

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 GlA 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	10/09/2019 18:11
Date Of Accident	08/09/2019 19:15
Exact Location Of Accident	53 HOLLAND ROAD THE HOLLAND COLLECTION CONDO CARPA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3213K
Insured/Policyholder	
Name Of Registered Owner	YE CHENGZHONG
NRIC No	G3804531N
Email Address	KASEYYE1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98322233
Alternative Phone No	OTHERS-97289619

Vehicle Particulars

Manufacturer	BMW
Model	X3 SDRIVE 20I M SPORT
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	C0096478
Cover Note Number	

Driver

Name of Driver	YE CHENGZHONG
NRIC No	G3804531N
Date Of Birth	26/03/1969
Occupation	INDOOR
Date Of Driving Pass	30/11/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98322233
Fax Number	
Contact Number	OTHERS-97289619
EMail Address	KASEYYE1@GMAIL.COM

Address	53 HOLLAND ROAD THE HOLLAND COLLECTION
Postcode	258859
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	ALEXANDRA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4739999 - FAX NO: 64713569
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC86S
Vehicle Make/Model/Colour	YELLOW TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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7. 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)**

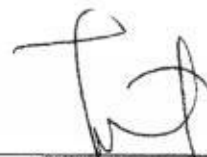
I understand, acknowledge, agree and consent that:

- (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 :
 - (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:

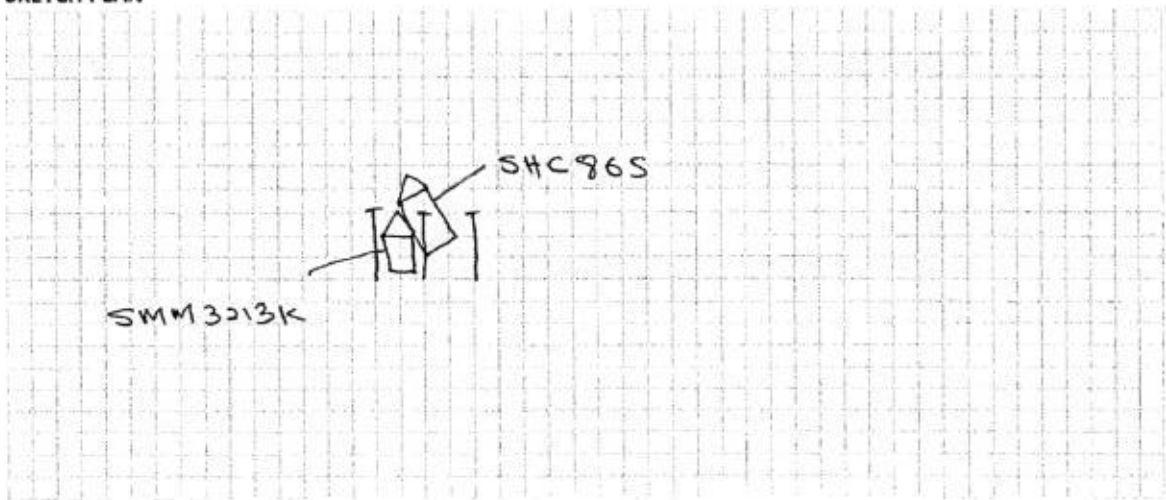
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Performance Motor Limited
NRIC/FIN No: 2101040010001
State Derby Performance Centre
Singapore 150040

3/7/2019 10:10 AM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- refer police report

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: [Signature]
NRIC/FIN No.: 003 819-111 111



**SINGAPORE
POLICE FORCE**



T/20190910/2113

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

1 of 3

Report No. T/20190910/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2019 16:06		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: YE CHENGZHONG			Address: 53 HOLLAND ROAD THE HOLLAND COLLECTION SINGAPORE 258859		
ID Type / ID No.: FIN NO / G3804531N			Contact No.: Home/Office: Mobile: 98322233		
Nationality: CHINESE			Email:		
Sex: Male	Age: 50	Date of Birth: 26/03/1969	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Financial/Investment adviser			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/09/2019 19:10	Type of Location: Car Park
Location: Along Road 1 HOLLAND ROAD Inside Carpark Blk 53 Holland Rd THE HOLLAND COLLECTION condo				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC86S	Car					0
SMM3213K	Car					0



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Tel No: 1800-4739999

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Report No. T/20190910/2113

CONTINUATION OF REPORT

Brief Details.

On 8/9/2019 at about 1630hrs I parked my vehicle on parking lot number 26 at the basement of the condo and went back on 9/9/2019 at about 1200hrs. I discovered that there are multiple scratches on the front right of my vehicle which is obviously caused by swiping with another vehicle. I then reviewed my in car camera and also ask the security officer to review the carpark CCTV footage. The condo had sent me the footage on 9/9/2019 night time. A taxi was seen doing reserving and when the driver is moving forward the car hit onto my vehicle. The driver then drove off without leaving any note or contact. No one was injured.



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Tel No: 1800-4739999

3 of 3

Report No. T/20190910/2113

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:
D /
Sgt 2 LIAN YONG MING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/09/2019 16:06

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Classification Of Case:

SN 47

Authentication Stamp
NP168

