

# 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 ..... 16/03/2023 11:55 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 15/03/2023 18:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... OPEN SPACE CARPARK SDCR4 AT NORTH BRIDGE ROAD ( BETWEEN BLK 7 AND 13 )  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC4255A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TOH CHWEE HUAT TRADING  
Company Reg No ..... 4XXXX500A  
Email Address ..... chuayeeyin@hotmail.com  
Mobile Phone No ..... (Phone) +65-67322445  
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 ..... DMB1SNW00020072203

### DRIVER

Name of Driver ..... CHUA YEE YIN  
NRIC No ..... SXXXX909I  
Date Of Birth ..... 15/02/1980

Occupation .....	Outdoor
Date Of Driving Pass .....	08/06/2001
Driving experience .....	21 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90403605
Alt. Phone Number .....	-
Email Address .....	chuayeeyin80@gmail.com
Address .....	APT BLK 8B UPPER BOON KENG ROAD
Address complement .....	# 05-538
Postcode .....	382008
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 .....	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 .....	Orchard Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007359999
Alt. Police Station Phone No .....	(Fax) +65-67331934
Police Station Address .....	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230315/2111

#### 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 .....	YP6421Z
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) ..... -

### WITNESS DETAILS

WITNESS 1

Name ..... MOHD  
Phone ..... (Phone) +65-87553488  
Email ..... -

SKETCH PLAN

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6. This Form 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 payment 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.

Under the Personal Data Protection Act (PDPA), I understand and 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 processed 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 and/or dealing with my claims including the settlement of the claims, and any necessary investigations relating to the claims;
  - (ii) investigation of 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.
- (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 be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents including the Insurers' lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

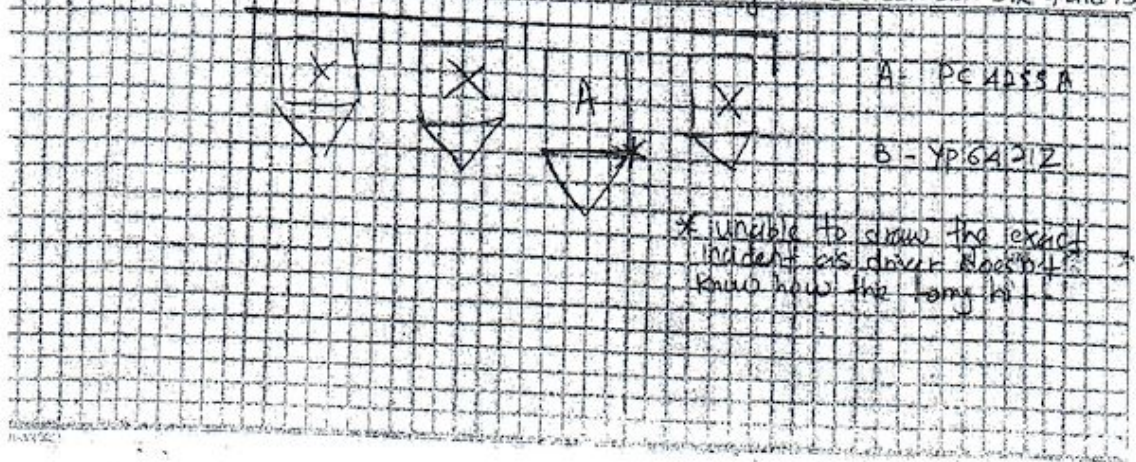
**牛水發貿易**  
**TOH CHWEE HUAT TRADING**

Policyholder's Signature / Date & Time  
 \_\_\_\_\_  
 16/3/2023

Actual Driver's Signature (if driver is not the policyholder) / Date & Time  
 \_\_\_\_\_  
 16/3/2023

Witnessed by Reporting Carriage Personnel  
 (Name as in NRIC/ID card)  
 \_\_\_\_\_  
 16/3/2023

Sketch Plan: Open Space Carpark SDCR 4 at North Bridge Road (Between Blk 7 and 13)





Describe the Circumstance of the Accident:

please Refer to the attached police Report  
- T/ 2023 03 15 / 2111 -

Declaration

We declare the foregoing particulars are true in every respect.

車水發貿易  
TOH CHWEE HUAT TRADING

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name of the Reporting Centre)

*Chwee* 16/3/2023

*James* 16/3/2023



**SINGAPORE  
POLICE FORCE**



T/20230315/2111

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

2 of 3  
Report No. T/20230315/2111

**CONTINUATION OF REPORT**

**Brief Details.**

On 15/03/2023 at about 6.07pm, I received a phone call from 'Mohd' (8755 3488) who informed me that he was at open space carpark SDCR4 at North Bridge Rd (in between blk 7 and 13) and just saw a lorry (YP6421Z) hit my parked bus (PC4255A) and drove off. He got my contact number as I displayed my phone number on the window of my bus. I then came down to the carpark at around 8.53pm to check on my bus for the damages. The bus suffered damage to the front left bumper grill, headlight, and bonnet dislocated. For now, I am not sure what is the cost of the damage to my vehicle.

I am lodging this report for insurance claim purposes.















































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**CONTINUATION OF REPORT**

Signature of Officer Recording The Report: E / SGT 2 LILY KARMILIA BINTE KHUSAINI 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SR STAFF SGT IRMAN BIN MOHAMAD SAID Contact No.: 65476145

Signature Of Informant: 
Date/Time: 15/03/2023 23:30
Classification Of Case:

NP168