

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	05/04/2023 15:25 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 11:00 (SGT)
Exact Location of Accident	Bukit Batok West Ave. 8, Singapore
Additional Location Information	U11 HEAVY VEHICLE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4297D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANG SOCK SENG TRANSPORT SERVICE
Company Reg No	5XXXX662K
Email Address	mr.angss@gmail.com
Mobile Phone No	(Phone) +65-96630170
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P
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	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00015882201

DRIVER

Name of Driver	ANG SOCK SENG
NRIC No	SXXXX597A
Date Of Birth	05/02/1951
Occupation	Outdoor

Date Of Driving Pass	04/08/1983
Driving experience	39 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96630170
Alt. Phone Number	-
Email Address	mr.angss@gmail.com
Address	BLK 183 BUKIT BATOK WEST AVENUE 8 #03-119
Address complement	-
Postcode	650183
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	Hit and run / Vandalism / Damaged whilst parked
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230405/7025

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP574E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name MSIG Insurance (Singapore) Pte. Ltd.
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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6. 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.

ANG SOCK SENG TRANSPORT SERVICE

Blk 103, Block B, Bukit Merah West, Singapore 110011
 M.P. 9683 0170
 Tel: 803-119, Singapore 650183
 Fax: 803-119, Singapore 650183
 TEL: 9703 8205
 TEL: 899 8185

[Handwritten Signature]

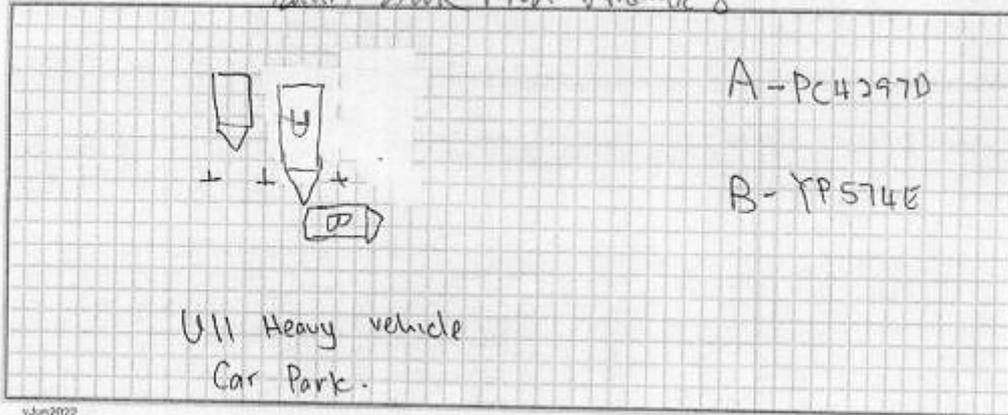
acc 05/04/2023

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

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

Sketch Plan

BUKIT BUKAK WEST AVENUE 8



Jun2022

Describe Circumstance of the Accident

Please refer to Police Report - T/20230405/7025

Declaration
We declare the foregoing particulars are true in every respect.

ANG SOCK SENG TRANSPORT SERVICE
Blk 183, Bukit Batok West
Ave 8, #03-119
Singapore 650183

M.P. 8883 0170
PG: 9703 8205
TEL: 899 8185
FAX: 588 8185



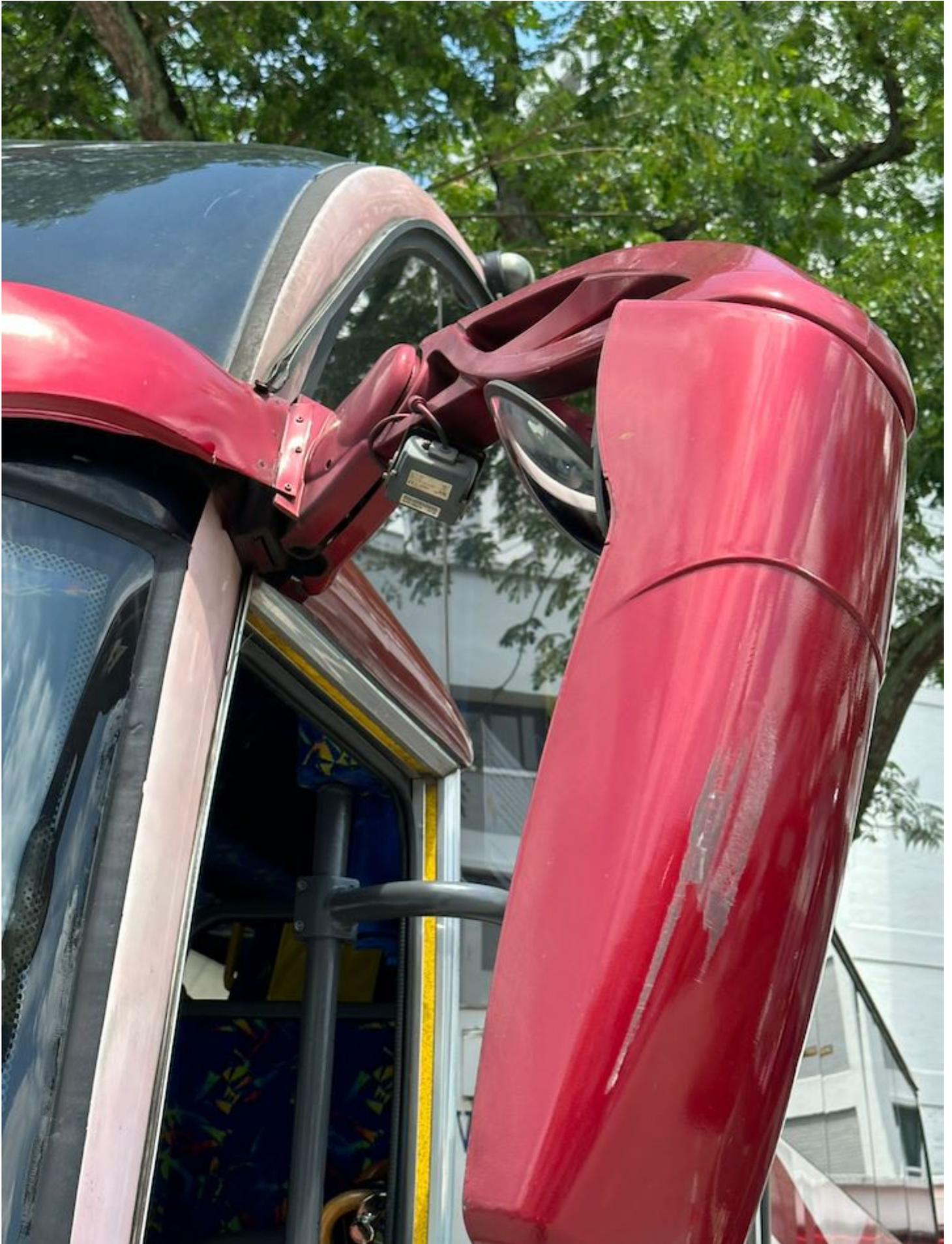
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRICID card)



05/04/2023













































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230405/7025

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Report No. T/20230405/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2023 12:23	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ANG SOCK SENG		Address: 183 BUKIT BATOK WEST AVENUE 8 #03-119 SINGAPORE 650183	
ID Type / ID No.: NRIC NO / S1474597A		Contact No.:	Mobile: 96630170
Nationality: SINGAPORE CITIZEN		Email: MR.ANGSS@GMAIL.COM	
Sex: Male	Age: 62	Date of Birth: 05/02/1961	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		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: 04/04/2023 11:00	Type of Location: Car Park
Location: BUKIT BATOK WEST AVENUE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC4297D	Van					0
YP574E	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230405/7025

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Report No. T/20230405/7025

CONTINUATION OF REPORT

Driver			
Name	ANG SOCK SENG		ID No. S1474597A
Related Vehicle	PC4297D (Van)		Contact No. 96630170
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 04/04/2023 AROUND 11000HRS, MY BUS PC4297D WAS PARKED AT U11 HEAVY VEHICLE CAR PARK, AND I WENT BACK HOME. AT ABOUT 12NOON I WENT BACK TO THE CAR PARK TO COLLECT MY BUS, AS SUCH I SAW MY BUS LEFT REAR VIEW MIRROR DAMAGES. I RETRIEVE THE BUS CCTV, IT SSHOW VEH B YP574E DOVE PAST MY BUS AND HIT ONTO MY LEFT REAR VIEW MIRROR. VEH B DRIVER ALIGHT HIS LORRY AND DO HIS DELIVERY AND DRIVER DID NOT LEAVE ANY NOTE OR WAIT FOR ME.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230405/7025

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Report No. T/20230405/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2023 12:23
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

NP168