

## 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 .....	05/07/2023 13:57 (SGT)
Reported by .....	Owner
Date of Accident .....	21/06/2023 16:00 (SGT)
Exact Location of Accident .....	Tampines Ave 4, Singapore
Additional Location Information .....	ALONG TAMPINES AVE 4
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBH1397H
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	A.M. DELI ENTERPRISES PTE LTD
Company Reg No .....	201611193C
Email Address .....	JASON5233@LIVE.COM
Mobile Phone No .....	(Phone) +65-96870229
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Auto
CC .....	3000

#### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z23VC05016027

#### DRIVER

Name of Driver .....	KHENG ENG MOH
NRIC No .....	S0020845J
Date Of Birth .....	14/09/1954
Occupation .....	Indoor

Date Of Driving Pass .....	01/09/1977
Driving experience .....	45 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96870229
Alt. Phone Number .....	-
Email Address .....	JASON5233@LIVE.COM
Address .....	BLK946 TAMPINES AVE 4
Address complement .....	#02-332
Postcode .....	520946
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	No Collision
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 .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND POLICE REPORT ATTACH.

#### 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 .....	SLQ3650Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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

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4. The issue and arrangement 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 lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

A.M. DELI ENTERPRISES PTE. LTD.  
 No. 1 Bukit Batok Crescent  
 #05-28 WCEGA Plaza  
 Singapore 658064  
 Tel: 6684 6857 Fax: 6684 6858  
 Co., Reg. No.: 201641103C



Policyholder's Signature: \_\_\_\_\_  
 Date & Time

Driver's Signature: \_\_\_\_\_  
 (If driver is not the policyholder) Date & Time

Reporting Centre Personnel's Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 NRIC/FIN No: \_\_\_\_\_

























**SINGAPORE  
POLICE FORCE**



T/20230704/2087

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20230704/2087

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/07/2023 15:12	Vide Report No.:	Station Diary No.: 76
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**Informant's Particulars**

Name of Informant: KHENG ENG MOH			Address: APT BLK 946 TAMPINES AVENUE 4 #02-332 SINGAPORE 520946	
ID Type / ID No.: NRIC NO / S0020845J			Contact No.:	Mobile: 96870229
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 68	Date of Birth: 14/09/1954	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: sole proprietor			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/06/2023 16:00	Type of Location: Car Park
Location:  TAMPINES AVENUE 4				
Weather: Clear	Road Surface: Dry			
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision: unsure	Anyone conveyed by ambulance: No			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1397H	Van	TOYOTA	HIACE DX 3.0 A			0





SINGAPORE  
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T/20230704/2087

Police Station Of Origin:  
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6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20230704/2087

CONTINUATION OF REPORT

**Brief Details.**

On 21/06/2023 at about 1600hrs, I was alleged to have hit and run vehicle bearing plate number SLQ3650Y. However, I would like to state that I do not remember colliding onto the said vehicle. On the said date and approximately time, I drove my van bearing plate number GBH1397H left my open carpark of block 946 Tampines Street 91 and drove along Tampines Ave 4 and proceeded to Blk 801 Tampines Ave 4. I went to visit the doctor at block 801 Tampines Avenue 4 and drove back home. Along the journey, I do not remember colliding onto any vehicle.



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T/20230704/2087

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20230704/2087

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
G /  
SGT 2 MUHAMMAD FIRDAUS  
BIN ABDULLAH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:

Date/Time:  
04/07/2023 15:12

Classification Of Case:

NP168

