

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	13/08/2019 13:23
Date Of Accident	17/06/2019 23:45
Exact Location Of Accident	PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX834D
Insured/Policyholder	
Name Of Registered Owner	SEAH CHOON KHIAT
NRIC No	S7213675F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90223556
Alternative Phone No	OFFICE-90223556

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	REPORTING ONLY
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	DMPCSN3087171902
Cover Note Number	-

Driver

Name of Driver	SEAH CHOON KHIAT
NRIC No	S7213675F
Date Of Birth	28/04/1972
Occupation	INDOOR
Date Of Driving Pass	02/03/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90223556
Fax Number	
Contact Number	OFFICE-90223556
Email Address	NOEMAIL

Address	BLK 299B COMPASSVALE ST #07-100
Postcode	542299
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	SIDE SWIPE
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?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20190708/7043. REMARK:VEH HAD BEEN SOLD.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA532G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

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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.
- (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

SKETCH PLAN

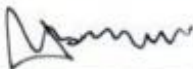
Unable
to
Provide
Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report
F/20190708/7043

DECLARATION

I/We declare the foregoing particulars are true in every respect.



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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20190708/7043

1 of 2

POLICE REPORT (NP299)

Report No. F/20190708/7043

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 08/07/2019 18:31	Vide Report No.	Station Diary No.
Name Of Informant SEAH CHOON KHIAT	Address APT BLK 299B COMPASSVALE STREET #07-100 SINGAPORE 542299	
ID Type / ID No. NRIC NO / S7213675F	Contact No. Home/Office: Mobile: 90223556	
Nationality SINGAPORE CITIZEN	Email Address seah_francis@hotmail.com	
Occupation IT service manager	Sex Male	Age 47
Institution/School Name	Date of Birth 28/04/1972	Race Chinese
Date/Time Of Incident 17/06/2019 23:45 - 18/06/2019 23:50	Location Of Incident APT BLK 299B COMPASSVALE STREET #07-100 SINGAPORE 542299	

Brief details.

I received a letter with reference to TP/IP/40765/2019 requesting for a police report. I had no recollection that I was involved in an accident and I am very concern when I received this letter. Below is the statement that I can recalled to the best of my knowledge which I hope can assist in the investigation. I remembered I was having dinner with my friend at Ponggol Marina Country Club around 7-8 pm. We chat till about 10 plus when I asked to go as I was having a very bad headache and feeling giddy. I rested in the car for awhile as I was still feeling drowsy. As it was late, I decided to drive back as the distance was

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2019 18:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20190708/7043

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190708/7043

not far away from my house, I recalled I travel out from punggol way and back home. The following day, when I went to my car, I saw a small dent on the front left side of my car. I thought someone in the carpark knock or dent my car so I went from level to level to see if any car was damage. However, I found none. At the time, I concluded that I might have hit the kerb when I went up the carpark.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2019 18:31
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

SELL RECEIPT

SALES RECEIPT

VS Motoring

1 Bukit Batok Crescent, #02-46 WCEGA Plaza, Singapore 658064
Tel: 9667 2183 Fax: 6289 2565 email: vs.motoring@gmail.com

Date: 18.6.19
Co Reg No. 53180524K

Hereby confirmed the purchase / Sales of the mention vehicle from / to:

Name Mr Seah Chuan Khiat

I/C No. S721367SF

Of _____

Tel: _____

At agreed price _____

\$ 11605.00

Deposit _____

\$ _____

Finance / Others _____

\$ _____

Balance on delivery _____

\$ 11605.00

Make / Model Mitsubishi Lancer Ev 2.0 GLS Reg. No. SKX 834N DOR 20 Jan 2010

Engine No. 4B11AG0751 Ownership 02 Year 2009

Chasis No. JM4STC44NAU00924 Colour Silver

Delivery Date: 18.6.19 Time: 5.15 pm

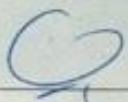
Note: The owner will be fully responsible for any illegal acts and /or expenses relating to unlawful driving or parking offenses arising from the use of the said vehicle at any time prior to the date of delivery.

Remarks _____

(Deposit is Not refundable. In case of Breach of Agreement by seller, the seller has to compensate the buyer twice the amount of deposit paid).

\$ 11,605/00

Cheque no. WB440117


Sign by Buyer


Sign by Seller