

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	08/03/2019 21:00
Date Of Accident	03/03/2019 20:40
Exact Location Of Accident	TAMPINES MALL BASEMENT 2 CARPARK LOT 296
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH4822E
Insured/Policyholder	
Name Of Registered Owner	TAN CHYE HIN PATRICK PETER
NRIC No	S1465237Z
Email Address	PTANCH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98331670
Alternative Phone No	OFFICE-98331670

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA2 SEDAN 1.5L
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DVPPSB0549151801
Cover Note Number	

Driver

Name of Driver	TAN CHYE HIN PATRICK PETER
NRIC No	S1465237Z
Date Of Birth	02/08/1954
Occupation	INDOOR
Date Of Driving Pass	28/10/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98331670
Fax Number	
Contact Number	OFFICE-98331670
Email Address	PTANCH@YAHOO.COM.SG

Address	NIL
Postcode	
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 (including own vehicle) 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 [OTHER]	BEDOK NORTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20190304/2000 LODGED AT BEDOK NORTH NPC. ON 03/03/2019 AT ABOUT 6.40PM, I PARKED MY VEHICLE BEARING REGISTRATION PLATE NUMBER SFH4822E AT TAMPINESE MALL BASEMENT 2 CARPARK, LOT NUMBER 296. I SECURED MY VEHICLE AND LEFT TO THE MALL. I WISHED TO STATE THAT EVERYTHING WAS IN ORDER. AFTER I HAVE DONE SHOPPING, I WENT BACK TO RETRIEVE MY VEHICLE, AND NOTICED THAT THE REAR OF SMG2579T HAS COLLIDED INTO MINE REAR. THE DRIVER OF SMG2579T CAME OUT AND ACCUSED ME OF COLLIDING INTO HIS VEHICLE. THE DRIVER IS ONE MALE CHINESE BY THE NAME OF YOONG LOON SIONG, NRIC: S7004709H, HP: 88222992. I ASKED HIM ABOUT WHAT TIME DID THE COLLISION HAS HAPPENED. HE DID NOT ANSWER MY QUESTION AND INFORMED THAT HE CAME TO THE CARPARK AT 4PM. I WISHED TO STATE THAT I DID NOT FEEL ANY COLLISION. MY DAUGHTER WHO IS SITTING AT THE REAR SEAT DURING THE INCIDENT DID NOT HEAR ANY COLLISION EITHER. POLICE CAME SHORTLY WHEN NO ONE WISHES TO ADMIT THE COLLISION. WE WAS ADVISED BY THE POLICE TO SETTLE THIS ISSUE VIA INSURANCE CLAIM, CASE REFERENCE G/20190303/0204 WAS GIVEN TO ME. I MADE A CHECK ON MY VEHICLE AND THERE WERE SOME DAMAGES ON REAR BUMPER. I AM LODGING THIS REPORT FOR INSURANCE CLAIM.

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	SMG2579T
Vehicle Make/Model/Colour	TOYOTA/WISH 2.0 AUTO/CHAMPAGNE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YOONG LOON SIONG

NRIC/Passport Number	S7004709H
Contact Number	88222992
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

IMPORTANT NOTICE

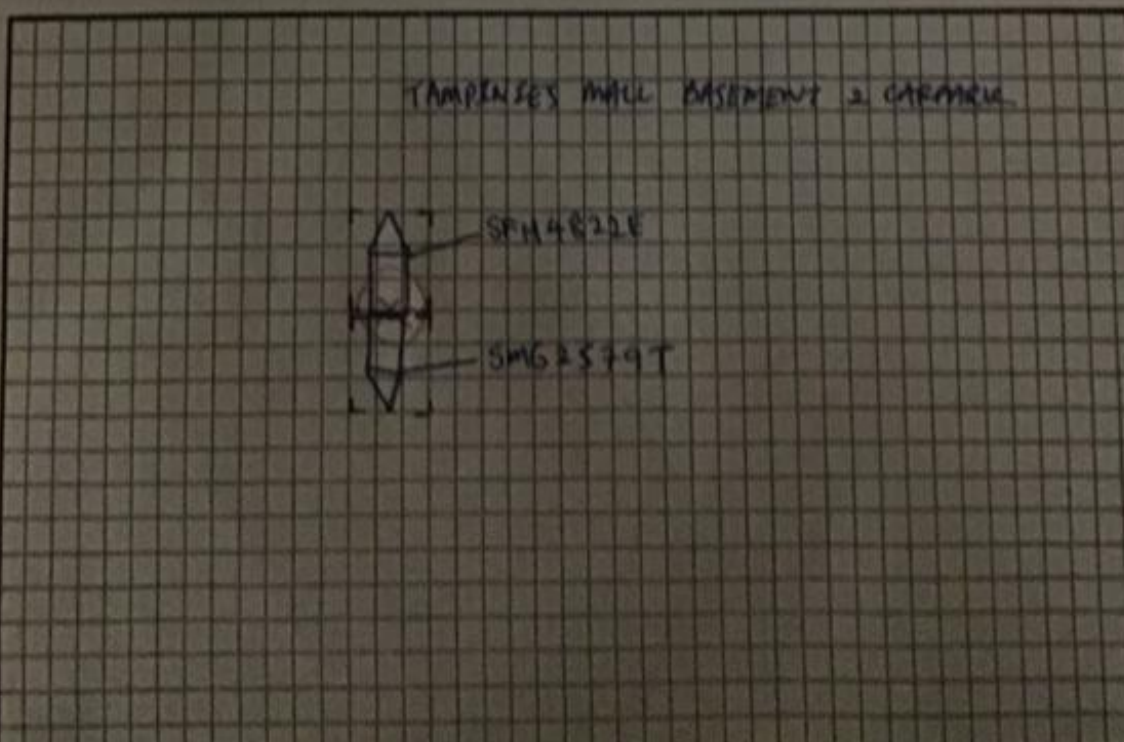
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohamed Saifulah S/O Syed
Masood
Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



G/20190304/2000

1 of 2

POLICE REPORT (NP299)

Report No. G/20190304/2000

Police Station Of Origin
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Date/Time Report Made 04/03/2019 00:03	Vide Report No. G/20190303/0204	Station Diary No. 1	
Name Of Informant TAN CHYE HIN PATRICK PETER	Address APT BLK 94E BEDOK NORTH AVENUE 4 #03-1433 SINGAPORE 464094		
ID Type / ID No. NRIC NO / S1465237Z	Contact No. Home/Office	Mobile 98331670	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation QUALITY INSPECTOR	Sex Male	Age 64	Date of Birth 02/08/1954
Institution/School Name	Race Chinese		
Date/Time Of Incident 03/03/2019 20:40	Location Of Incident 4 TAMPINES CENTRAL 5 TAMPINES MALL SINGAPORE 529510 B2 Carpark, Lot 296		

Brief details.

On 03/03/2019 at about 6.40pm, I parked my vehicle bearing registration plate number SFH4822E at Tampines Mall basement 2 carpark, lot number 296. I secured my vehicle and left to the mall. I wished to state that everything was in order

After I have done shopping, I went back to retrieve my vehicle, and noticed that the rear of SMG2579T

Signature Of Officer Recording The Report: G / Sgt 2 GOH JIAN WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2019 00:03
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp TEO HOW MING Contact No.: 62447142	Classification Of Case:

Authentication Stamp

SIGNATURE

Police Report



SINGAPORE
POLICE FORCE



G/20190304/2000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190304/2000

has collided into mine rear. The driver of SMG2579T came out and accused me of colliding into his vehicle. The driver is one male Chinese by the name of Yoong Loon Siong, NRIC: S7004709H, HP: 88222992. I asked him about what time did the collision has happened. He did not answer my question and informed that he came to the carpark at 4pm. I wished to state that I did not feel any collision. My daughter who is sitting at the rear seat during the incident did not hear any collision either.

Police came shortly when no one wishes to admit the collision. We was advised by the police to settle this issue via insurance claim, case reference G/20190303/0204 was given to me. I made a check on my vehicle and there were some damages on rear bumper.

I am lodging this report for insurance claim.

Signature Of Officer Recording The Report:

G / Sgt 2 GOH JIAN WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/03/2019 00:03

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp TEO HOW MING
Contact No.: 62447142

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait of a man with glasses.

License Number **S1465237Z**

Name
**TAN CHYE HIN PATRICK
PETER**

Birth Date: **02 Aug 1954**
Issue Date: **16 Dec 2002**

Barcode: 000030417E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1465237Z**

Portrait of a man with glasses.

Name
**TAN CHYE HIN PATRICK
PETER**

Race
CHINESE

Date of Birth
02-08-1954

Country of Birth
MALACCA

Sex
M

Coat of arms of Singapore.

Identification Card

