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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	10/05/2018 14:42
Date Of Accident	10/05/2018 07:30
Exact Location Of Accident	BLK 23 TOA PAYOH EAST OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT8692B
Insured/Policyholder	
Name Of Registered Owner	MDM TNG JOO KHENG
NRIC No	S8117388E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90298034
Alternative Phone No	OFFICE-90298034
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3046751705
Cover Note Number	
Driver	

Name of Driver TNG JOO KHENG (TANG YUQING)

 NRIC No
 \$8117388E

 Date Of Birth
 07/06/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 23/07/2004

Driving Experience 13 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90298034

Fax Number

Contact Number OFFICE-90298034

EMail Address NOEMAIL

Address BLK 34 LORONG 5 TOA PAYOH

#02-303

Postcode 310034

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

insurance company of briver's Own Verlice

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 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

NO

Police Station Address ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY:

Address SINGAPORE

Police Station Contact **TEL NO**: 1800-7449999 - **FAX NO**: 65476366

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180510/2054.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKB2829Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 16

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

2

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 liability.
- 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.
- 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.
- 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 insurers) 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 the purpose(s).
 - 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:
 - 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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

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CLARATION					
CLARATION g declare the foregoing	particulars are true	în every respect.			
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	t	in every respect.		Reporting Centra Per	A Signature

Police Report





1 of 3

Report No. T/20180510/2054

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT		The second second second
Date/Time Report Made:	Vide Report No.:	Station Diary No.:
10/05/2018 12:45	E/20180510/0056	10

10/05/2018 12:45			L/20100510/0000		
Informant	t's Partici	ulars			
Name of Informant: TNG JOO KHENG			Address: APT BLK 34 LORONG 5 TOA PAYOH #02-303 SINGAPORE 310034		
ID Type / ID No.: NRIC NO / S8117388E			Contact No.: Home/Office: Mobile: 90298034		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age:	Date of Birth: 07/06/1981	Type of Informant: Driver		
Race:			Language: Institution / School Nam		
Occupation: HOME MAKER			Driving Licence Information Class:	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Date/Time of		Type of Location Car Park	
Location: Along Road 1 TOA PAYOH Block 23 Toa Weather:		24 Road Surface:		Road Speed Limit:	
Vealities.					
Clear		Traffic Flow: Traffic Control: Not Controlled			
Clear Traffic Flow:				Traffic Volume:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJT8692B	Car	HONDA	HONDA CIVIC 1.8L 5AT	Grey	Slightly Damaged	0
SKB2829Y	Car			Maroon	Slightly Damaged	1

Details of W	ehicle Insurance			
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	MONTH OF THE PARTY	Insurance No	Effective	Expiry Date
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Police Report



2 of 3 Report No. T/20180510/2054

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of V	ehicle Insurance		1000	I
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT8692B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30467517 05	04/11/2017	03/11/2018

Details of Perso	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	二天 海边境	State of the later	Carle L	100	King and the second
Any Pedestrian Ir	rvolved: No				_	
No. of Pedestrians Injured: NIL Use			Use of Pe	of Pedestrian Crossing: NA		
Driver		TIME BE			250	
Name	TNG JOO KHENG		ID No.	200	S8117388E	
Related Vehicle	SJT8692B (Car)		Contact No.		90298034	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
No. of Days granted Medical Leave NIL			Degree o	f Injury	NIL	

On 10/05/2018 at about 0730hrs, I parked my vehicle (SJT8692B) at the car park of Block 23 Toa Payoh lot number '24' and waited in my vehicle and packing my belonging. As I was packing, I noticed one vehicle (SKB2829Y) was parking at the lot number '23'. I then felt an impact on my front right side of my vehicle, I then immediately sounded my horn to warn the driver not to reverse and she stopped. I then came out of my vehicle and went to check with the driver of the vehicle. The driver of the vehicle (In her 60s, elderly lady) then denied that she collided onto my vehicle and then continued parking her vehicle. After she parked her vehicle, I then approached her again regarding the collision. Once again, she denied of the act and left the car park. As I was checking for the damages, she then came back with one of her friend to the car park lot and told me that she want to take picture of the damage. She then started taking picture of the damages and I then called for police assistance as she was making a scene. She then left prior to the police arrival. I wished to inform that she has one passenger in her vehicle at the point of the collision however the passenger left together with her after she parked her vehicle. I also wished to inform that I have a in-car camera in my vehicle however it was not working. I am also unsure if there was any CCTV at pointing at the car park lot and I am also unsure if her vehicle have any in-car camera installed. I had also took down the photograph of the damages on both of our vehicle. My vehicle, right side of front bumper suffered scratches. Her vehicle, left side of rear bumper suffered scratches.

Police Report





T/20180510/2054

3 of 3

Report No. T/20180510/2054

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

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 WONG WEI MIN	Signature Of Informant:		
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2018 12:45		
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138 Authentication Staff POLICE FORCE	Classification Of Case:		
NP168 SIGNATURE			















