

## 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 .....	29/11/2024 12:25 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/11/2024 12:30 (SGT)
Exact Location of Accident .....	119 Aljunied Ave 2, Singapore 380119
Additional Location Information .....	119 ALJUNIED AVENUE 2 CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNS7222P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TECH BUILT CONSTRUCTION PTE. LTD.
Company Reg No .....	1XXXXX561M
Email Address .....	TARNLOW66@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91540743
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
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 .....	1595
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5147408450

#### DRIVER

Name of Driver .....	LOW CHEE TARN
NRIC No .....	SXXXX331I
Date Of Birth .....	06/02/1966
Occupation .....	Outdoor
Driving Pass Date .....	22/10/1985
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	39 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91540743
Alt. Phone Number .....	-
Email Address .....	TARNLOW66@GMAIL.COM
Address .....	227 TAMPINES STREET 23
Address complement .....	#09-177
Postcode .....	521227
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	MANAGER
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 .....	Hit and run / Vandalism / Damaged whilst parked
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to 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 .....	SLK1622Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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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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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

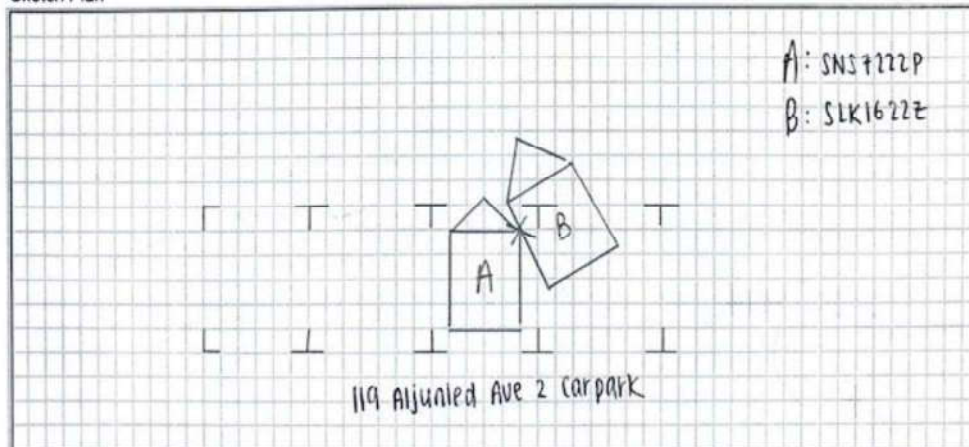
CHSS

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

Please refer to police report no. G/20241128/7077-

Declaration

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



Policyholder's Signature / Date & Time

C442

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



Witnessed by Reporting Centre Personnel  
(Name as in NRICID card)



**SINGAPORE  
POLICE FORCE**



G/20241128/7077

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**POLICE REPORT (NP299)**

Report No. G/20241128/7077

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 28/11/2024 15:42	Vide Report No.	Station Diary No.
Name Of Informant LOW CHEE TARN	Address 227 TAMPINES STREET 23 #09-177 SINGAPORE 521227	
ID Type / ID No. NRIC NO / S17563311	Contact No. Home/Office:	Mobile: 91540743
Nationality SINGAPORE CITIZEN	Email Address tarnlow66@gmail.com	
Occupation Construction manager	Sex Male	Age 58
Institution/School Name	Date of Birth 06/02/1966	Race Chinese
	Language English	
Date/Time Of Incident 27/11/2024 12:43 - 28/11/2024 15:30	Location Of Incident 119 ALJUNIED AVENUE 2 NIL SINGAPORE 380119	

**Brief details:**

On 27th November 2024 around 12:30pm, i parked my car SNS7222P at 119 Aljunied Ave 2 carpark and go for lunch. After lunch when back to my car i found out my car front right bumper was scratched. I retrieved my in car dashcam and found out a car SLK1622Z have hit my car when parking.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Contact No.:

Signature Of Informant:

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

Date/Time:  
28/11/2024 15:42

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



G/20241128/7077

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20241128/7077

Subjects Involved			
Victim			
Person Name	LOW CHEE TARN		
ID Type	NRIC NO	ID No	S17563311
Sex	Male	Age	58
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Construction manager
Address	227 TAMPINES STREET 23 #09-177 SINGAPORE 521227		Mobile No
Email Address	tarnlow66@gmail.com	Is Informant A Victim?	Yes
Person Name	LOW CHEE TARN (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: 28/11/2024 15:42
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	