#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number
Contact Number

**EMail Address** 

- 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/12/2018 11:57
Date Of Accident	17/12/2018 00:05
Exact Location Of Accident	LIANG SEAH ST CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD1032M
Insured/Policyholder	
Name Of Registered Owner	MR GOH CHEE HAU
NRIC No	S7432394D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86834244
Alternative Phone No	OFFICE-86834244
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
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	DMPCSN3075651800
Cover Note Number	
Driver	
Name of Driver	GOH CHEE HAU (WU ZHIHAO)
NRIC No	S7432394D
Date Of Birth	28/09/1974
Occupation	INDOOR
Date Of Driving Pass	19/12/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE

(LOCAL) +65-86834244

OFFICE-86834244

**NOEMAIL** 

**BLK 22 HAVELOCK ROAD** Address

#03-703

Postcode 160022

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** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

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 GEYLANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20181217/2112.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH TRAFFIC POLICE

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SME2065U

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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

- 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
- 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 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 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 Date & Timer Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

#### **Accident Sketch Plan**

KETCH PLAN		
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ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
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ECLARATION		
	ticulars are true in every respect.	
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41		
olicytuder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder Date & Time:	Name: NRIC/FIN No.:

#### Police Report





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

1 of 3 Report No. T/20181217/2112

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2018 15:12		Vide Report No.: A/20181217/0005	Station Diary No.: 69	
Informa	nt's Partic	ulars		NEWS TO STATE OF THE STATE OF T
Name of Informant: GOH CHEE HAU		Address: APT BLK 22 HAVELOCK ROAD #03-703 SINGAPORE 160022		
ID Type / ID No.: NRIC NO / S7432394D		Contact No.: Home/Office:	Mobile: 86834244	
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age:	Date of Birth: 28/09/1974	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Sales		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/12/2018 00:05	Type of Location	
Location: Along Road 1 LIANG SEAH					
Weather:		Road Surface:	Ro	Road Speed Limit:	
Traffic Flow:		T # 6	T.	Traffic Volume:	
Traffic Flow:		Traffic Control:	In	affic Volume:	

Details of Vo	ehicle Invo	lved	Service Control	Harris II		A PER ASSESSMENT
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLD1032M	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Black	Slightly Damaged	0

Details of V	ehicle Insurance	Established Andrews	Transla U.	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD1032M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30756518 00	26/11/2018	25/11/2019

#### **Police Report**





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 2 of 3 Report No. T/20181217/2112

#### Brief Details.

On 17/12/2018 at about 0005 hrs, I had just parked my vehicle inside a parking lot, and a white Mercedes, plate number, I could only remember his number to be 2065 and not the alphabets. I would like to mentioned that he reverse in order for him to get out of his lot, I believe he could have been drank, as the space in front of him was quite huge and he after his vehicle collided with mine, I shouted at him to stay back, but he quickly drove off without stopping. After the accident, I came out of my vehicle an made a check and discover a deep scratch on the front right headlight, scratches on the front and right side of my bumper. I have yet to proceed to the workshop to get the replacement and repairs done, as I was inform by the Traffic officer to hold on, while he views the footage from my in car camera. I would like to state that I have the CCTV in car camera working and have passed the Memory card to officer SSGT T110103 Iraimi at the scene. I would like to mentioned that I did not sustain any injuries due to the accident, and I am lodging for my insurance claims.

CONTINUATION OF REPORT

#### **Police Report**





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No. 1800-8486999

3 of 3 Report No. T/20181217/2112

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 / Staff Sgt KANG BAO LONG, JAMIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2018 15:12
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp NP168	

































