# **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 First Submission 28/07/2023 08:41 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 27/07/2023 10:00 (SGT) Exact Location of Accident Singapore Additional Location Information SIMEI STREET 3 BLK 248 MSCP LEVEL 1 LOT 7 Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number CB6394C

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN POH TEE NRIC No SXXXX390D Email Address tanpohtee55@gmail.com Mobile Phone No (Phone) +65-96676406 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Coaster 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 4009

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00017672202

#### DRIVER

Name of Driver TAN POH TEE NRIC No SXXXX390D Date Of Birth 17/01/1955 Occupation Outdoor

Date Of Driving Pass 01/09/1983 Driving experience 39 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96676406 Alt. Phone Number Email Address tanpohtee55@gmail.com Address APT BLK 123 SIMEI STREET 1 Address complement # 10-392 Postcode 520123 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 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) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20230727/7032 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 YP3609U

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
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

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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, discloss 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); anti/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 parmitted 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 (7 Date & Time Driver's Signature (7 driver is not the policyholder) / Date & Time Signature (8 driver is not the policyholder) / Date (Name as in NRICNIO) card)

Sketch Plan Signature (8 driver is not the policyholder) / Date (Name as in NRICNIO) card)

Sketch Plan Signature (8 driver is not the policyholder) / Date (Name as in NRICNIO) card)

Vehrcle A CB 6 394C

Signature (7 driver is not the policyholder) / Date (Name as in NRICNIO) card)

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Vehrcle A CB 6 394C

Signature (7 driver is not the policyholder) / Date (Name as in NRICNIO) card)

As per police Report	
Report No: T/20230427	17 7032
	/

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

Withessed by Reporting Centre Persons (Name/as in NRIC/ID card)

2



T/2023072777010

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

2 of 3 Report No. T/20230727/7032

## CONTINUATION OF REPORT

Any Pedestrian No. of Pedestria	ns Injured: NIII			Property of the Control of the Contr
Driver	ACTUAL DESIGNATION OF THE PARTY	Use of Pedestrian Crossing: NA		
Name	TAN POH TEE	<b>表现是很快的国际</b> 外		ssing. IVA
	I STATE		ID No.	S1160390D
Related Vehicle	CB6394C (Van)			C1100390D
	(vall)		Contact No	96676406
Hospital/Clinic	NIL			00070400
			Class of Driving Licence &	Class: NIL Date of Expiry: NIL
Date	NIL		Expiry	
lo. of Days grant	ed Medical Leave NIL	Date	NII	
10-50-5-	IVIL	Degree of	NIL	

### Brief Details.

on 27/07/2023 at around 1000hrs to 1100hrs, my vehicle ( CB 6394 C ) was parked at Simei St 3 Blk 248 MSCP level 1 at lot 7, at around 1215hrs, i went to my vehicle and head to work, i was at work when 3 Blk 248 MSCP and saw my rear tail lamp cover pieces was on the floor, while doing so, i was approached by a member of public working there and he showed me that he took a photo of the Said lodging this report as the person did not put any particulars on my vehicle.











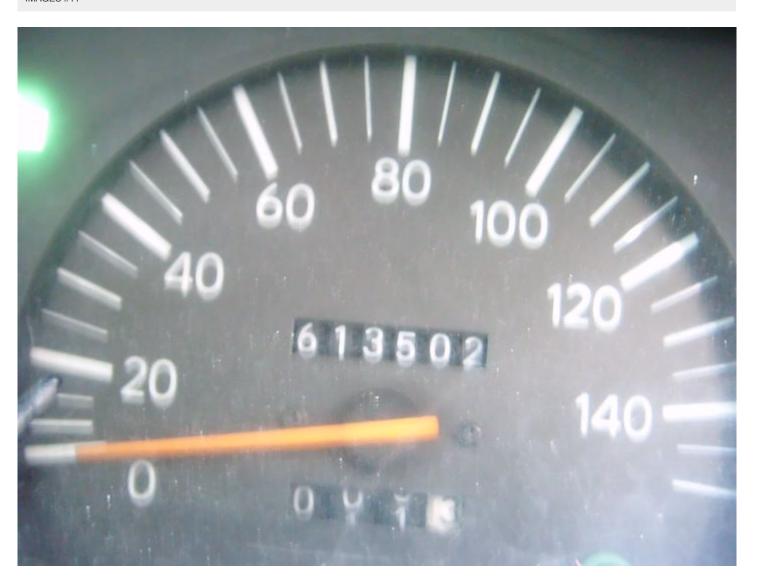


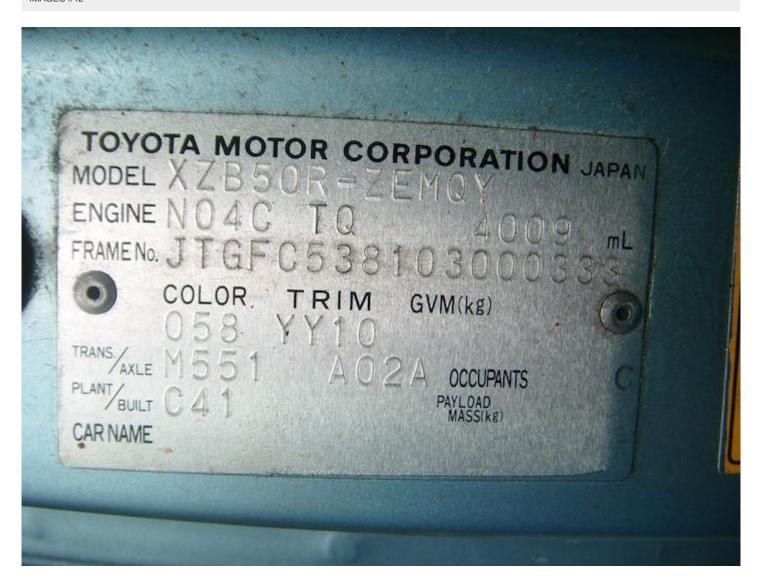
















1 of 3 Report No. T/20230727/7032

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

### REPORT OF A TRAFFIC ACCIDENT

27/07/2	Date/Time Report Made: 27/07/2023 16:18		Vide Report No.:	Station Diary No.
Informa	nt's Partic	ulars		ACCUSANCE AND AC
Name of Informant: TAN POH TEE			Address: 123 SIMEI STREET 1 #10-3	302 SINCADORE FOR 100
ID Type / ID No.: NRIC NO / S1160390D Nationality: SINGAPORE CITIZEN		90D	Contact No.: Home/Office:	Mobile: 96676406
		EN	Email: TANPOHTEE55@GMAIL.COM	
Sex: Male	Age: 68	Date of Birth: 17/01/1955	Type of Informant:	OM
Race: Chinese			Language: English	
Occupation: SCHOOL BUS DRIVER		VER	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location Car Park
Location:		No	27/07/2023 10:30	
SIMEI STREE	ET 3			
Clear		Road Surface:		
		Road Surface: Dry Traffic Control: Not Controlled		Traffic Volume:

Vehicle No.	Туре	Make	14-11		Septiment Name	
CB6394C			Model	Color	Conditio	No of
CB0394C	Van	TOYOTA	COASTER 19 SEATER	White		0
YP3609U	Lorry		19 SEATER			
YP3609U	Lorry			Grey		0

Vehicle No	Insurance Company		EVALUATION OF THE PARTY OF	REAL PROPERTY.
CB6394C		Insurance No	Effective	Expiry Date
	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMB1SNW000176 72202	01/12/2022	30/11/2023



T/20230727/7000

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

2 of 3 Report No. T/20230727/7032

## CONTINUATION OF REPORT

Any Pedestrian No. of Pedestria	ns Injured: NIII			Property of the Control of the Contr
Driver	ACTUAL DESIGNATION OF THE PARTY	Use of Pedestrian Crossing: NA		
Name	TAN POH TEE	<b>表现是很快的国际</b> 决定		ssing. IVA
	I STATE		ID No.	S1160390D
Related Vehicle	CB6394C (Van)			C1100390D
	(vall)		Contact No	96676406
Hospital/Clinic	NIL			00070400
			Class of Driving Licence &	Class: NIL Date of Expiry: NIL
Date	NIL		Expiry	
lo. of Days grant	ed Medical Leave NIL	Date	NII	
10-50-5-	IVIL	Degree of	NIL	

#### Brief Details.

on 27/07/2023 at around 1000hrs to 1100hrs, my vehicle ( CB 6394 C ) was parked at Simei St 3 Blk 248 MSCP level 1 at lot 7, at around 1215hrs, i went to my vehicle and head to work, i was at work when 3 Blk 248 MSCP and saw my rear tail lamp cover pieces was on the floor, while doing so, i was approached by a member of public working there and he showed me that he took a photo of the Said lodging this report as the person did not put any particulars on my vehicle.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230727/7032

CONTINUATION OF REPORT

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: 27/07/2023 16:18
Officer In Charge Of Case: TP / TPIB / SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case: