

## 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	14/04/2018 11:50
Date Of Accident	08/04/2018 15:55
Exact Location Of Accident	37 LOR 23 GEYLANG (YU LI INDUSTRIAL BLDG CARPARK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM4010E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA CHOI BOON
NRIC No	S1461927E
Email Address	FABIAN@PROMAG.COM.SG
Mobile Phone No	(LOCAL) +65-96397164
Alternative Phone No	OTHERS-96397164

### Vehicle Particulars

Manufacturer	LAND ROVER
Model	FREELANDER 2 2.0 I4 SE
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MU002719-R01
Cover Note Number	

### Driver

Name of Driver	CHIA CHOI BOON
NRIC No	S1461927E
Date Of Birth	29/08/1961
Occupation	INDOOR
Date Of Driving Pass	16/08/1980
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96397164
Fax Number	
Contact Number	OTHERS-96397164
Email Address	FABIAN@PROMAG.COM.SG

Address	38A DUNBAR WALK
Postcode	459333
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?	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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 60 DAKOTA CRESCENT #01-213/ 215 , <b>POSTCODE:</b> 390060 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3449999 - <b>FAX NO:</b> 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180410/2063

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE7051G
Vehicle Make/Model/Colour	MERCEDES BENZ VITO115EEU4
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 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:

13/4/2016  
11:30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

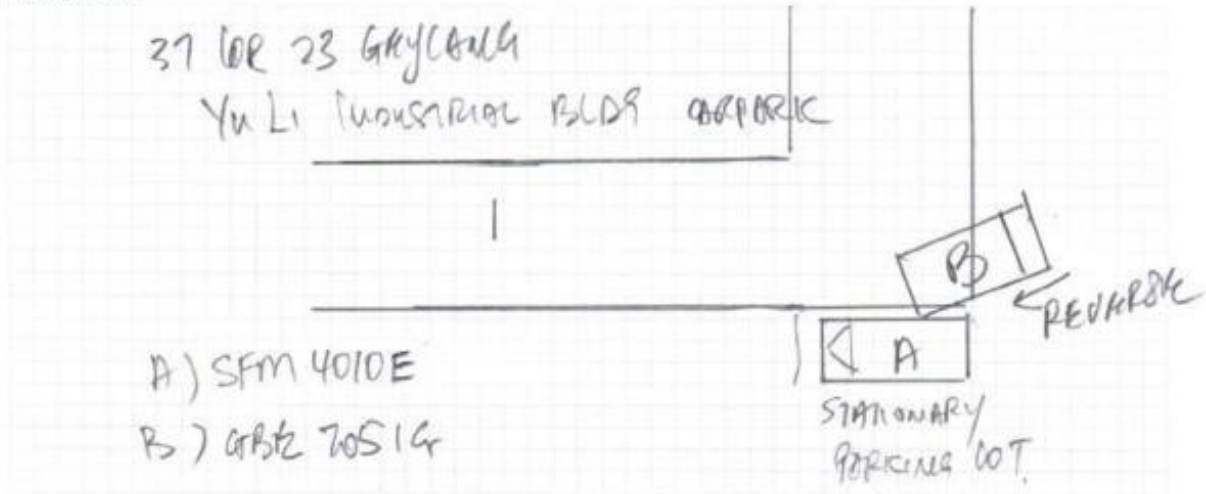
Name:

NRIC/FIN No.:

14/04/2016  
Kee Li Wah

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT  
7/2018/10/2063

## DECLARATION

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

Policyholder's Signature  
Date & Time:

12/4/2018  
8:02h/kt  
1540pm

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

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

an 14/10/2018  
Resti Wintano



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180410/2063

1 of 3

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

Report No: T/20180410/2063

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2018 13:25	Vide Report No.:	Station Diary No.: 15
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### Informant's Particulars

Name of Informant: CHIA CHOI BOON			Address: 38A DUNBAR WALK SINGAPORE 459333		
ID Type / ID No.: NRIC NO / S1461927E			Contact No.: Home/Office: Mobile: 96397164		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 29/08/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			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: 08/04/2018 15:55	Type of Location: Car Park
Location:  LORONG 23 GEYLANG  37 Lorong 23 Geylang, Yu Li Industrial Bldg open space carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Rear hit side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7051G	Van	MERCEDES BENZ	VITO115E EU4	Silver	Slightly Damaged	1
SFM4010E	Car	LAND ROVER	FREELAND ER 2 2.0 I4 SE	Black	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFM4010E	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU002719	28/02/2017	27/02/2019

# POLICE REPORT



POLICE FORCE



T/20180410/2063

2 of 3

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

Report No. T/20180410/2063

## 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	CHIA CHOI BOON	ID No.	S1461927E
Related Vehicle	NIL	Contact No.	96397164
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 8/4/2018 at about 1515hrs, I parked my vehicle(SFM4010E) at the open space carpark of Yu Li Industrial Bldg located at 37 lorong 23 geylang and went up to my office to do some administrative stuff. When I left my office at about 1930hrs, I went to my car and drove to parkway to have dinner together with my family. After dinner, I then realized that there is a dent and scratches on my driver side door.

On 9/4/18, I went back to the location guard house to view the CCTV of the openspace car park and realized that one silver vehicle(GBE7051G) on 8/4/18 at about 1557hrs when the vehicle was reversing they knock onto my side door and drove off without leaving any note. I have a copy of the CCTV footage inside my phone. I wish to state that I do not know the vehicle belong to who.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180410/2063

3 of 3

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

Report No, T/20180410/2063

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 MELSON CHEW WEI JIE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/04/2018 13:25

Officer In Charge Of Case:  
TP / HRT /  
SI TAN LEE HWANG DAWN  
Contact No: 65476215

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





**Driving License**



Accident Photo



Accident Photo



Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #38-00 Singapore 048580  
Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S46550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA18049560 Vehicle Registration No: SFM 4010E  
Name (as shown in NRIC) : CHIA CHAI BOON NRIC/FIN/Passport No : S1461927E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96397164  
Email Address : \_\_\_\_\_  
Date of Accident : 08/04/2018 Time of Accident : 15.55  
Place of Accident : 37 Lor 23 Geylang (Yuli Industrial Bldg Carpark)  
Insurance Company : Tokio Marine

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Accident location should be 37 Lor 23 Geylang (Yuli Inds Bldg Carpark)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Kashy A. A. 1003  
NRIC/FIN No.:  
Date: 14/04/2018



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500200 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA18049560-01 Vehicle Registration No : SFM 4010E  
Name (as shown in NRIC) : CHIA CHIA BOON NRIC/FIN/Passport No : SFM 4010E  
(\*Vehicle Driver / Vehicle Owner / \*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96397164  
Email Address : \_\_\_\_\_  
Date of Accident : 28/04/2018 Time of Accident : 15:55  
Place of Accident : 37 BOR 23 GUYANAH (VULI MDS BLDG CARPARK)  
Insurance Company : TOKIO MARINE INS.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEH NUMBER TO SFM 4010E ON SKETCH PLAN

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Karl Munir  
NRIC/FIN No.:  
Date: 26/04/2018