

# 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 .....	09/09/2022 17:31 (SGT)
Reported by .....	Driver
Date of Accident .....	08/09/2022 16:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CHANGI EXPO HALL 5 LOADING BAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ5470S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LA MARCA INTERNATIONAL PTE. LTD.
Company Reg No .....	2XXXXX275C
Email Address .....	roger@la-marca.com
Mobile Phone No .....	(Phone) +65-90929788
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	K2500 6MT
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 .....	2497

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00060372200

### DRIVER

Name of Driver .....	ARNDT ROGER STADLER
NRIC No .....	SXXXX947J
Date Of Birth .....	04/04/1967
Occupation .....	Outdoor

Date Of Driving Pass .....	30/01/2004
Driving experience .....	18 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90929788
Alt. Phone Number .....	-
Email Address .....	roger@la-marca.com
Address .....	9 BEDOK TERRACE
Address complement .....	-
Postcode .....	469168
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	3
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JPH6567
Vehicle Category .....	Commercial vehicle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT

#### 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 .....	JPH6567
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MOHD NIZAM BIN TAIPOR
Passport No/FIN .....	0XXXXX3443
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBG9624E
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) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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**

CHANGI EXPO HALL 5 LOADING BAY

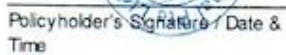
A - GBJ54705

B - JPH6567

C - GBG9624F

Refer to police report

We declare the foregoing particulars are true in every respect.



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

sluz 09/09/22





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999



T/20220908/2212

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Report No. T/20220908/2212

**CONTINUATION OF REPORT**

<b>Driver</b>		<b>ID No.</b>	
Name	ARNDT ROGER STADLER	S2754947J	
<b>Related Vehicle</b>		<b>Contact No.</b>	
GBJ5470S (Lorry)		90929788	
<b>Hospital/Clinic</b>		<b>Class of Driving Licence &amp; Expiry Date</b>	
NIL		Class: 2B,2A,2,3 Date of Expiry: NIL	
<b>Date Treatment</b>	NIL	<b>Date Discharge</b>	NIL
<b>No. of Days granted Medical Leave</b>	NIL	<b>Degree of Injury</b>	NIL
<b>Driver</b>		<b>ID No.</b>	
Name	Mohd Nizam Bin Taipor	NIL	
<b>Related Vehicle</b>		<b>Contact No.</b>	
JPH6567 (Lorry)		0108213443	
<b>Hospital/Clinic</b>		<b>Class of Driving Licence &amp; Expiry Date</b>	
NIL		Class: NIL Date of Expiry: NIL	
<b>Date Treatment</b>	NIL	<b>Date Discharge</b>	NIL
<b>No. of Days granted Medical Leave</b>	NIL	<b>Degree of Injury</b>	NIL

**Brief Details.**

On the above mentioned date, time and location, my staff was loading goods onto my lorry (GBJ5470S) when another Malaysian lorry (JPH6567) was reversing in to the lot at unloading bay of the carpark behind expo hall 5. As the Malaysian lorry reversed in, his rear right side of the lorry hit front left of my stationary lorry. As such there was damages on my left mirror and left door of my lorry. Due to the impact, my lorry touched to the lorry on my right side (GBG9624E).

My staff informed me about the accident and I called for the police immediately.

I wish to state that I did spoke to the van driver on my right (GBG9624E) and both of us agreed to drop the matter as there was no damage due to the touch. However, I will be going to my insurance company to claim against the Malaysian lorry.







































**SINGAPORE  
POLICE FORCE**



T/20220908/2212

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Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20220908/2212

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/09/2022 21:13	Vide Report No.: G/20220908/0173	Station Diary No.: 66
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**Informant's Particulars**

Informant's Particulars				
Name of Informant: ARNDT ROGER STADLER			Address: 9 BEDOK TERRACE SINGAPORE 469168	
ID Type / ID No.: NRIC NO / S2754947J			Contact No.: Home/Office: Mobile: 90929788	
Nationality: GERMAN			Email:	
Sex: Male	Age: 55	Date of Birth: 04/04/1967	Type of Informant: Driver	
Race: Caucasian			Language: English	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/09/2022 16:05	Type of Location: Car Park
Location:  EXPO DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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 Passenger
GBG9624E	Lorry	MITSUBISHI		White	Slightly Damaged	0
GBJ5470S	Lorry	KIA	K2500 6MT	White	Slightly Damaged	0
JPH6567	Lorry				No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	





**SINGAPORE  
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Tel No: 1800-2449999



T/20220908/2212

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Report No. T/20220908/2212

**CONTINUATION OF REPORT**

<b>Driver</b>		<b>ID No.</b>	
Name	ARNDT ROGER STADLER	S2754947J	
Related Vehicle	GBJ5470S (Lorry)	Contact No.	90929788
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>		<b>ID No.</b>	
Name	Mohd Nizam Bin Taipor	NIL	
Related Vehicle	JPH6567 (Lorry)	Contact No.	0108213443
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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T/20220908/2212

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Report No. T/20220908/2212

**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:  
G /  
SGT 2 CHIU TING CHIH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/09/2022 21:13

Officer In Charge Of Case:  
TP / GIT /  
SI GOH WEI LI  
Contact No.: 65476394

Classification Of Case:

NP168