

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 27/12/2022 18:23 (SGT)
Reported by Driver
Date of Accident 27/12/2022 09:48 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHANGI MALL WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC2166K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KIAT CHAO RENOVATION & TRADING
Company Reg No 5XXXX400X
Email Address claims@cartimes.com.sg
Mobile Phone No (Phone) +65-92774458
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number -

DRIVER

Name of Driver TAN JOO SENG (CHEN YUCHENG)
NRIC No SXXXX431E
Date Of Birth 18/06/1972
Occupation Outdoor

Date Of Driving Pass	29/06/1992
Driving experience	30 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92774458
Alt. Phone Number	-
Email Address	claims@cartimes.com.sg
Address	APT BLK 637 HOUGANG AVENUE 8 #06-113
Address complement	-
Postcode	530637
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	2
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	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

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	YP7901Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MD ZULKIFLI BIN MD YASSIN
NRIC No	SXXXX797H
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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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.

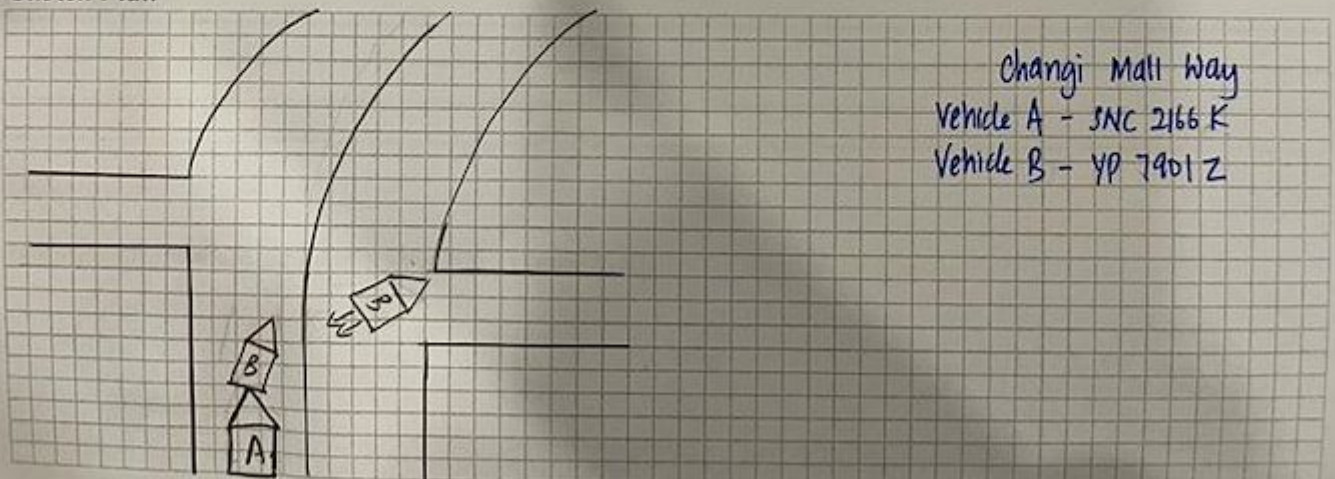


Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 27 December 2022 at approximately 0948 hour, I (SNC2166K) was travelling along Changi Mall Way. My vehicle was stationary stopped and suddenly vehicle B (YP7401Z) was reversed and hit my vehicle.

Declaration

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



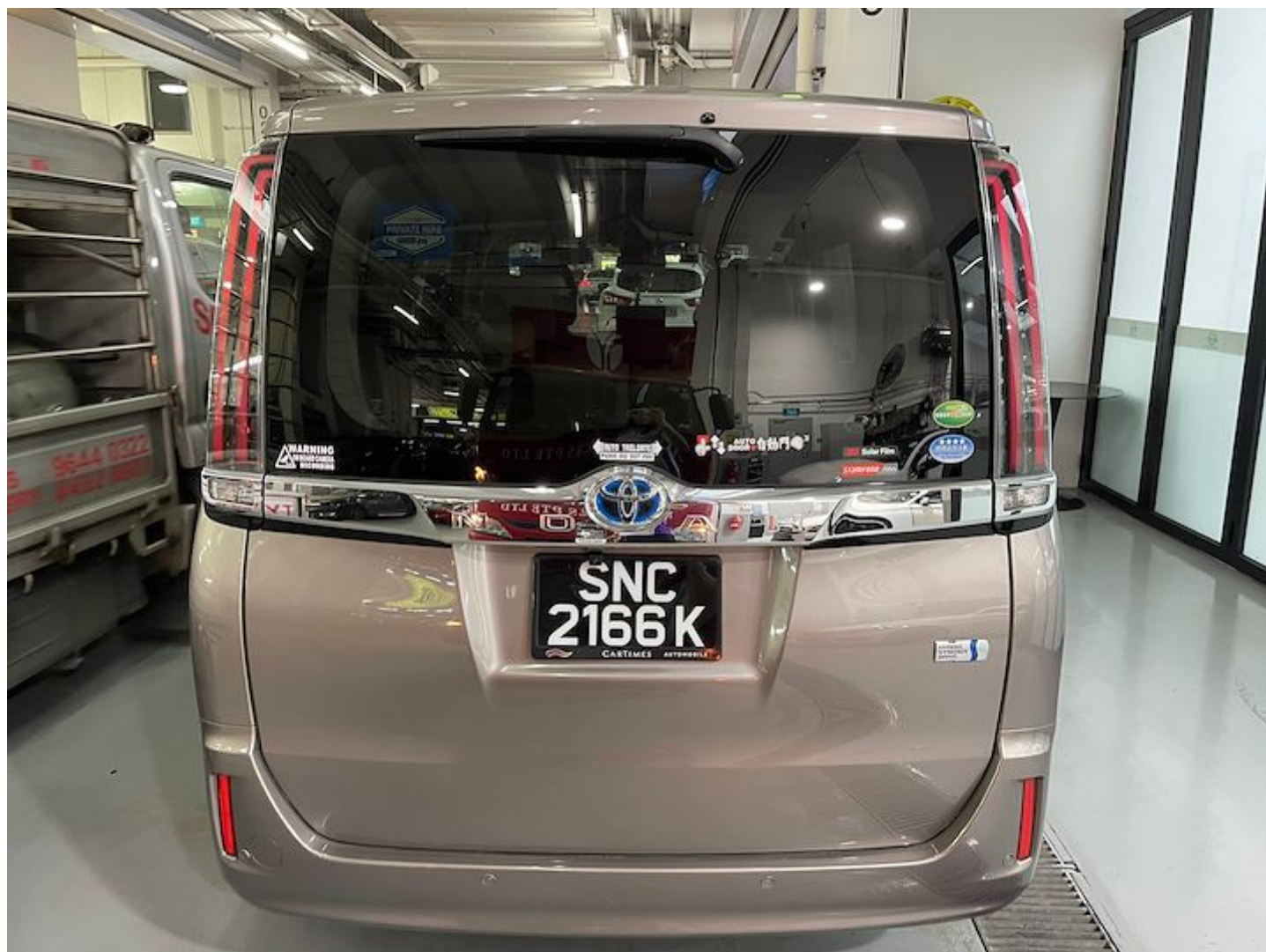
Witnessed by Reporting Centre Personnel



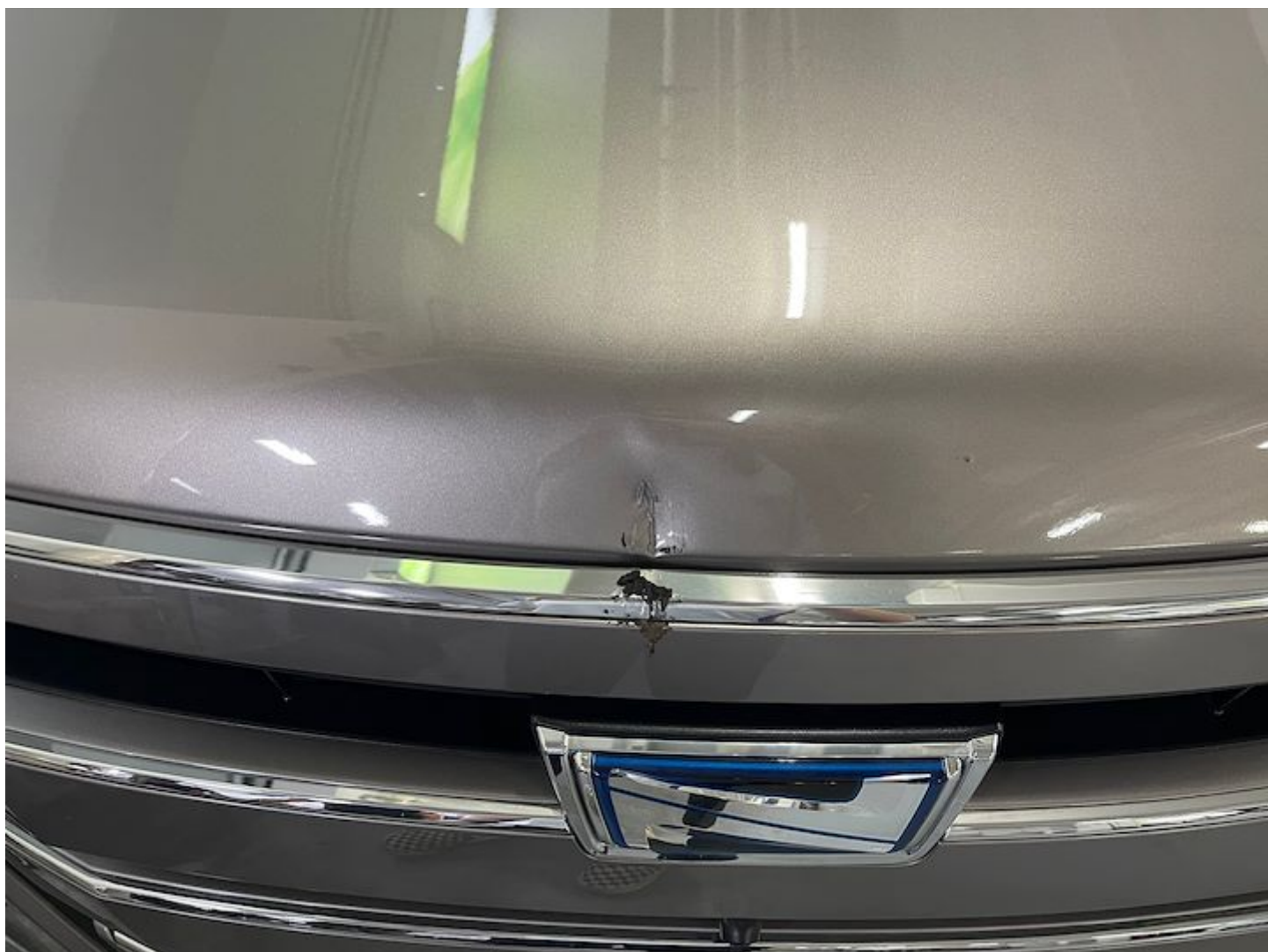














**SINGAPORE
POLICE FORCE**



T/20221227/2063

1 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221227/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2022 13:04	Vide Report No.:	Station Diary No.: 72
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Informant's Particulars

Name of Informant: TAN JOO SENG			Address: APT BLK 637 HOUGANG AVENUE 8 #06-113 SINGAPORE 530637		
ID Type / ID No.: NRIC NO / S7221431E			Contact No.: Home/Office: Mobile: 92774458		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 18/06/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2022 10:20	Type of Location: Bend
Location: CHANGI NORTH WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNC2166K	Car				Slightly Damaged	1
YP7901Z	Lorry				No Damage	0

Details of Person Involved

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



**SINGAPORE
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Report No. T/20221227/2063

CONTINUATION OF REPORT

Driver			
Name	TAN JOO SENG		ID No. S7221431E
Related Vehicle	SNC2166K (Car)		Contact No. 92774458
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MD ZULKIFI BIN MD YASSIN		ID No. S1769797H
Related Vehicle	YP7901Z (Lorry)		Contact No. NIL
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.

I am a Private hire driver of a car SNC2166K.

On 27/12/2022, at about 1020hrs, I was driving along Changi North Way behind a lorry, YP7901Z, towards Changi North Crescent. There was a passenger in my car.

Both vehicles stopped and the lorry proceeded to turn into one of the factories.

After the lorry moved forward, I started to drive forward slowly.

Subsequently, the lorry began to reverse. When the lorry did not seem to be stopping and was very close to my vehicle, I started to horn him but to no avail. The rear of the lorry then collided into the front of my car.

I wanted to alight to exchange particulars with the driver. However, the driver just drove away.

I started to chase after the lorry. While I was chasing after the lorry, I kept horning him but he did not stop. Subsequently, I managed to overtake him and stop the lorry.

Both parties then alighted and the driver informed that he was not aware that he hit me. Both parties exchanged for particulars. No one was injured as such we did not call for police or ambulance.

I went to my insurance company as there were damages sustained on the front of my car. I was told by my insurance company to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20221227/2063

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Tel No: 1800-4890999

Report No. T/20221227/2063

CONTINUATION OF REPORT

As such, I came to lodge a report.



**SINGAPORE
POLICE FORCE**



T/20221227/2063

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Police Station Of Origin:
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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T/20221227/2063

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 /

SGT 2 LIM JING JING JOANNE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/12/2022 13:04

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168



