

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	16/04/2018 17:59
Date Of Accident	15/04/2018 17:00
Exact Location Of Accident	TANGLIN MALL BASEMENT 2 CARPARK - LOT 62
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9995C
Insured/Policyholder	
Name Of Registered Owner	LEE CHER KIA
NRIC No	S7127870J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98160300
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E350
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00465409
Cover Note Number	

Driver

Name of Driver	LEE CHER KHNG
NRIC No	S7402473D
Date Of Birth	18/01/1974
Occupation	INDOOR
Date Of Driving Pass	13/11/1997
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98160300
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	APT BLK 10C BENDEMEER RD #39-127
Postcode	333010
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	BASEMENT CARPARK
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH POLICE REPORT

Attachment(s)

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

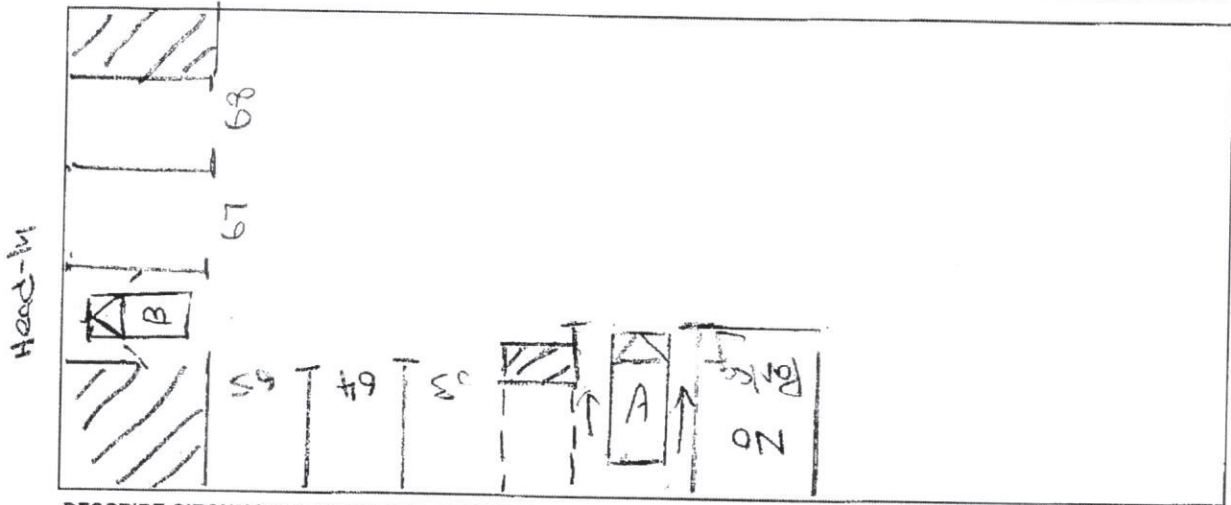
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCU44C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Sketch Plan Pg. 2

SKETCH PLAN

Accident Date: 15/4/2018 Time: 17:00pm Location: TANGLIN MALL BASEMENT 2 C/PARK
 My Vehicle A: SLS 9995C Vehicle B: SCU 444C Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

T/20180415/2086

() Claim OD / TP at Ah Lim Motor (/) Claim ~~OD~~ / TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop : KUM CHEW MOTOR WORKSHOP

Email Address : kumchew@sinnet.com.sg

& Myself

Email Address :

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

SLS 9995C

Policyholder's Signature

Date & Time:

Driver's Signature (if driver is not the policyholder)

Date & Time

16/4/18

2.00pm

Witnessed by Reporting Centre

Personnel



Ma Li

16/4/18



**SINGAPORE
POLICE FORCE**



T/20180415/2086

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

Report No. T/20180415/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2018 19:42		Vide Report No.: E/20180415/0169		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE CHER KHNG			Address: APT BLK 10C BENDEMEER RD #39-127 SINGAPORE 333010		
ID Type / ID No.: NRIC NO / S7402473D			Contact No.: Home/Office: Mobile: 98160300		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 18/01/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/04/2018 17:00	Type of Location: Car Park
Location: TANGLIN ROAD TANGLIN RD TANGLIN MALL BASEMENT 2 C/PK LOT 62				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: STATIONARY				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS9995C	Car	MERCEDES BENZ	E350 CGI A	Black	Slightly Damaged	0



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T/20180415/2086

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Report No. T/20180415/2086

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I PARKED MY VEHICLE AT ABOUT 1500HRS TODAY IN TANGLIN MALL BASEMENT 2 C/PK LOT 62. WHEN I CAME BACK AT ABOUT 1700HRS TO RETRIEVE MY VEHICLE, I DISCOVERED THAT THERE'S DAMAGES AT THE FRONT BUMPER. I HAVE IN-BUILT CAMERA IN MY VEHICLE.

THAT'S ALL.



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Report No. T/20180415/2086

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:

TP /
TONG HWEE SIONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/04/2018 19:42

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

Classification Of Case:

Authentication Stamp
NP168