

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 20/04/2023 15:41 (SGT)
Reported by Actual Driver
Date of Accident 19/04/2023 10:22 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLOK 506 BISHAN OPEN SPACE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL3730U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HOCKHUA TONIC PTE LTD
Company Reg No 2XXXXX276G
Email Address jmartauto@gmail.com
Mobile Phone No (Phone) +65-85235477
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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 Commercial vehicle
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SD22V12906/VCV/R05

DRIVER

Name of Driver KHOR SHI LEONG
NRIC No SXXXX819A
Date Of Birth 15/12/1986
Occupation Outdoor

Date Of Driving Pass	14/08/2017
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85235477
Alt. Phone Number	-
Email Address	jmartaauto@gmail.com
Address	APT BLK 474 ANG MO KIO AVENUE 10
Address complement	# 02-834
Postcode	560474
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230420/2029

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	YP5898M
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	White
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)	-

SKETCH PLAN

IMPORTANT NOTICE

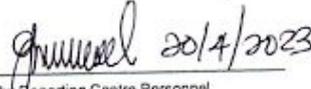
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

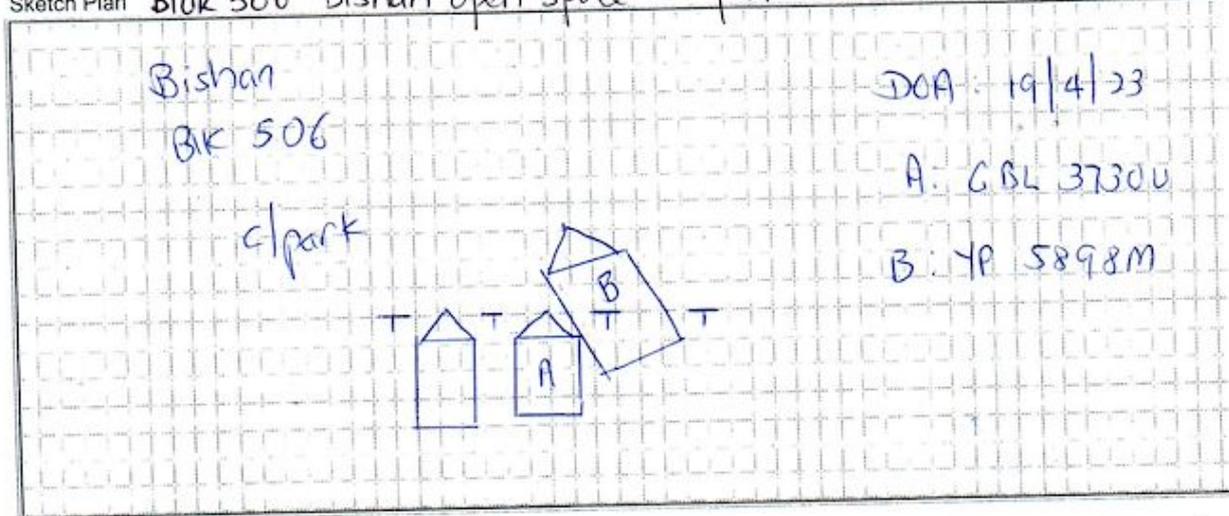
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (Name as in NRIC/ID card)

Sketch Plan Blok 506 Bishan open space Carpark



Describe Circumstance of the Accident

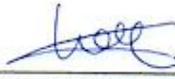
Refer to Police Report

— T/20230420/2029 —

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

 20/4/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230420/2029

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20230420/2029

CONTINUATION OF REPORT

Brief Details.

On the 19/04/2023 at about 0947hrs I had parked my vehicle (GB3730U) at the open space carpark of Blk 507 Bishan St 11. When I returned to my vehicle, I did not notice my damaged to my vehicle as it was raining. I only discovered the damages on my vehicle when I returned home. As such I viewed my in-car camera and realized that the vehicle (YP5898M) that was parked beside me had collided which resulted it to scratch my vehicle.

The damages to my vehicle were my front right being dent and my right bumper being scratched around 30cm-40cm.

I am lodging this report for my insurance follow-up purposes.





























**SINGAPORE
POLICE FORCE**



T/20230420/2029

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Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20230420/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2023 11:26	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars

Name of Informant: KHOR SHI LEONG			Address: APT BLK 474 ANG MO KIO AVENUE 10 #02-834 SINGAPORE 560474		
ID Type / ID No.: NRIC NO / S8681819A			Contact No.: Home/Office: Mobile: 85235477		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 15/12/1986	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Sales manager			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink - Drive: No	Date/Time of Accident: 19/04/2023 10:20	Type of Location: Car Park
Location: BISHAN STREET 11				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL3730U	Van		Nissan NV200	Yellow	Slightly Damaged	0
YP5898M	Lorry		Mitsubishi	White	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20230420/2029

Police Station Of Origin:
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Tel No: 1800-5529999



T/20230420/2029

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Report No. T/20230420/2029

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
E /
SGT 2 ENG LI YANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT RASHIDAH BINTE AZMAN
Contact No.: 65476902

NP168

Signature Of Informant:

Date/Time:
20/04/2023 11:26

Classification Of Case: