

## 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 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	04/12/2017 16:19
Date Of Accident	30/11/2017 15:20
Exact Location Of Accident	MULTI CARPARK BLK 856A TAMPINES ST 82
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6007S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG KUM MENG
NRIC No	S0126224F
Email Address	KAM_MENG.WONG@NOKIA.COM
Mobile Phone No	(LOCAL) +65-96826998
Alternative Phone No	OFFICE-96826998

### Vehicle Particulars

Manufacturer	BMW
Model	316IA
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V13907
Cover Note Number	

### Driver

Name of Driver	WONG KUM MENG
NRIC No	S0126224F
Date Of Birth	26/05/1953
Occupation	INDOOR
Date Of Driving Pass	15/11/1977
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96826998
Fax Number	
Contact Number	OFFICE-96826998
EEmail Address	KAM_MENG.WONG@NOKIA.COM

Address	856B TAMPINES ST 82#05-156
Postcode	522856
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES NPC
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?	YES
Was there any audio recorded?	NO




#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9704M
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

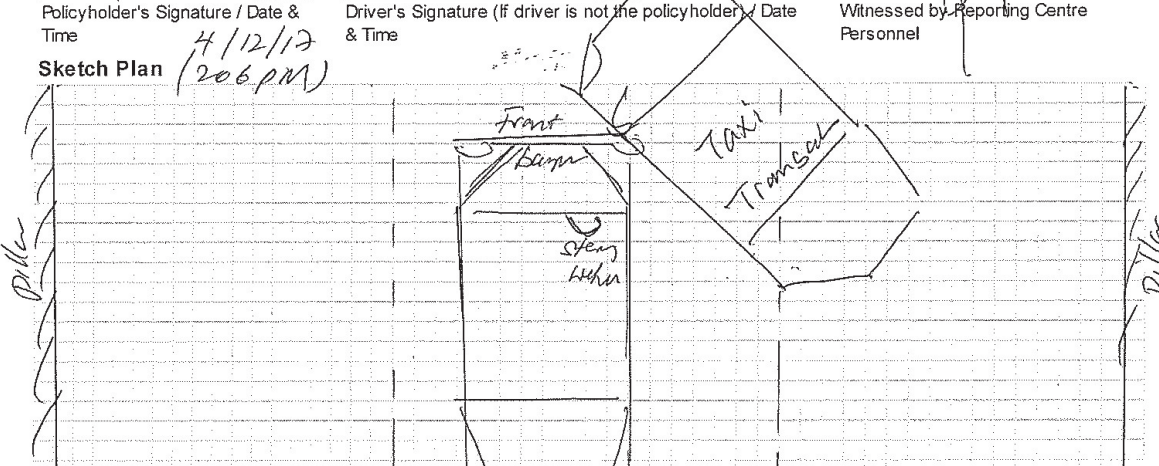
**SKETCH PLAN**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time 4/12/17 206 PM	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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**Sketch Plan**




### 'Describe Circumstances of the Accident

Refer to the police report T/20171201/2123  
dated 1 Dec 2017.

## Declaration

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





**SINGAPORE  
POLICE FORCE**



T/20171201/2123

Police Station Of Origin: \*  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20171201/2123

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/12/2017 17:49	Vide Report No.:	Station Diary No.: 60
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**Informant's Particulars**

Name of Informant: WONG KUM MENG			Address: APT BLK 856B TAMPINES STREET 82 #05-156 SINGAPORE 522856		
ID Type / ID No.: NRIC NO / S0126224F			Contact No.: Home/Office: Mobile: 96826998		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 26/05/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/11/2017 15:20	Type of Location:
Location: Along Road 1 TAMPINES STREET 82  856a Tampines st 82 MSCP deck 4A				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY6007S	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20171201/2123

Police Station Of Origin:

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Tampines N.P.C

Report No. T/20171201/2123

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver			
Name	WONG KUM MENG	ID No.	S0126224F
Related Vehicle	SJY6007S (Car)	Contact No.	96826998
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	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/11/2017 at about 1630hrs I went to my vehicle, SJY6007S, which I had parked it at the multistoried carpark of Blk 856a Tampines st 82 deck 4A, however I notice there are some damages on the front right bumper of my vehicle.

I then contacted HDB in regards to this issue as there are CCTV at the said multistoried carpark but wasn't able to view the footage as they require a police report, I then viewed my in-car camera and notice on the very same day at about 1522hrs to 1523hrs, there is a red Transcab taxi trying to reverse into the lot on the right of my vehicle however after several attempts reversing, the left of the said taxi actually collided onto the front right bumper of my vehicle causing red scratches and dents, the taxi then stopped for a few second before moving off and left the said location.

I wish to state that my in-car camera wasn't able to capture the plate number of said taxi but only managed to see the driver is a male.



**SINGAPORE  
POLICE FORCE**



T/20171201/2123

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20171201/2123

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 NG JUNJIE, EDWIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2017 17:49
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp	Signature

Accident Photo





Accident Photo



Accident Photo

