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 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	13/05/2019 12:30
Date Of Accident	11/05/2019 21:25
Exact Location Of Accident	BLK 203 TAMPINES ST 21 OPEN CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN5213C
Insured/Policyholder	
Name Of Registered Owner	MR FOO SECK HAM
NRIC No	S1313934B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97105348
Alternative Phone No	OTHERS-97105348
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSN3076671800
Cover Note Number	
Driver	
Name of Driver	FOO YONG CHUN,SHAUN

NRIC No S8722162H
Date Of Birth 17/07/1987
Occupation OUTDOOR
Date Of Driving Pass 19/08/2008

Driving Experience 10 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92706234

Fax Number

Contact Number

EMail Address FOO SHAUN@YAHOO.COM

BLK 203 TAMPINES ST 21 Address

#08-1261

Postcode 520203

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

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

ambulance?

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

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C, POSTCODE: 529682, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLSREFER TO THE POLICE REPORT:T/20190512/2003

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

GBB2900E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Name of Driver

Vehicle Category

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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:
 - 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.

Coto

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Accident Sketch Plan

SKETCH PLAN

Γ	T T T T	٦	A = SON5213C
L	1 1 1 1	٦	B=GBB2900E
Γ	Car Park Jak	٦	BIK 203
L	Car Pork Lot	7	Tempines Street 21
			Open Corpork

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	/
	/
	/
/	
Refor to Police Report	
1	
Report NO: T/2090512/2003	
ECLARATION	

I/We declare the foregoing particulars are true in ex-

V80

Policyholder's Signature

Date & Time:

Drivez signatule) (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Individual Statement





2 of 3

Report No. T/20190512/2003

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999 CONTINUATION OF REPORT

Driver				1905	VIII AND	
Name	FOO YONG CHUN, SHAUN			ID No		S8722162H
Related Vehicle	NIL			Conta	ct No.	92706234
Hospital/Clinic	lospital/Clinic NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL		
No. of Days granted Medical Leave NIL			Degree o	fInjury	NIL	

Brief Details

On the 11/5/2019 at about 2115hrs, I had parked my car bearing vehicle no. SJN5213C temporarily along the roadside at Lorong 30 Geylang with hazard light. I then went out to go to the toilet at the nearby coffeeshop. My car was not obstructing the road and was parked along the roadside. There were no damages on the right rear passenger door when I left.

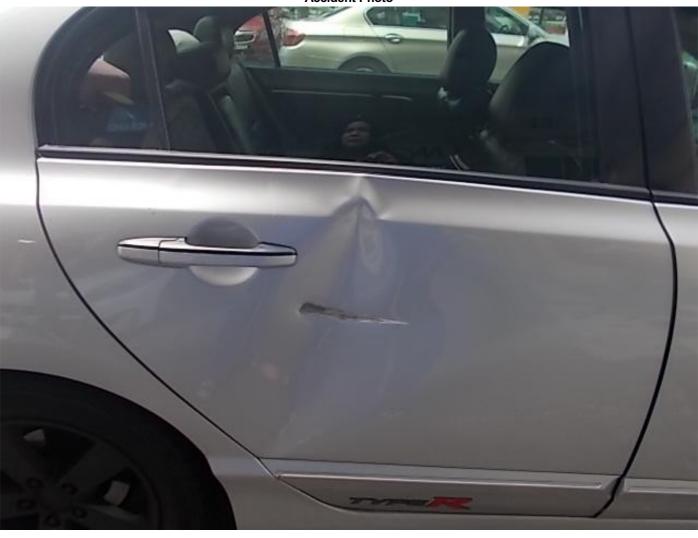
On the same day at about 2125hrs, I went back to my car and realised that there was a dent on the right rear passenger door. There was a note left on my car stating that they saw a lorry knock into my car door and dented it. There is a vehicle no. stated, GBB2900E. However, there is no contact details left behind. No one came forward to approach me. There is no lorry bearing the vehicle no.GBB2900E in the vicinity when I came back.

I wish to state that there is a police cctv nearby which may have captured the incident.





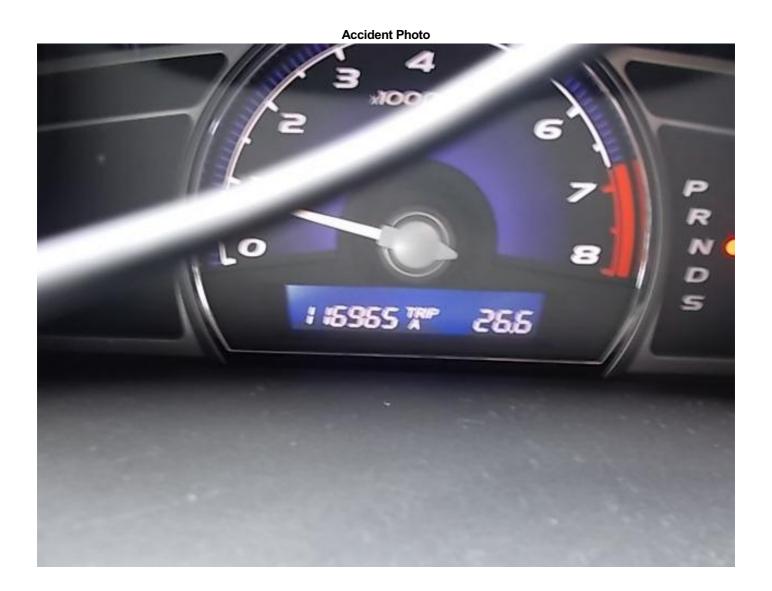
Accident Photo



Accident Photo







Accident Photo



Police Report





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 1 of 3 Report No. T/20190512/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2019 01:04			Vide Report No	Station Diary No.: 10		
Informa	nt's Partic	ulars				
Name of Informant: FOO YONG CHUN, SHAUN			Address: APT BLK 203 TAMPINES STREET 21 #08-1261 SINGAPORE			
		, or triori	520203	REE 1 21 #06-1201 SINGAPORE		
ID Type / ID No.: NRIC NO / 38722162H		62H	Contact No.: Home/Office: Mobile: 92708234			
National SINGAP	ity: ORE CITIZ	EN.	Email:			
Sex: Age: Date of Birth: Male 31 17/07/1987			Type of Informant Driver			
Race: Chinese			Language; English	Institution / School Name:		
Occupation: SALES REPRESENTATIVE		NTATIVE	Driving Licence Information Class: 3	Date of Expiry		

Type of Accident:	Non-Injury Hit and Run	Drink Drive; No	Date/Time of Accident 11/05/2019 21 25	Type of Location: Straight Road	
Location; Along Road 1 LORONG 3D Weather: Clear		Road Surface: Dry	R	oad Speed Limit:	
AND THE PARTY OF T		Traffic Control:		affic Volume:	
Traffic Flow:		Not Controlled	E E	ght	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB2900E	Lorry					0
\$JN5213C	Car				Slightly Damaged	0

Details of Person Involved	A CHARLES HAVE IN CONCESSION OF THE PARTY OF
Any Pedestrian Involved, No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report





Report No. T/20190512/2003

2 of 3

Police Station Of Origin: Tampines N.P.C. 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver	ATTER BUILDING	- Manager	THE PARTY OF THE P		
Name	FOO YONG CHUN, SHAUN			ID No:	S8722162H
Related Vehicle	NEL			Contact No.	92706234
Hospital/Clinic	NIL			The state of the s	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di			charge NIL	
No. of Days granted Medical Leave NIL		Degree o	finjury NIL		

Brief Details.

On the 11/5/2019 at about 2115hrs, I had parked my car bearing vehicle no. SJN5213C temporarily along the roadside at Lorong 30 Geylang with hazard light. I then went out to go to the toilet at the nearby coffeeshop. My car was not obstructing the road and was parked along the roadside. There were no damages on the right rear passenger door when I left.

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I wish to state that there is a police only nearby which may have captured the incident.

Police Report





Police Station Of Origin: Tampines N.P.C 5 Tampines Avenue 4 SINGAPORE 529582 Tel No. 1800-5871989 3 of 3 Report No. T/20190512/2003

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:	Signature Of Informant:
Sgt 3 MUHAMMAD DANIYAL BIN BAHARUDDIN	The state of the s
Signature Of Interpreter: Not applicable	Date/Time: 12/05/2019 01:04
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG	Classification Of Case
Contact No.: 65476368 Authentication Stamp NP168	

Identification Card



SIN 52136

Driver



Driving License



SJN 59186

Driver

