

## 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 ..... 09/09/2024 15:45 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 07/09/2024 12:00 (SGT)  
Exact Location of Accident ..... 548A Hougang St 51, Singapore 531548  
Additional Location Information ..... CARPARK 2A  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKD2001H

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE THIAM KWANG  
NRIC No ..... S1833033D  
Email Address ..... SHARONTONG1@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-94880844  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... S350  
Variant ..... -  
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 ..... 0  
Vehicle Fuel ..... -  
First Registration Date ..... -  
Chassis no ..... -  
Effective Date/Time of Ownership ..... -

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D24MTPV01003223

#### DRIVER

Name of Driver .....	LEE THIAM KWANG
NRIC No .....	S1833033D
Date Of Birth .....	10/02/1967
Occupation .....	Indoor
Driving Pass Date .....	03/07/1985
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	39 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94880844
Alt. Phone Number .....	-
Email Address .....	SHARONTONG1@HOTMAIL.COM
Address .....	BLK 546 HOUGANG STREET 51 #04-204
Address complement .....	-
Postcode .....	530546
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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) .....	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 .....	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? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20240909/7041.

#### 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 .....	SLT8320B
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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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 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/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

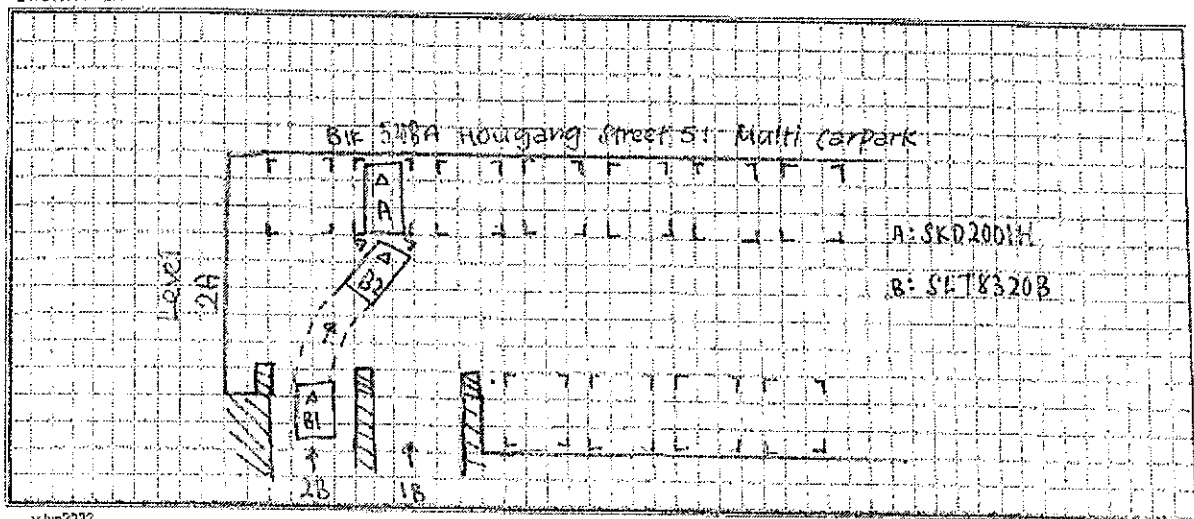
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

**Sketch Plan**

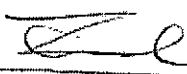
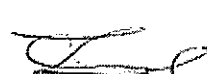


Describe Circumstance of the Accident

AS PER POLICE REPORT

Declaration

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


  
 Policyholder's Signature / Date & Time      Actual Driver's Signature (if driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel (Name as in NRICND card)



# SINGAPORE POLICE FORCE



T/20240909/7041

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

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Report No. T/20240909/7041

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2024 13:30		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEE THIAM KWANG			Address: 546 HOUGANG STREET 51 #04-204 SINGAPORE 530546		
ID Type / ID No.: NRIC NO / S1833033D			Contact No.: Home/Office: Mobile: 94880844		
Nationality: SINGAPORE CITIZEN			Email: SHARONTONG1@HOTMAIL.COM		
Sex: Male	Age: 57	Date of Birth: 10/02/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/09/2024 12:00	Type of Location: Car Park
Location:  HOUGANG STREET 51				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD2001H	Motor car	MERCEDES BENZ	S350L	Black		0
SLT8320B	Motor car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKD2001H	SOMPO INSURANCE SINGAPORE PTE. LTD.	D24MTPV01003223	24/03/2024	23/03/2025



**SINGAPORE  
POLICE FORCE**



T/20240909/7041

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

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Report No. T/20240909/7041

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEE THIAM KWANG	ID No.	S1833033D
Related Vehicle	SKD2001H (Motor car)	Contact No.	94880844
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

My vehicle bearing car plate number SKD2001H was parked at Blk 548A Hougang street 51 multi story carpark level 2A lot 43 on 07/09/2024 at 6.00am. When I got back to my vehicle at about 12.00pm, I found out that my vehicle rear was damaged. I went to check my car camera and found out that vehicle bearing car plate number SLT8320B (Getgo) collided onto my vehicle and drove off without stopping.



**SINGAPORE  
POLICE FORCE**



T/20240909/7041

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

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Report No. T/20240909/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476902

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
09/09/2024 13:30

Classification Of Case: