

# 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 .....	17/10/2022 09:41 (SGT)
Reported by .....	Driver
Date of Accident .....	11/10/2022 15:49 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	REGENT HEIGHT CONDOMINIUM GANTRY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC8798Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ISSITI MARBLE CONTRACTOR
Company Reg No .....	5XXXX150J
Email Address .....	elifedrive@gmail.com
Mobile Phone No .....	(Phone) +65-91074587
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 .....	2800

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00016392202

### DRIVER

Name of Driver .....	ROSRIZAL BIN SAID
NRIC No .....	SXXXX876E
Date Of Birth .....	10/11/1971
Occupation .....	Outdoor

Date Of Driving Pass .....	12/11/2008
Driving experience .....	13 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91074587
Alt. Phone Number .....	-
Email Address .....	elifedrive@gmail.com
Address .....	BLK 417 BUKIT BATOK WEST AVE 4
Address complement .....	#09-312
Postcode .....	650412
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 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) .....	4
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 .....	-

#### PASSENGER 1

Name .....	STUDENT
Gender .....	Male

#### PASSENGER 2

Name .....	STUDENT
Gender .....	Female

#### PASSENGER 3

Name .....	STUDENT
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20221013/2029

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... WITH WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBJ3425L  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... CHONG KOK KEONG  
 Contact Number ..... (Phone) +65-91663181  
 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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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.
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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.

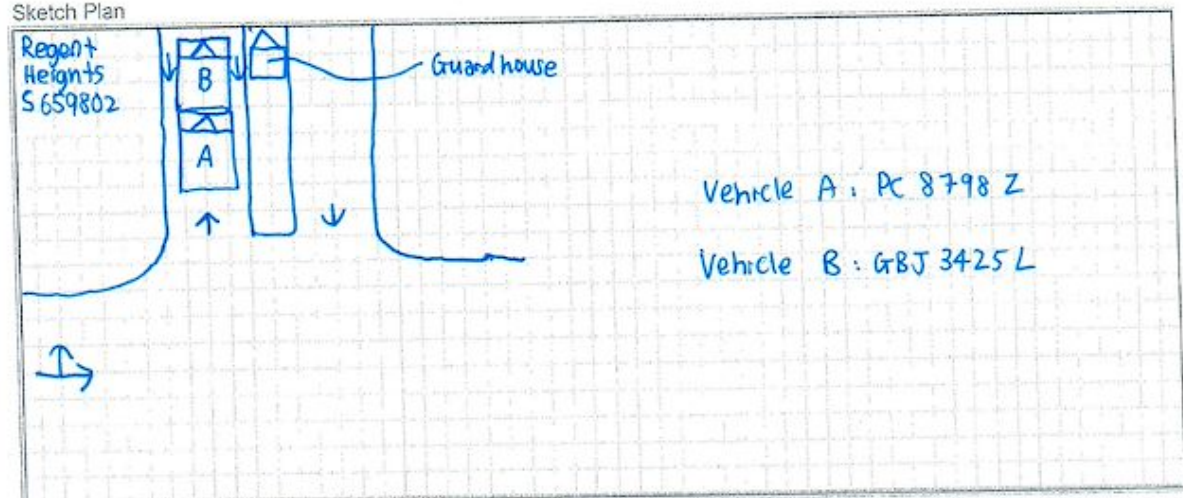


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

As per police Report

Report No: T/20221013/2029

## Declaration

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



Policyholder's Signature / Date &amp; Time

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

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





**SINGAPORE  
POLICE FORCE**



T/20221013/2029

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20221013/2029

**CONTINUATION OF REPORT**

**Brief Details.**

On 11/10/2022 at about 1549hrs, I was driving a school bus (PC8798Z) with 4 children from Dover Court International School to drop off one of the children. I turned right into the Regent Heights condominium at Bukit Batok East Ave 5 and was waiting at the gantry behind a van (GBJ3425L). When the security officer raised the gantry, the van in front of me tried to move off however the vehicle rolled backwards for about 2 metres and hit the front of my vehicle. We subsequently went inside the condo to park and talk. We then exchanged particulars. The driver of the van namely Chong Kok Keong (S2583893I) called the police as he was unhappy. The police subsequently came and gave me a case card (J/20221011/0105) under IO Quek Jun Cai. They advised me to settle the matter and I acknowledged.

I wish to state that the children in my bus and myself are not injured. The other party seemed visibly fine but I did not ask. The front of my vehicle sustained about 4 dented areas and the front license plate is cracked. The other party's van sustained a dent in the rear middle. I am lodging this report for insurance purposes.

















**SINGAPORE  
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T/20221013/2029

1 of 3

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Report No. T/20221013/2029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/10/2022 11:12	Vide Report No.: J/20221011/0105	Station Diary No.: 49
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Informant's Particulars			
Name of Informant: ROSRIZAL BIN SAID		Address: APT BLK 412 BUKIT BATOK WEST AVENUE 4 #09-312 SINGAPORE 650412	
ID Type / ID No.: NRIC NO / S7139876E		Contact No.: Home/Office: Mobile: 91074587	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 10/11/1971	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/10/2022 15:50	Type of Location: guardhouse gantry
Location:  BUKIT BATOK EAST AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Rear to Head			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ3425L	Van	TOYOTA	HIACE		Slightly Damaged	0
PC8798Z	Bus/Coach/Mi nibus	TOYOTA	HIACE COMMUTER		Slightly Damaged	3





**SINGAPORE  
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T/20221013/2029

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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
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Report No. T/20221013/2029

**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:

J /

SGT 1 IVAN TAN YONG QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/10/2022 11:12

Officer In Charge Of Case:

TP / GIT /

INSP (1) THABAGESH JEYATHESH

Contact No.: 65476178

Classification Of Case:

NP168