

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	26/05/2023 15:24 (SGT)
Reported by	Actual Driver
Date of Accident	25/05/2023 22:30 (SGT)
Exact Location of Accident	151 Serangoon North Ave. 2, Singapore
Additional Location Information	CARPARK GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN352P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HA LI FA PTE LTD
Company Reg No	1XXXXX541G
Email Address	feliciatee@halifa-bobo.com
Mobile Phone No	(Phone) +65-64326804
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe83be6srdea
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	Commercial vehicle
Transmission	Manual
CC	2977

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00081372200

DRIVER

Name of Driver	BISWAS DIPTO KUMAR
Passport No/FIN	GXXXX684M
Date Of Birth	16/04/1995
Occupation	Outdoor

Date Of Driving Pass	01/02/2020
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93416238
Alt. Phone Number	-
Email Address	feliciatee@halifa-bobo.com
Address	BLK 517 WEST COAST ROAD #01-567
Address complement	-
Postcode	120517
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 Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230526/2030

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	PEDESTRIAN
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 Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **reputate 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. The 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.
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 making 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/mist 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

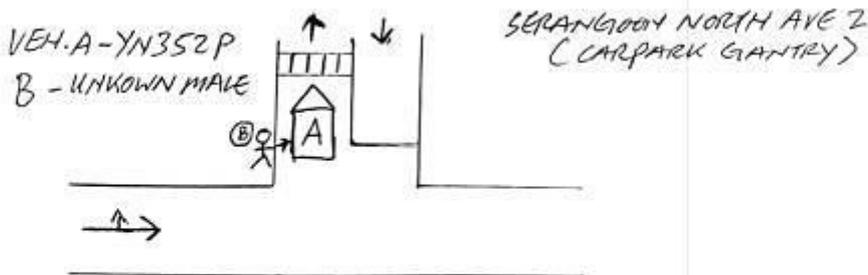
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Dipto

10/05/2023

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT. 1/2023CS76/2030

Declaration

I/We declare the foregoing particulars are true in every respect.



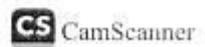
Policyholder's Signature / Date & Time

Dipto

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

[Signature] 26/05/2023

Witnessed by Reporting Centre Personnel






















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T:20230526:20:30

1 of 3

Report No: T/20230526:20:30

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 26/05/2023 12:16	Vide Report No.: F/20230525/0170	Station Diary No. 41
---	-------------------------------------	-------------------------

Informant's Particulars

Name of Informant: BISWAS DIPTO KUMAR			Address:		
ID Type / ID No.: FIN NO / G2458684M			Contact No.: Home/Office Mobile: 93416238		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 28	Date of Birth: 16/04/1995	Type of Informant: Driver		
Race: Bangladeshi			Language: English		
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive No	Date/Time of Accident 25/05/2023 22:30	Type of Location Gantry
Location: SERANGOON NORTH AVENUE 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN352P	Lorry					0



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20230526/2030

2 of 3

Report No. T/20230526/2030

CONTINUATION OF REPORT

Brief Details.

On the 25/05/2023, at about 2230hrs, I was driving my company delivery lorry, YN352P, along Serangoon North Ave 2, turning left into Bik 151 Serangoon North Ave 2 carpark. After I had made the left turn and was entering the gantry, suddenly, there was a Chinese uncle, around 40 years old, came out from the pavement onto the road, resulting in a collision with the left side of my lorry and the uncle.

Initially, he claimed that he could not walk, informed that my lorry hit his leg and he suffered leg pain, wanting for me to compensate for his injuries. Thus, I called my company to inform them of the matter and at the same time, the uncle called for the police. I would like to state that he smelt of alcohol.

Shortly after, police officers and ambulance arrived at scene and accessed the situation. Paramedics offered to convey the uncle to a hospital for further checks, but he denied and refused to go, and was able to walk away. The police also gave me the incident number, F/20230525/0170. I do not have the particular of the uncle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129058
Tel No. 1800-6729999



T202305262030

1 of 1

Report No. T202305262030

CONTINUATION OF REPORT

Signature of Officer Recording The Report: D / SCCP1 Khor Xiao Wei	Signature Of Informant: JAK
Signature Of Interpreter: Not applicable	Date/Time: 26-05/2023 12:16
Officer In Charge Of Case: TP / CIT / SI MOHAMED SOPHAN BIN MOHAMED AMIR Contact No. 91874317	Classification Of Case:

HP16b

