

# 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 ..... 10/10/2022 11:05 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 09/10/2022 18:30 (SGT)  
Exact Location of Accident ..... 226A Ang Mo Kio Ave 1, #01-625, Singapore 561226  
Additional Location Information ..... OPEN SPACE CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... CB8055T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOH KOK CHUAN  
NRIC No ..... SXXXX323B  
Email Address ..... ABC8627E@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91911588  
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 ..... Bus  
Transmission ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMB1SNW00004522204

### DRIVER

Name of Driver ..... TAN LEE LEE  
NRIC No ..... SXXXX655Z  
Date Of Birth ..... 31/12/1970  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/11/1998
Driving experience .....	23 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91825338
Alt. Phone Number .....	-
Email Address .....	ABC8627E@GMAIL.COM
Address .....	612 ANG MO KIO AVE 4 #02-1113
Address complement .....	-
Postcode .....	560612
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Collided into Parked Vehicle
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) .....	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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004849999
Alt. Police Station Phone No .....	(Fax) +65-62181399
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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 .....	SHD9763G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
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.

*Goh*  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

*lin*  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

*[Signature]* 10/10  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

Veh A: CB805ST  
 Veh B: SHD9763G

OPEL CIP L0+104  
 BIK 226A AMK Ave 1

Describe Circumstances of the Accident

*Refer to The Police Report*

*10/20221009/2068*

Declaration

We declare the foregoing particulars are true in every respect.

*Gele*  
 Policyholder's Signature / Date & Time

*lw*  
 Driver's Signature (If driver is not the policyholder) / Date & Time

*S* 10/10  
 Witnessed by Reporting Centre Personnel









































**SINGAPORE  
POLICE FORCE**



T/20221009/2068

1 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20221009/2068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/10/2022 20:34	Vide Report No.:	Station Diary No.: 49
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**Informant's Particulars**

Name of Informant: GOH KOK CHUAN			Address: APT BLK 612 ANG MO KIO AVENUE 4 #02-1113 SINGAPORE 560612	
ID Type / ID No.: NRIC NO / S1744323B			Contact No.:	Mobile: 91911588
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 55	Date of Birth: 12/10/1966	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/10/2022 18:30	Type of Location: Car Park
Location:  ANG MO KIO AVENUE 1				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled		Traffic Volume:	
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
CB8055T	Bus/Coach/Minibus					0
SHD9763G	Taxi					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221009/2068

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51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20221009/2068

## CONTINUATION OF REPORT

<b>Vehicle Owner</b>			
Name	GOH KOK CHUAN		ID No. S1744323B
Related Vehicle	CB8055T (Bus/Coach/Minibus)		Contact No. 91911588
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
<b>Driver</b>			
Name	Tan Lee Lee		ID No. S7047655Z
Related Vehicle	CB8055T (Bus/Coach/Minibus)		Contact No. 91825338
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 09/10/2022 at around 5.15pm, my wife (Tan Lee Lee, Tel: 91825338) drove my mini bus to Blk 226A Ang Mo Kio Avenue 1 opened space car park and parked the bus at lot number 104. I was together with her at that point of time and everything was intact.

On the same day at around 6.30pm, we returned back to the bus and discovered that there are damages at the front right bumper, front right light and paint being transfer on the bumper.

There was no notes being left behind. I went through the footages on my in-car camera and saw one red colour taxi (Transcab), registration plate: SHD9763G had hit onto my bus and left without stopping.

I am lodging this report for police investigation and insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20221009/2068

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Report No. T/20221009/2068

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**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 /  
STAFF SGT TAN CHENG  
HEONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/10/2022 20:34

Officer In Charge Of Case:  
TP / HRT /  
STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148

Classification Of Case:

NP168