

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	16/09/2019 16:05
Date Of Accident	05/09/2019 16:30
Exact Location Of Accident	BEDOK INTERCHANGE FOODCOURT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EE8232J
Insured/Policyholder	
Name Of Registered Owner	LAI FONG SENG
NRIC No	S0018113G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98316623
Alternative Phone No	OFFICE-98316623

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	280S
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SI19V08018/VPC/R13
Cover Note Number	-

Driver

Name of Driver	CHIN KWEK CHONG
NRIC No	S0021309H
Date Of Birth	30/10/1941
Occupation	INDOOR
Date Of Driving Pass	01/01/1961
Driving Experience	58 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98316623
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	106 SENNETT AVE
Postcode	467105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AFTER I PARKED MY VEH AT THE BEDOK INTERCHANGE FOOD COURT CARPARK, I NEVER FELT ANY IMPACT OR SCRATCHED SOUND. THEN I WENT OFF FROM MY VEH, WHEN I WENT BACK TO MY VEH, THAT WAS A YOUNG MAN WAITING FOR ME AND HE CLAIMS I HIT ONTO HIS VEH, BUT I CHECK ON HIS VEH WAS NOT DAMAGE AND MY VEH ALSO NO DAMAGE AT ALL. HE ALSO MENTIONED HE GOING TO REPORT ME AS HIT AND RUN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A B

A = EE 8232J
B = Unknown

Bedok Interchange Food court Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Peter to statement

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**



T/20190923/2087

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

1 of 3

Report No. T/20190923/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2019 14:54	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: CHIN KWEK CHONG	Address: 106 SENNETT AVENUE SINGAPORE 467105		
ID Type / ID No.: NRIC NO / S0021309H	Contact No.: Home/Office: Mobile: 98316623		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 77	Date of Birth: 30/10/1941	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Self-Employed	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/09/2019 16:30	Type of Location: Car Park
Location: Along Road 1 NEW UPPER CHANGI ROAD Bedok Interchange Foodcourt Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: No collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EE8232J	Car	MERCEDES BENZ	MERCEDES BENZ	Blue	No Damage	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190923/2087

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20190923/2087

CONTINUATION OF REPORT

Driver			
Name	CHIN KWEK CHONG	ID No.	S0021309H
Related Vehicle	EE8232J (Car)	Contact No.	98316623
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/09/2019 at about 1630hrs, I parked my vehicle at the Bedok Interchange Food Court carpark. I never feel any impact or scratched sound. Then I went off from my vehicle. When I came back to my vehicle, there was a young man waiting for me and claimed that I hit onto his vehicle. But I check on his vehicle and it was not damaged and my vehicle has no damage at all. He further mention that he is going to report me for hit and run.

I received a police letter (Traffic) indicating my vehicle is involved in a case of traffic accident on 05/09/2019 at about 1415hrs along Bedok North Street 1. I wish to state that I do not remember any details of any incident for 05/09/2019 at about 1415hrs along Bedok North Street 1.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190923/2087

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20190923/2087

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:

G /

Sgt 3 SAM YEO WEN MING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

23/09/2019 14:54

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA119122711 Vehicle Registration No: EE8232J
Name (as shown in NRIC) : CHIN KWEK CHONG NRIC/FIN/Passport No : S0021309H
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : 106 SENNETT AVE Singapore (467105)
Contact (Tel) : _____ Mobile No. : 98316623
Email Address : _____
Date of Accident : 05/09/2019 Time of Accident : 16:30
Place of Accident : BEDOK INTERCHANGE FOODCOURT CARPARK
Insurance Company : Liberty Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend date of accident & add in police report.


Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: