### 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	20/09/2018 12:38
Date Of Accident	10/09/2018 20:40
Exact Location Of Accident	BLK 117 BUKIT MERAH VIEW OPEN CARPARK LOT 122
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ6632U
Insured/Policyholder	
Name Of Registered Owner	LEE SIN MEI
NRIC No	S8164197H
Email Address	HENRYSSG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-86123366
Alternative Phone No	OTHERS-91873133
Vehicle Particulars	
Manufacturer	BMW
Model	730LI
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1735331801
Cover Note Number	
Driver	
Name of Driver	HENRY SONG CHERN HSENG (SONG CHENGSHENG)
NRIC No	S7821673E

 NRIC No
 \$7821673E

 Date Of Birth
 26/07/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 05/04/2003

Driving Experience 15 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86123366

Fax Number

Contact Number OTHERS-91873133

EMail Address HENRYSSG@YAHOO.COM.SG

Address BLK 109B DEPOT ROAD

#03-97

Postcode 102109

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 Number of vehicles involved in the accident 2
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.

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 BUKIT MERAH WEST NPC

Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

NO

**COUNTRY**: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20180911

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 Witness 1** 

Name FAIZAL
Phone Number 87507230

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGD111J

Vehicle Make/Model/Colour HONDA CIVIC

**Details Of Properties** 

Vehicle Category PRIVATE CAR

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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- 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. 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)
  - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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:

## **Accident Sketch Plan**

SKETCH PLAN 131K-1	17 BUKIT WILL	en View	OPEN	CORPORK
		Duck 3+		A) SKZ66320 B) SGD 1113
DESCRIBE CIRCUMSTANCE	970 MANER A	122		37 390 1110
				0()
		TUR	pulo	
	12 A2	Jest 1	2126	
13	Extra 120			
100				
DECLARATION  I/We declare the foregoing pa	articulars are true in every resp	ect.	a	20 les /2018
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the po	olicyholder)	Reporting	Centre Personnel's Signature

### **POLICE REPORT**





Report No. T/20180911/2126

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2018 16:18			Vide Report No.:	Station Diary No.: 66		
Informa	nt's Particu	lars				
Name of	informant:	RN HSENG	Address: APT BLK 109B DEPOT ROAD #03-97 SINGAPORE 102109			
ID Type	/ ID No.: 0 / S782167		Contact No.: Home/Office: Mobile: 91873733			
National	ALC: UNKNOWN BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO	1000	Email:			
Sex: Age: Date of Birth: Male 40 26/07/1978		Date of Birth:	Type of Informant: Driver			
Race: Chinese Occupation: IT SALES			Language: Institution / School Nam English			
			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/09/2018 20:40	Type of Location Car Park	
	AH VIEW it Merah View open ca	rpark lot 122	F	Road Speed Limit:	
Weather: Clear		Dry		Traffic Volume: No Traffic	
		Traffic Control:			
Traffic Flow:		Not Controlled		Anyone conveyed by	

Details of Vo	The Committee of the Co	Make	Model	Color	Condition	No of Passenge
SGD111J	Car	AL III MANUELL			Slightly Damaged	1
SKZ6632U	Car				Slightly Damaged	0

Details of Person Involved	推图 [12] [10] [2] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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### POLICE REPORT





Report No. T/20180911/2125

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

CONTINUATION OF REPORT

Driver		in a lambar	-	ID No.		S7821673E	
Name	HENRY SONG CHERN HSENG			ID NO.		0/02/0/02	
Related Vehicle	NIL		Conta	ct No.	91873733		
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g e &	Class: 3 Date of Expiry: NIL	
Date Treatment			Date Dis				
No. of Days gran	NIL	Degree o	Degree of Injury NIL				

On 10/9/18 at about 2050hrs, I was heading back to my vehicle (SKZ6632U) when a witness approached me informing me that earlier on, the car which was parked beside me at lot 121 had knocked onto my front bumper. I then checked on my bumper and found out that there was a crack and scratches at the middle part of my front bumper. Subsequently, I retrieved my in-car camera recording and viewed it. It showed that at about 2040hrs, the vehicle SGD111J was reversing into the lot beside my vehicle. However, while reversing, his back bumper had hit onto my front bumper. The vehicle then continued to make his adjustments and reversed into the lot. After parking, both the driver and passenger came out of the vehicle and walked passed my vehicle. They were seen looking at my front bumper while walking

I wish to state that the estimated cost for the damage is approx. \$10,000. This is the first time such incident happened and I have the recording of the whole incident. The witness who approached me is namely Faizal HP:87507230.

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### POLICE REPORT





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999 3 of 3 Report No. T/20180911/2126

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: D / Sgt 3 NURJANNAH BINTE AMRAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2018 16:18
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP166	1

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