SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

Date Of Report 01	1/04/2019 15:27
	1/04/2019 15:27
Date Of Accident 29	170 1720 10 10.27
	9/03/2019 17:30
Exact Location Of Accident BL	LK 423 PASIR RIS DR 6 OPEN CARPARK
Country/State of Loss SI	INGAPORE
DET	TAILS OF OWN VEHICLE
Vehicle Registration Number SE	BN600X
Insured/Policyholder	
Name Of Registered Owner TA	AN KOK CHUAN
NRIC No S7	7618335Z
Email Address NO	OEMAIL
Mobile Phone No (L	LOCAL) +65-86616867
Alternative Phone No Of	PFFICE-86616867
Vehicle Particulars	
Manufacturer MI	MERCEDES-BENZ
Model 30	00SL-24 AT
Exact Purpose for which vehicle was being used at time of accident	ARKED
Are you claiming under your own insurance policy for repair to your vehicle?	0
If No, Please state action to be taken Th	HIRD PARTY
Vehicle Category PF	RIVATE CAR
Insurance Company	
Name of Insurance Company N7	TUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage Th	HIRD PARTY
Fleet Policy NO	0
Policy Number 51	106323885
Cover Note Number -	
Driver	
Name of Driver	AN KOK CHUAN (CHEN GUOZHUAN)
NRIC No S7	7618335Z
Date Of Birth 23	3/06/1976
Occupation IN	NDOOR
Date Of Driving Pass 01	1/09/1994
Driving Experience 24	4 YEARS AND 6 MONTHS
Gender MA	IALE
Mobile Number (Li	LOCAL) +65-86616867
Fax Number	

NOEMAIL

BLK 139 PASIR RIS ST 11 #03-189 Address

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?

YES Was any other material or property damaged?

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

NO

0

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 PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-5852999 - FAX NO: 65855261 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG1283H

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE 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 <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

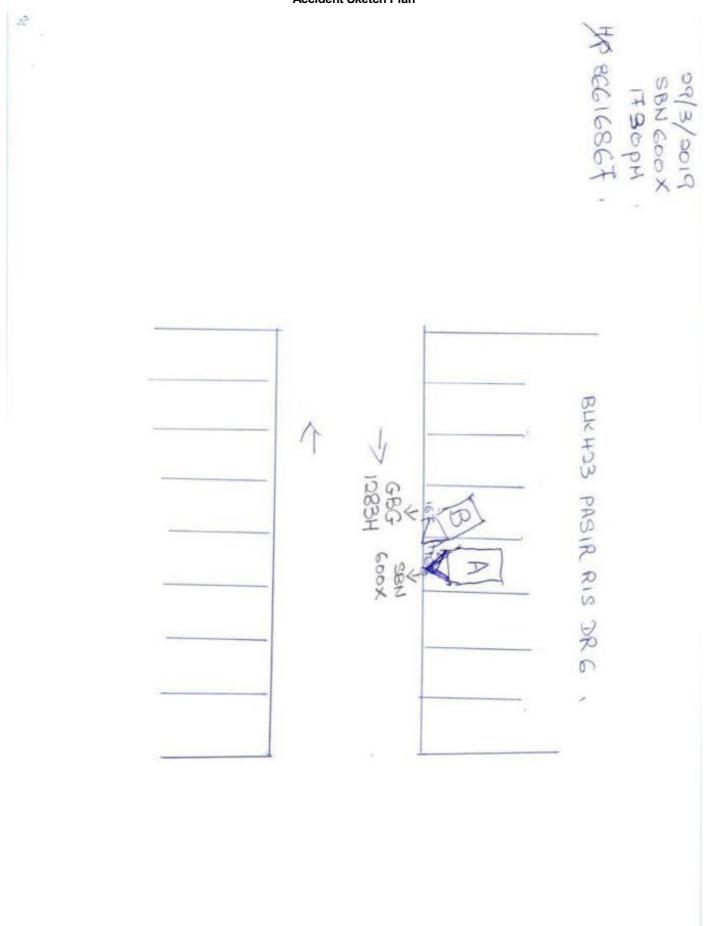
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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.:

Accident Sketch Plan

TCH PLAN					
Please					Ш
riense					
р	efey				
	40				
_		Sketch			
CRIBE CIRCUMSTANC	ES OF THE ACCIDE	NT			
please	Relev	4. Pa	lice Re	gort	
			/		
		/			
		-/-			
		/			
ARATION declare the foregoing par	rticulars are true in ev	ery respect.		furt	
holder's Signature à Time:	Driver's Sign. (If driver is n Date & Time	ot the policyholder)	Reporting Name: NRIC/FIN	Centre Personnel's Sign	nature

Accident Sketch Plan





10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

14 Jan 2019

Our ref 1401190203N057025807

TAN KOK CHUAN APT BLK 139 PASIR RIS STREET 11 #03-189 SINGAPORE 510139 000091

կլենգկովիգկրհինիս||

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SKH6211X WITH VEHICLE REGISTRATION NO. SBN600X

You may be pleased to know that your application of 14 Jan 2019 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SBN600X (Previously SKH6211X)

Vehicle Make

: MERCEDES BENZ

Vehicle Model

: 300SL-24 AT

Chassis No.

: WDB1290612F040292

Engine No./ Motor No. : 10498122012228/-

- Please change the number plates on your existing vehicle (ie. Chassis No.: WDB1290612F040292, Engine No./ Motor No.: 10498122012228 / -) to display the new/ replacement registration number, SBN600X by 17 Jan 2019. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.
- Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20190114114239244257 or the vehicle registration number when making your enquiry.

Yours sincerely

Ng Lay Choo (Ms) Deputy Director, VRL Service Operations Vehicle Services Group Land Transport Authority

[This letter is computer-generated, no signature is required.]

POLICE REPORT





Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20190329/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2019 18:43		Made:	Vide Report No.:	Station Diary No.: 68		
Informa	nt's Partice	ulars				
Name of Informant: TAN KOK CHUAN			Address: APT BLK 139 PASIR RIS STREET 11 #03-189 SINGAPORE 510139			
ID Type / ID No.: NRIC NO / S7618335Z		35Z	Contact No.: Home/Office:	Mobile: 86616867		
Nationality: SINGAPORE CITIZEN		EN	Email:	38		
Sex: Age: Date of Birth: Male 42 23/06/1976		CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	Type of Informant: Vehicle Owner			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Interior designer			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/03/2019 17:20	Type of Location Car Park	
		-			
U.S. Santa Carlos		Road Surface: Dry	F	Road Speed Limit:	
	Traffic Flow: Traffic Flow: No No			Traffic Volume:	
Traffic Flow:	Way	Not Controlled	1	ight	

Details of V	ehicle Invo	lved	Hours of the same			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBN600X	Car					0

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

POLICE REPORT



T/20190329/2183

2 of 3

Report No. T/20190329/2183

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE

CONTINUATION OF REPORT

Tel No: 1800-5852999

Vehicle Owner		15,424	C. STATE	SCHOOL STATE					
Name	TAN KOK CHUAN			ID No		S7618335Z			
Related Vehicle	SBN600X (Car)			SBN600X (Car)		Conta	ct No.	86616867	. :
Hospital/Clinic	NIL -			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL			
Date Treatment	NIL Date Dis				NIL				
No. of Days granted Medical Leave		NIL	Degree o	f Injury	NIL				

Brief Details

On 29/03/19 at about 1430hrs, I parked my vehicle bearing the plate number SBN600X at the open space car park lot number 168. I made a checked around my vehicle and there was no damage before I left:

At about 1740hrs when I left home, I notice something weird with my vehicle from the back view. My neighbour from block 424 Pasir Ris Dr 6 #01-113 told me that at about 1720hrs, she was chit chatting with her friends at a pavilion in between block 423 and 424 when they heard a loud bang. Shortly after, when they came out to take a look, she saw a white van driving off in a fast speed. I suspected that the white van was the vehicle that hit my vehicle, however, my neighbour was unable to see the licence plate number of the white van. I do not notice any camera around the vicinity. There are CCTV at the entrance of the carpark gantry. Only the front bumper and front right signal light of my vehicle were damaged. From the damages, I believed that the vehicle was parked beside me on the right side and the lot number is 167. I would like to state that there was no in car camera in my vehicle.

POLICE REPORT





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 3 of 3 Report No. T/20190329/2183

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 Re G / Sgt 2 JEREMY CHUNG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2019 18:43
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp NP168	POLICE FORCE

















