SN0823450003-01 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 05/04/2023 15:25 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 2 (18/04/2023 10:29 (SGT))

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 witholding 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 - Reporting only
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

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 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.

ANG SOCK SENG TRANSPORT SERVICE
Blk 183, Bukit Batok West Ave 8, #03-119, Singapore 650183
H.P. 9683 0170
PG. 9703 6205
TEL: 899 8185
FAX: 565 8185

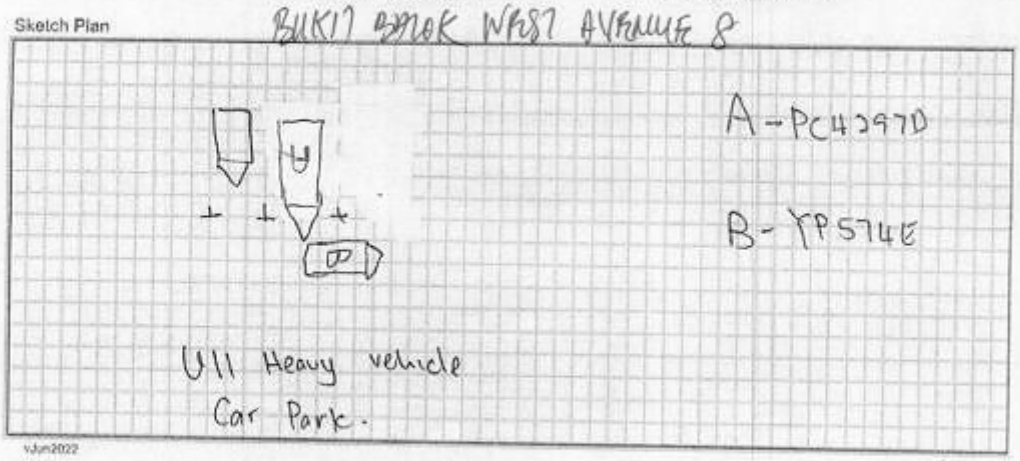
Policyholder's Signature / Date & Time

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

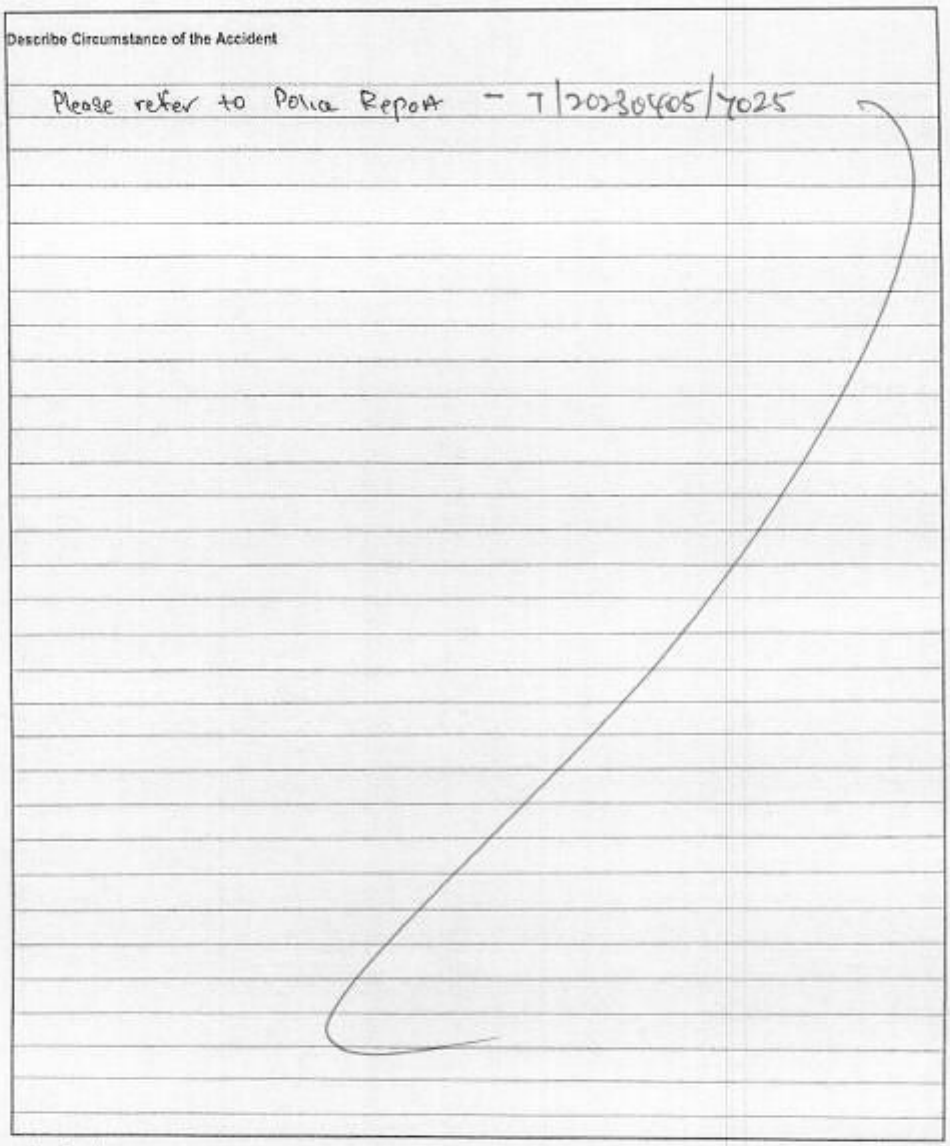
05/04/2023

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

Sketch Plan



vJun2022



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
Singpore 650183
H.P. 9683 0170
PG: 9703 8205
TEL: 899 8185
FAX: 566 8185

Policyholder's Signature / Date & Time

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

05/04/2023

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

vJun2022

2

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6


CHASSIS NO. : JALLT43
U.W. : 10820 KG
M.L.W. : 15200 KG
TYRE SIZE : F.11R
R.11R
PASS. CAP : DRIVER ONLY
49 PASSENGERS

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18

IMAGES #19

IMAGES #20

IMAGES #21

SINGAPORE POLICE FORCE

T/20230405/7025

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

Report No. T/20230405/7025

REPORT OF A TRAFFIC ACCIDENT

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

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.: Home/Office: 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

T/20230405/7025

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

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

T/20230405/7025

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

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

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 196900209N / GST Reg. No.: M90001773S

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0823450003 Vehicle Registration No: PC 4297D

Name(as shown in NRIC) : Ang Socle Seng NRIC/FIN/Passport No : –

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : – Singapore( )

Contact (Tel) : – Mobile No. :

Email Address : –

Date of Accident : 4/4/2023 Time of Accident :

Place of Accident : Bukit Batok West Ave 8 U11 Heavy Vehicle Car Park.

Insurance Company: China Taiping Insurance (Singapore) Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third Party claim change to Reporting only.

Attached of Private Settlement Form.

Policyholder / Driver's Signature
Date:

18/04/2023
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Private Settlement For Motor Accident

Under a private settlement both parties agree to settle the matter amicably without any
recourse to a legally binding agreement

PRIVATE SETTLEMENT

Details of Accident
Location Bukit Batok West Ave 8 Uli Hway vdn CP. Date/Time 04/04/2023 11 odd hrs.

2. Motor-vehicle registration no PC4297D driven by Ang Sock Seng.
(Name & NRIC no) and owned by Ang Sock Eng 033_597A. (Name & NRIC

3. Motor-vehicle registration no YP 574E driven by X Hoe Kok Eng (887B)
(Name & NRIC no) and owned by X De'aute Furnishing P/L (Name & NRIC

DEARTE FURNISHING PTE. LTD.

4. There are no personal injuries or death involved.

5. The parties have agreed to settle this matter amicably as follows: *delete a/b as applicable.

a. Neither party shall be liable to compensate the other party for any loss or damages (direct/indirect) incurred or to be incurred as a result of the accident.

b. Without any admission of liability, X Hoe Kok Eng. (party paying compensation) has paid a sum of S$3367.00 which Ang Sock Seng. (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

6. Both parties have not and will not make a police report of this accident.

Name: X Hoe Kok Eng (paying party)
Tel: X 93878672 NRIC/Passport no: X 887B
Signature: X Date: 15/04/23

Name: Ang Sock Seng (owner receiving compensation)
Tel: NRIC/Passport no: 597A
Signature: Date: 17/4/23