

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	06/07/2023 13:25 (SGT)
Reported by	Actual Driver
Date of Accident	02/04/2023 08:55 (SGT)
Exact Location of Accident	Near 71 Anchorvale Cres, Singapore 566440
Additional Location Information	ANG MO KIO STREET 22
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1506L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GIN CHIA CO PTE LTD
Company Reg No	198900622E
Email Address	KAILING@GINCHIA.COM.SG
Mobile Phone No	(Phone) +65-62838339
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2900 2.9L M/T 2WD 2DR TURBO
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Goods vehicle
Transmission	Manual
CC	2902

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011681

DRIVER

Name of Driver	TEE CHEE HOO
NRIC No	S2659750A
Date Of Birth	10/12/1956
Occupation	Outdoor

Date Of Driving Pass	06/05/1994
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89082178
Alt. Phone Number	-
Email Address	KAILING@GINCHIA.COM.SG
Address	556 ANG MO KIO AVE 10 #06-1916 S560556
Address complement	-
Postcode	-
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)	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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED REPORT

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	SMP2568C
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 PLANIMPORTANT NOTICE

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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.



Policyholder's Signature / Date & Time

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

[Signature] 6/7/23
11.00 am

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

Sketch Plan

Amk Street 22 car park

A: GBC 1506L
B: JNP 2568C

Describe Circumstance of the Accident

Refer to Police report attached.


Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

 6/7/23
11.00 am

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

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

























**SINGAPORE
POLICE FORCE**



T/20230509/2062

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20230509/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2023 16:37	Vide Report No.:	Station Diary No.: 91
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Informant's Particulars

Name of Informant: TEE CHEE HOO			Address: APT BLK 556 ANG MO KIO AVENUE 10 #06-1916 SINGAPORE 560556		
ID Type / ID No.: NRIC NO / S2659750A			Contact No.: Home/Office: Mobile: 89082178		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 66	Date of Birth: 10/12/1956	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: CONSTRUCTION SUPERVISOR			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/04/2023 08:55	Type of Location: Car Park
Location: ANG MO KIO STREET 22				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One 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	Condition	No of Passenger
GBC1506L	Lorry				No Damage	0
SMP2568C	Car				No Damage	0



**SINGAPORE
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T/20230509/2062

2 of 3

Report No. T/20230509/2062

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Brief Details.

I wish to state that I do not have any recollection of any accident in which I was involved in on 02/04/2023 at 0855hrs. However, I received a letter from TP stating reference (TP/IP/12025/2023) I was involved in a hit-and-run accident involving another vehicle (SMP2568C)

I could only remember that on that day I went to have my breakfast at blk 226H Kebun Baru Coffeeshop and I parked my lorry at the open space carpark beside it. I might have accidentally hit onto another vehicle while reversing or while moving out without any knowledge. I am willing to compensate for this accident to the other party. The investigation officer in charge of this case is IO Neo Zhi Yuan. That is all.

**SINGAPORE
POLICE FORCE**

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20230509/2062

3 of 3

Report No. T/20230509/2062

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 2 SHANJEEEV S/O

KANNAN GOVE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT NEO ZHI YUAN

Contact No.: 65476079

Signature Of Informant:

Date/Time:

09/05/2023 16:37

Classification Of Case:

NP168