

## 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 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 ability.
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 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 Report	12/12/2017 18:13
Date Of Accident	12/12/2017 08:30
Exact Location Of Accident	BLK 122 BUKIT BATOK CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3825C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG SIT YENG
NRIC No	S1786593E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97897825
Alternative Phone No	OFFICE-97897825
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	MARK X-2.5 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V12202/VPE/R02/E00
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHUA CHEE KIANG
NRIC No	S7230563I
Date Of Birth	21/08/1972
Occupation	INDOOR
Date Of Driving Pass	01/09/2011
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97897825
Fax Number	
Contact Number	
EMail Address	AX5019@GMAIL.COM

Address BLK 536 BUKIT BATOK ST 52 # 10- 653  
 Postcode 650536  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SPOUSE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### 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 this accident? NO  
 Was any body injured in the Accident? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )  
 Police Station Address ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 ,  
 COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-7910000 - FAX NO: 68965649  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACHMENT TO POLICE REPORT NO : J/20171212/7014.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8803L  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)  
 Details of Witness  
 Name  
 Phone Number

Email Address

**SKETCH PLAN**

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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:

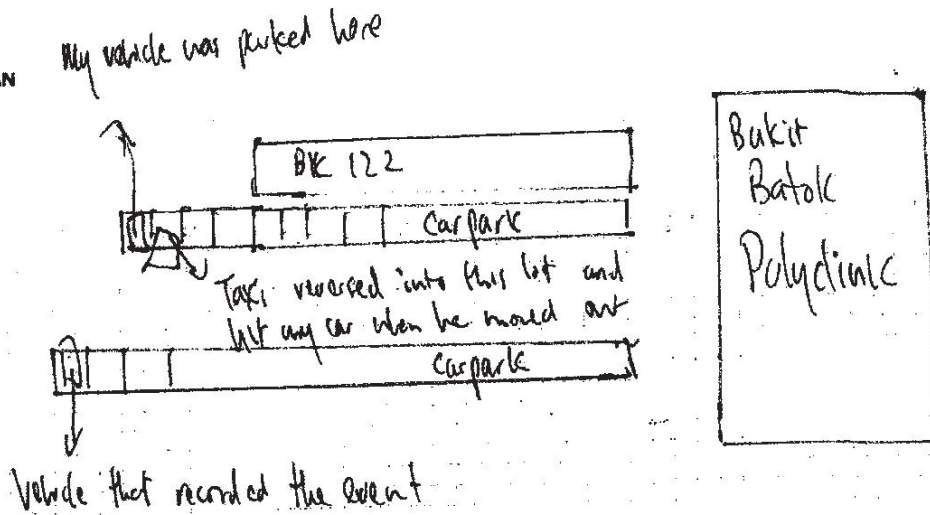
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.  
( ) Claim Own Damage (X) Claim TP ( ) Reporting Only ( ) Claim OD/TP at other workshop

Workshop name: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/12/2017 @ 1820hrs I parked my vehicle in the car park around Blk 122 Bukit Batok Central. Upon returning about 30mins later I discovered that the front left bumper is damaged. Another driver who is 2 lots away from my car informed me that a taxi had damaged my car and drove away.

I looked around and noticed that a car opposite has it's in-car camera recording on. A while later the owner of this car returned and I sought his help to retrieve the recording.

The hit and run was captured by his in-car camera recording.

DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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





# SINGAPORE POLICE FORCE



J/20171212/7014

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**POLICE REPORT (NP299)**

Report No. J/20171212/7014

Police Station Of Origin  
Jurong Police Divisional HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 12/12/2017 14:41	Vide Report No.	Station Diary No.
Name Of Informant CHUA CHEE KIANG	Address APT BLK 536 BUKIT BATOK STREET 52 #10-653 SINGAPORE 650536	
ID Type / ID No. NRIC NO / S7230563I	Contact No. Home/Office:	Mobile: 97897825
Nationality SINGAPORE CITIZEN	Email Address axso19@gmail.com	
Occupation TRAINER	Sex Male	Age 45
Institution/School Name	Language English	Date of Birth 21/08/1972
Date/Time Of Incident 12/12/2017 08:30 - 12/12/2017 08:45	Race Chinese	
	Location Of Incident BUKIT BATOK WEST AVENUE 6	

**Brief details.**

On 12/12/2017 at about 0820hrs, I parked my car SKP3825C in one of the parking lot located near to Block 122 Bukit Batok Central. Upon returning to my car about 30mins later, I discovered that the front left bumper is damaged. A driver who was inside his car SLL1814G parked 2 lots away from mine then informed me that a taxi had caused the damage and drove away. I was not able to get the particulars of the driver of SLL1814G as he walked off after awhile.

Looking around I noticed that a car SLG818D parked opposite mine had it's in-vehicle camera parking

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: 12/12/2017 14:41
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



J/20171212/7014

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. J/20171212/7014**

recording on. After a while, the driver of SLG818D returned to his car and I asked for his help to retrieve the recording. He was able to retrieve the recording and a blue taxi was recorded driving off after damaging my car.

Person Name	CHUA CHEE KIANG			
ID Type	NRIC NO	ID No	S7230563I	
Gender	Male	Age	45	
Race	Chinese	Language	English	
Occupation	TRAINER	Address Type		
Address	APT BLK 536 BUKIT BATOK STREET 52 #10-653 SINGAPORE 650536		Mobile No	97897825
Is Informant A Victim?	Yes			
Person Name	CHUA CHEE KIANG (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: 12/12/2017 14:41
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	