# 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 10/12/2024 17:57 (SGT) Reported by **Actual Driver** Date of Accident 09/12/2024 19:59 (SGT) Exact Location of Accident 106 Bidadari Park Dr, Singapore 342106 Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMC243X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Siow Cher Liang NRIC No. S1173615G Email Address steven.siow@bakerhughes.com Mobile Phone No (Phone) +65-91712448

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Peugeot Model 5008 5008 ALLURE 1.6 E-THP EAT6

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 - Claiming third party

Vehicle Category Private car Transmission Auto CC 1598 Vehicle Fuel

First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Etiga Insurance Pte Ltd Policy Number / Cover Note Number M0057981

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	WONG ZHEN HUI S8907114C 23/02/1989 Indoor 03/10/2008 3 Valid 16 YEARS AND 2 MONTHS Female (Phone) +65-96177398 - WONGZHENHUI@LIVE.COM.SG BLK 105A BIDADARI PARK DRIVE 17-38 SINGAPORE 341105 - No Relative No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's phone number  Translator's email  Original language used in the statement	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMG3976Z -
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	BLUESG
No. Of Passenger (Including Driver)	1

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 3. Information provided must be as Inutiful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy flability.
- 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:

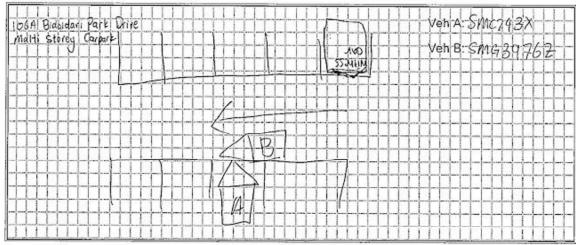
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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 iver is not the policyholder) / Date Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

Describe Circumstance of the Accident		
VEHICLE NO: SMC 743X	ACCIDENT DATE & TIME: 9/10/2020	1 - 7.59pm
CONTACT NUMBER: \$2685660	E-MAIL: Christopherzhenhui @ qi	
LOCATION: 106 Bidaidari Park Drive	Multi-storey Corpork.	
Veh B: Sm G 3976 Z		
Please refer to poixe teport.		
Witness Video of the accident is	s provided.	
Damage to my Car was on the Front Bumper have some deep So	e Carplate and front bumper.	
Front Bumper have some deep So	cratches and crack.	
		39
		741.4
****		
	7	
-		
		-
NOTE DI TAGE NOTE TUAT VOUD NO		
	URER MAY HAVE A 14 DAYS TIME FRAME FOR YOU T	
	VN POLICY, PLEASE CHECK YOUR POLICY FOR MOR  CLAIM THIRD PARTY () CLAIM GOITP AT OTHER WORKSHOP	-
Declaration I/We declare the foregoing particulars are true in eve	10/12/24- 5.46 K	SOUR AUTO
	J. 40/	
Policyholder's Signature / Date & Time Driver's Signature & Time		y Reporting Centre Personnel NRIC/ID card)





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20241209/7143

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2024 22:41		ade:	Vide Report No.:	Station Diary No.:		
Informant	s Particular	rs				
Name of Informant: Wong Zhen Hui			Address: 105A Bidaidari Park Drive #17-38 SINGAPORE 310248			
ID Type / ID No.: NRIC NO / S8907114C		4C	Contact No.: Home/Office: Mobile: 82685660			
Nationality: SINGAPORE CITIZEN		N	Email: christopherzhenhui@gmail.co	m		
Sex:         Age:         Date of Birth:           Female         35         23/02/1989			Type of Informant: Vehicle Owner			
Race: Chinese			Language: English			
Occupation: Accountant (excluding tax accountant)		g tax accountant)	Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/12/2024 19:55	Type of Location Car Park
Location: BIDADARI PARK I Weather:	DRIVE	Road Surface:		
Clear		Dry		
		Dry Traffic Control: Not Controlled	0.000	ffic Volume: Traffic

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SMC243X	Motor car	PEUGEOT	5008	Others	Seriously Damaged	7
SMG3976Z	Motor car	BLUECAR			9 9	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMC243X	ETIQA INSURANCE BERHAD			



T/20241209/7143

3.000

2 of 3 Report No. T/20241209/7143

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

CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No		See L			
No. of Pedestrians	o. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA			
Vehicle Owner			-			
Name	WONG ZHEN HUI		ID No	).	S8907114C	
Related Vehicle	NIL			Conta	ect No.	82685660
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grante	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL	

# Brief Details.

My car, SMC243X, was park in my house multi-storey carpark and was bang by a rental company vehicle, BlueSg, SMG3976Z.

I do have my in car video to show proof of hit and run if required





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20241209/7143

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: 09/12/2024 22:41
Officer In Charge Of Case: TP / HRT / SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:
NP168	