

## 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 First Submission .....	12/08/2024 10:26 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	09/08/2024 18:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SINOPEC BUKIT TIMAH PETROL STATION
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKU34L
-----------------------------------	--------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ELAINE CHAN CHIN PHENG
NRIC No .....	S7603809J
Email Address .....	SEEKSENSE@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90620846
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Porsche
Model .....	Macan
Variant .....	PDK CYP E6
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1984
Vehicle Fuel .....	Petrol
First Registration Date .....	23/02/2018
Chassis no .....	WP1ZZZ95ZJLB06094
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number .....	MT/00879192/03

#### DRIVER

Name of Driver .....	JOSHUA KOH YONG SENG
NRIC No .....	S7443401J
Date Of Birth .....	09/12/1974
Occupation .....	Indoor
Driving Pass Date .....	16/01/2002
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	22 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97437556
Alt. Phone Number .....	-
Email Address .....	SEEKSENSE@GMAIL.COM
Address .....	7 NAMLY GARDEN
Address complement .....	-
Postcode .....	267336
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	ELAINE CHAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT.

#### 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 ..... SNP8263E  
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

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 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. 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.

  
 Policyholder's Signature  
 Date & Time: 10/8/24

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

  
 Reporting Centre Personnel's Signature  
 Name: NEELU  
 NRIC/FIN No.:

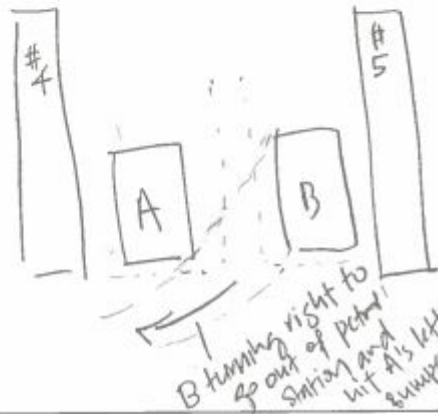
## Accident Toolkit

### Sketch plan

Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



*please refer to police report submitted on 9 Aug 2024*

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A SKU34L



Vehicle B SNP8263E



Call us direct

Customer Care  
**6665 5555**

Claims Support 24/7 Hotline  
**6532 1818**  
+65 6503 3650 (from overseas)



























































































**SINGAPORE  
POLICE FORCE**



E/20240809/7042

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20240809/7042

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 09/08/2024 21:16		Vide Report No.		Station Diary No.	
Name Of Informant Elaine Chan Chin Pheng		Address 7 Namly Garden SINGAPORE 267336			
ID Type / ID No. NRIC NO / S7603809J		Contact No. Home/Office:		Mobile: 90620846	
Nationality		Email Address echanpc@gmail.com			
Occupation Student		Sex Female	Age	Date of Birth	Race
Institution/School Name		Language English			
Date/Time Of Incident 09/08/2024 18:15 - 09/08/2024 18:30		Location Of Incident 623A BUKIT TIMAH ROAD SINOPEC BUKIT TIMAH SINGAPORE 269733			

**Brief details.**

My car was turning into the empty pump lot number 4 and and haven't even parke, this white Toyota Alphard (Car plate SNP8263E) who is in pump lot number 5 suddenly turned out from his pump lot and eat into 1/4 of my lot and hit my front left bumper. The driver was rude and asked us to report the case. I spoke with the off duty station manager on the phone at the station to request for video footage and she said the police can request for the report which will give a very clear picuture on the sequence of event. The time of the accident was around 6:12pm on 9th Aug 2024. We took pictures but did not exchange particulars because the driver was rude. And we drove off after we finish pumping the petrol at 6:25pm.

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: 09/08/2024 21:16
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/20240809/7042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20240809/7042

Subjects Involved			
Suspect			
Person Name	SNP8263E		
Victim			
Person Name	Elaine Chan Chin Pheng		
ID Type	NRIC NO	ID No	S7603809J
Gender	Female	Language	English
Occupation	Student	Address	7 Namly Garden SINGAPORE 267336
Mobile No	90620846	Is Informant A Victim?	Yes
Person Name	Elaine Chan Chin Pheng (Informant)		

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: 09/08/2024 21:16
Officer In-Charge Of Case:	Classification Of Case:





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SV0S248C0002 Vehicle Registration No: SKU 34L  
 Name (as shown in NRIC): ELAINE CHAN CHIN PHENG NRIC/FIN/Passport No: S76038097  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 7 NAMLY GARDEN Singapore (269336)  
 Contact (Tel): - Mobile No.: 90620846  
 Email Address: ECHANCP@GMAIL.COM / SEEKSENSE@GMAIL.COM  
 Date of Accident: 9/8/2024 Time of Accident: 1815 HRS  
 Place of Accident: SINOPFC BUKIT TIMAH PETROL STATION  
 Insurance Company: DIRECT ASIA

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

CHANGE FROM REPORTING ONLY TO THIRD-PARTY CLAIM.

Policyholder / Driver's Signature  
 Date: 13/8/2024

Reporting Centre Personnel's Signature  
 Name: Noelle  
 NRIC/FIN No.:  
 Date: 13/8/2024