

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 liability.
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	05/10/2018 11:59
Date Of Accident	02/08/2018 13:00
Exact Location Of Accident	16 WHAMPOA DRIVE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ7857R
Insured/Policyholder	
Name Of Registered Owner	CHAN CHEE KWONG
NRIC No	S0133987G
Email Address	CRAYSG6996@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97862410
Alternative Phone No	OTHERS-97862410
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18-MV008772-R01
Cover Note Number	
Driver	
Name of Driver	CHAN CHEE KWONG
NRIC No	S0133987G
Date Of Birth	21/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1979
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97862410
Fax Number	
Contact Number	OTHERS-97862410
Email Address	CRAYSG6996@GMAIL.COM

Address	BLK 102 BUKIT BATOK WEST AVE 6 #02-84 SINGAPORE
Postcode	650102
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	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.	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	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ4174Z
Vehicle Make/Model/Colour	
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)

SKETCH PLAN

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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:

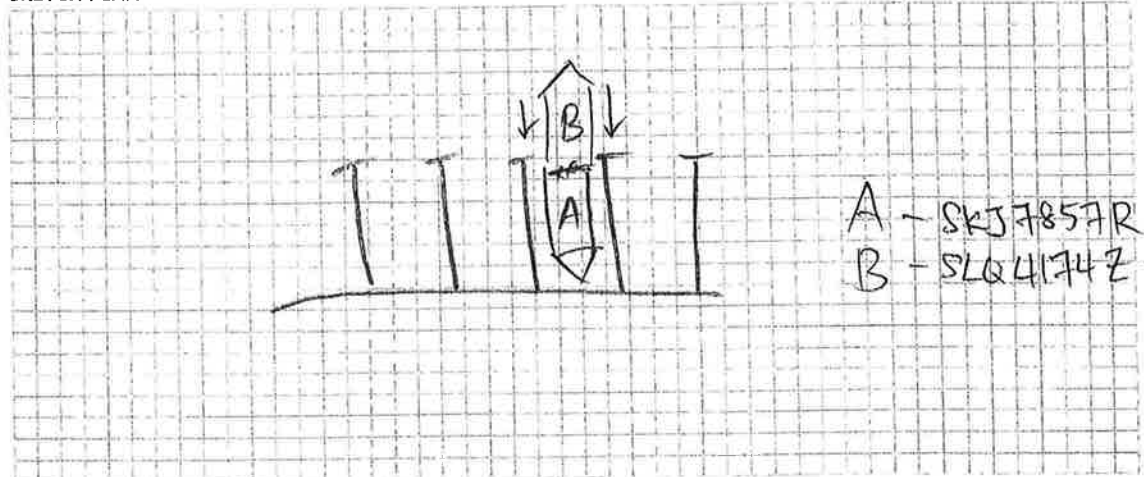
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20180803/2095

1 of 3

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20180803/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2018 16:12		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: CHAN CHEE KWONG			Address: APT BLK 102 BUKIT BATOK WEST AVENUE 6 #02-84 SINGAPORE 650102		
ID Type / ID No.: NRIC NO / S0133987G			Contact No.: Home/Office: Mobile: 97862410		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 21/09/1954	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: COMPANY'S DRIVER			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: 02/08/2018 13:00	Type of Location: Car Park
Location: Along Road 1 WHAMPOA DRIVE open space car park of Handicap Welfare Association.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKJ7857R	Car				Slightly Damaged	0
SLQ4174 (Not Accurate)	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20180803/2095

2 of 3

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320029
Tel No: 1800-2507999

Report No. T/20180803/2095

CONTINUATION OF REPORT

Vehicle Owner			
Name	CHAN CHEE KWONG	ID No.	S0133987G
Related Vehicle	SKJ7857R (Car)	Contact No.	97862410
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 02/08/2018 at about 1300 hours, I discovered that the bumper of my car (SKJ7857R) was dislodged. My vehicle is parked at the open space car park located at No. 16 Whampoa Drive, Handicap Welfare Association.

I then made enquires with my colleague, Ng Song Liang (HP: 91443005) who informed that he had witnessed a hit and run accident involving my car earlier.

Liang informed that dark blue car had entered the said car park and after alighting a wheel chair bounded passenger, the driver had reversed and cause the back of his car to collide with my bumper. After the accident, the drove off. My colleague had noted down the driver's vehicle number as SLQ4174. However, my colleague does not remember the suffix of the vehicle.

With the building security's assistance, I had also managed to download the footage of the CTTV which had recorded the whole accident.

I am lodging this report for police assistance.



**SINGAPORE
POLICE FORCE**



T/20180803/2095

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

3 of 3

Report No. T/20180803/2095

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:

E /

Sgt 2 CHUA CHEE PING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SINGAPORE

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

SN 072

Signature Of Informant:

Date/Time:

03/08/2018 16:12

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/46167/2018
Date : 27 September 2018

CHAN CHEE KWONG
BLK 102 BUKIT BATOK WEST AVENUE 6
#02-84
SINGAPORE 650102

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SKJ7857R AND SLQ4174Z ALONG WHAMPOA
DRIVE ON 02/08/2018 AT ABOUT 1300HRS**

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that the driver of **SLQ4174Z** had committed the offence of Careless Driving under Rule 29 of the Road Traffic Rules. Action has been initiated against the driver for the said offence.
3. If you have any clarification, you may contact the Investigation Officer, SSS Leslie Tan at office number: 6547 6144.
4. Thank you.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.