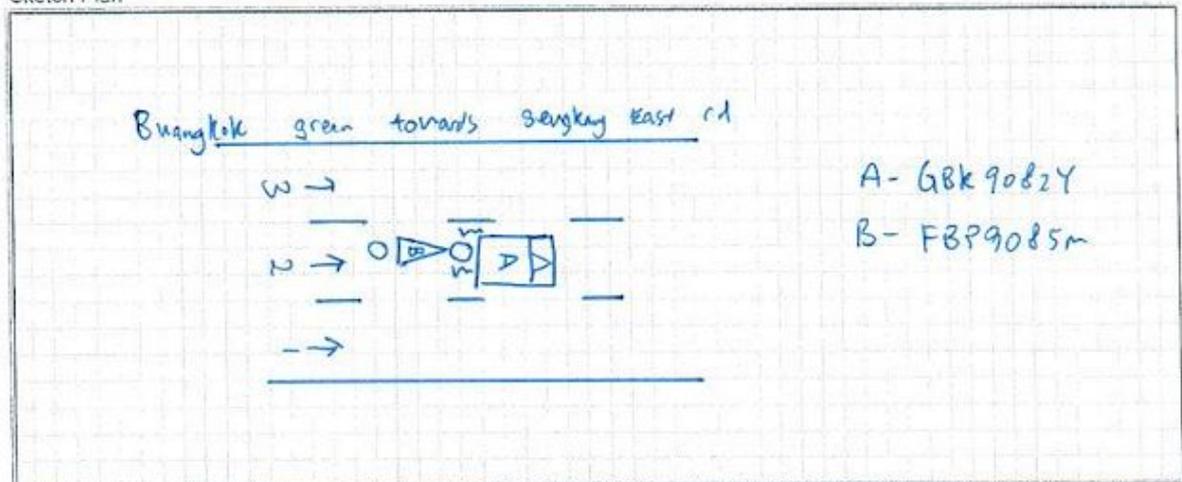
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Witnessed By Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

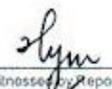
As per police report No. T/20220805/2106

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

 15/08/22
Witnesses Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**

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



T/20220805/2106

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Report No. T/20220805/2106

CONTINUATION OF REPORT

Driver				
Name	CHO KEAN FOO		ID No.	S8684754Z
Related Vehicle	GBK9082Y (Van)		Contact No.	98296669
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

ON 05/08/22 AT ABOUT 1845HRS, I BEARING VEHICLE PLATE NUMBER GBK9082Y AND THE OTHER PARTY VEHICLE FBP9085M. I WAS DRIVING ALONG BUANGKOK GREEN AND STOPPED AT THE TRAFFIC LIGHT AS IT WAS SHOWING RED. SUDDENLY I FELT AN IMPACT COMING FROM THE REAR OF MY VEHICLE. I DOUBLE SIGNAL AND EXITED MY VEHICLE. I ASKED IF HE WAS OKAY AND HE ANSWERED THAT HE IS ALL GOOD AS HE DID NOT FALL DOWN. THE HEAD OF THE OTHER PARTY VEHICLE HAD HIT THE REAR OF MY VEHICLE. THE REAR OF MY VAN SUFFERED A DENT AT THE BOTTOM LEFT SIDE. I DID NOT MANAGE TO EXCHANGE PARTICULARS WITH THE OTHER PARTY AS I WAS SLIGHTLY CONFUSED AS TO WHAT TO DO OR WHAT WOULD HAPPEN NEXT. WE THEN MAKE OUR WAY TO OUR OWN VEHICLES AND LEFT THE SCENE. I WISH TO STATE THAT I RENTED THE VAN TO CARRY OUT MY JOB AS A DELIVERY DRIVER. I WAS NOT INJURED. THE POLICE AND THE AMBULANCE WERE NOT INVOLVED. THAT IS ALL.













**SINGAPORE
POLICE FORCE**



T/20220805/2106

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

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Report No. T/20220805/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2022 20:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: CHO KEAN FOO		Address: APT BLK 20 CHAI CHEE ROAD #03-426 PING-AN GARDENS SINGAPORE 461020	
ID Type / ID No.: NRIC NO / S8684754Z		Contact No.: Home/Office: Mobile: 98296669	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 36	Date of Birth: 01/05/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRABFOOD DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/08/2022 18:45	Type of Location: Straight Road
Location: BUANGKOK GREEN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved					
Vehicle No.	Type	Make	Model	Color	Year
FBP9085M	Motorcycle	YAMAHA	AEROX GDR165 CVT	Black	0
GBK9082Y	Van	TOYOTA	HIACE DK 2.5 AUTO	Black	0

Details of Person Involved	
Any Pedestrian Involved:	No
No. of Pedestrians Injured:	0



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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220805/2106

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Report No. T/20220805/2106

CONTINUATION OF REPORT

Driver				
Name	CHO KEAN FOO		ID No.	S8684754Z
Related Vehicle	GBK9082Y (Van)		Contact No.	98296669
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

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T/20220805/2106

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Report No. T/20220805/2106

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:
TP /
SC MOHAMMED AHNAF BIN
MOHAMMED FAHMI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/08/2022 20:00

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168