

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	20/03/2023 12:49 (SGT)
Reported by	Driver
Date of Accident	17/03/2023 09:00 (SGT)
Exact Location of Accident	Near 45 Sungei Kadut Loop, Singapore 729495
Additional Location Information	ALONG SUNGEI KADUT LOOP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB222S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NYEE PHOE FLOWER GARDEN PTE LTD
Company Reg No	1XXXXX019D
Email Address	BMBOON@NYEEPHOE.COM
Mobile Phone No	(Phone) +65-88266866
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00128352200

DRIVER

Name of Driver	BOON MAY BOON
NRIC No	SXXXX297I
Date Of Birth	20/04/1981
Occupation	Indoor

Date Of Driving Pass	18/04/2009
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88266866
Alt. Phone Number	-
Email Address	BMBOON@NYEEPHOE.COM
Address	BLK 422 CANBERRA ROAD #03-435
Address complement	-
Postcode	750422
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)	1
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE.

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	YP2549R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Goods vehicle
Name of Driver	NATTARASAN MAHENDRAKUMAR
Contact Number	(Phone) +65-98823786
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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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 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.
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)

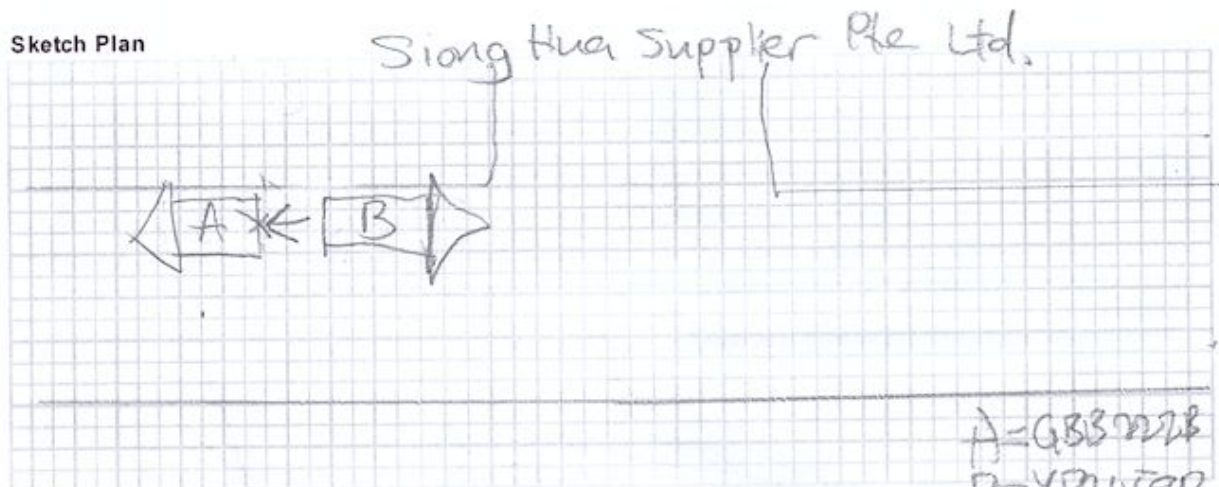
I understand, acknowledge, agree and consent that:

- (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
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

Refer to police Report.

Declaration

I/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
(Name as in NRIC/ID card)






























**SINGAPORE
POLICE FORCE**


L/20230317/2069

1 of 2

POLICE REPORT (NP299)

Report No. L/20230317/2069

Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE 757633
Tel No: 1800-5549999

Date/Time Report Made 17/03/2023 21:04	Vide Report No.	Station Diary No. 93
Name Of Informant BONG MAY BOON	Address APT BLK 422 CANBERRA ROAD #03-435 SINGAPORE 750422	
ID Type / ID No. NRIC NO / S81852971	Contact No. Home/Office	Mobile 88266866
Nationality SINGAPORE CITIZEN	Email Address	
Occupation PROJECT MANAGER	Sex Male	Age 41
Institution/School Name	Date of Birth 20/04/1981	Race Chinese
Date/Time Of Incident 17/03/2023 09:00	Location Of Incident SUNGEI KADUT LOOP SINGAPORE	

Brief details.

On 17/03/2023 at about 0900hrs, I was stationary in my company van, bearing registration number GBB222S, along Sungei Kadut Loop. There was a white lorry belonging to LTM Corporation, bearing registration number YP2549R, that was also stationary behind me. Our vehicle boot were facing each other at that point of time. Suddenly, I felt a jerk and realized that the said lorry had hit onto the back of my van. I honked at him to signal to him about the incident. After which, the other driver namely Nattarasan Mahendrakumar h/p: 98823786, got out of his lorry and we exchanged our particulars and made a check on the vehicles.

Signature Of Officer Recording The Report L / SR STAFF SGT FATIN AZRIN BINTE AHAD	Signature Of Informant:
Signature Of Interpreter Not applicable	Date/Time 17/03/2023 21:04
Officer In-Charge Of Case L / Woodlands Police Divisional Investigation Branch / SR STAFF SGT MOHAMED ROSLI BIN MOHAMED Contact No. 63647559	Classification Of Case:

**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



Report No. L/20230317/2065

There was damage to my van, mainly scratches and dents. I had made a check with my company's mechanic and he informed that the cost of damage is about SGD\$500/-. There were no injuries sustained due to the minor accident. There is in-car camera however the in-car camera is only facing in front. I contacte the driver's company however till date there is no update from them.

I am lodging this report for insurance and my company's actions.

Signature Of Officer Recording The Report
L / SR STAFF SGT FATIN AZRIN
BINTE AHAD

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
17/03/2023 21:04

Officer In-Charge Of Case
L / Woodlands Police Divisional Investigation Branch /
SR STAFF SGT MOHAMED ROSLI BIN MOHAMED
Contact No. 63647559

Classification Of Case: