SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

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	ACCIDENT STATEMENT
Date Of Report	13/05/2019 14:11
Date Of Accident	11/05/2019 17:25
Exact Location Of Accident	BLK 461 YISHUN AVE 6 MSCP DECK 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC9041C
Insured/Policyholder	
Name Of Registered Owner	MR CHOO HUA YI
NRIC No	S8803952A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90497550
Alternative Phone No	OFFICE-90497550
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	DMCPSN3050691800
Cover Note Number	-
Driver	
Name of Driver	MR CHOO HUA YI
NRIC No	S8803952A
Date Of Birth	22/01/1988
Occupation	INDOOR
Date Of Driving Pass	21/12/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90497550

OFFICE-90497550

NOEMAIL

BLK 462D YISHUN AVE 6 #08-1079 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

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-5549999 - FAX NO: 68522499 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA7766T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 insurers) 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.

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

SKETCH PLAN		
		V.A) SM 49041C
		N-B) SIM A 77467
		BIK 461 SISHVA
DESCRIBE CIRCUMSTANG	CES OF THE ACCIDENT	TITLE PROPERTY.
	41 (5 6 5 4 5 6 5 7 5 6 7 6 7 6 7 1 1 1 1 5 6 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5	
	7-10	
	sector to	
		1
/	police Repor	
	7 0	
ECLARATION We declare the foregoing par	rticulars are true in every respect.	
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

POLICE REPORT





1 of 3

Report No. T/20190512/2069

POLICE FORCE

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2019 17:08		Vide Report No.:	Station Diary No.		
Informa	ent's Partic	ulars			
Name of Informant: CHOO HUA YI		Address: APT BLK 462D YISHUN AVENUE 6 #08-1079 SINGAPORE 764462			
ID Type / ID No.: NRIC NO / S8803952A		Contact No.: Home/Office:	Mobile: 00407550		
Nationality: SINGAPORE CITIZEN		EN	Email:	Mobile: 90497550	
Sex: Age: Date of Birth: Male 31 22/01/1988		Type of Informant:			
Race: Chinese			Language:	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Informat Class: 3	tion: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Date/Time of Accident:		Type of Location Car Park	
Location: Along Road 1 YISHUN AVE	NUE 6 n Avenue 6, MSCP D	No No	11/05/2019 17:25		
		Road Surface:	R	Road Speed Limit:	
Traffic Flow: Traffic Cor			T	raffic Volume:	
Type of Collisi	on:	Vic	A	nyone conveyed by	

Vehicle No.	Type	Make	Model	Torre	1.	A MILES OF THE PARTY
SMA7766T	Car	mone	Model	Color	Condition	No of Passenger
	Cai					0
SMC9041C	Car	TOYOTA	CAMRY	100.7		
011/000410	2000Mg	IOIOIA	HYBRID 2.5G CVT	White	Seriously Damaged	

Details of Vi	ehicle Insurance	Marie Land State of the		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

2 of 3 Report No. T/20190512/2069

Tel No: 1800-5549999

CONTINUATION OF REPORT

	ehicle Insurance	THE RESERVE OF THE PERSON NAMED IN	CENTER OF THE PERSON NAMED IN	
	Insurance Company	Insurance No	Effective	Expiry Date
SMC9041C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30506918 00	26/07/2018	25/07/2019

Brief Details.

On 11/05/2019 at about 1500hrs, I parked my vehicle at the MSCP and everything was intact.

On 12/05/2019 at about 1244hrs, while driving my vehicle, I heard a sound coming from my vehicle. I stopped to make a checked and discovered that the bumper had came off. I then played my in car camera and discovered that on 11/05/2019 at about 1729hrs, while my vehicle was stationary parked at the said MSCP, a vehicle SMA7766T hit onto the front portion of my vehicle. Subsequently a female passenger from the left passenger side window look at my vehicle and drove off.

I wished to state that I do have the recording of the said accident from my in car camera.

POLICE REPORT





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

3 of 3 Report No. T/20190512/2069

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: L / Staff Sgt ISZAD BIN ISHAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/05/2019 17:08
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	SN 085
Authentication Stamp NP168 Singapore Poli	10000

DRIVING DOC

































