

## 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	31/10/2019 12:14
Date Of Accident	15/10/2019 13:35
Exact Location Of Accident	ROADSIDE CARPARK LOT ALONG KAMPONG KAPOR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6950B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE JIA EN
NRIC No	S9231509F
Email Address	JIAEN.J@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91807254
Alternative Phone No	OTHERS-91807254

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLC 180 K
Exact Purpose for which vehicle was being used at time of accident	PRIVATE UES
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	DMPCSN30104019000
Cover Note Number	

### Driver

Name of Driver	LEE JIA EN
NRIC No	S9231509F
Date Of Birth	23/08/1992
Occupation	INDOOR
Date Of Driving Pass	06/11/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91807254
Fax Number	
Contact Number	OTHERS-91807254
EEmail Address	JIAEN.J@GMAIL.COM

Address	BLK 33 YISHUN STREET 51 #01-28
Postcode	767991
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	COLLIDED INTO PARKED VEHICLE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: A/20191030/7013.

#### 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	SHD1020M
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)	

**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:

31 OCT 2019

17:14h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

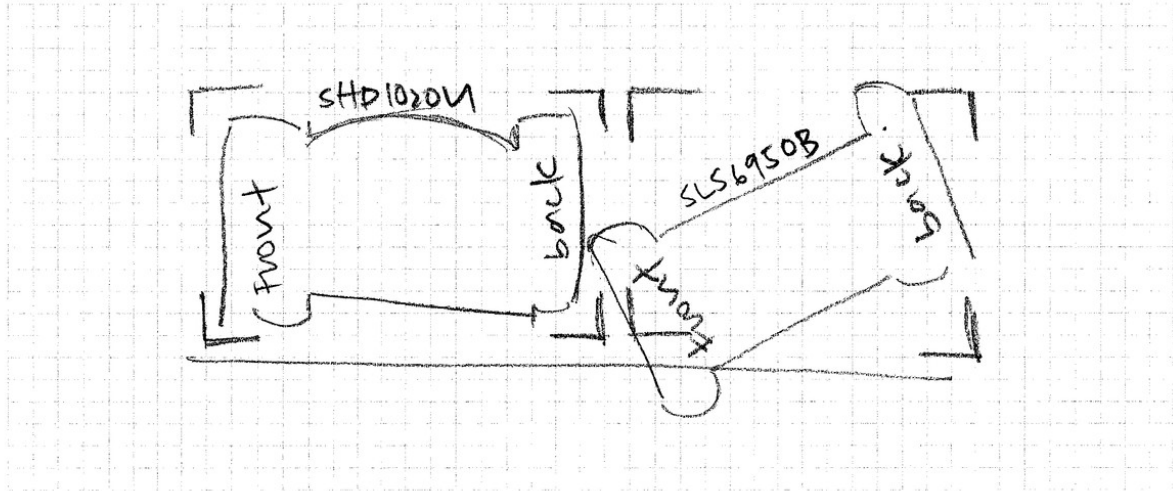
Reporting Centre Personnel's Signature

Name:

Poh Kwee Choo

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened while my car, SLS6950B was adjusting into the roadside carpark lot along Kampong Kapor Road. While adjusting the car straight, it bumped into the car instant SHD1020M slightly at a very slow speed.

Refer to Police report: A/20191030/7013.

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.:

City & Civil Sketch 31 OCT 2019



**SINGAPORE  
POLICE FORCE**



A/20191030/7013

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**POLICE REPORT (NP299)**

Report No. A/20191030/7013

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 30/10/2019 12:31	Vide Report No.	Station Diary No.
Name Of Informant LEE JIA EN	Address BLK 33 YISHUN STREET 51 #01-28 SINGAPORE 767991	
ID Type / ID No. NRIC NO / S9231509F	Contact No. Home/Office:	Mobile: 91807254
Nationality SINGAPORE CITIZEN	Email Address jiaen.j@gmail.com	
Occupation Management executive	Sex Female	Age 27
Institution/School Name	Date of Birth 23/08/1992	Race Chinese
Date/Time Of Incident 15/10/2019 13:35	Location Of Incident KAMPONG KAPOR ROAD	

**Brief details.**

The incident happened while my car, SLS6950B was adjusting into the roadside carpark lot along Kampong Kapor Road. While adjusting the car straight, it bumped into the car in front SHD1020U slightly at very slow speed. Upon the incident, I went down to apologize the the sub taxi driver uncle and requested to compensate for the mistake made.

Mr Rendy Oh was around and he came forward to help me check on the damages done. After the 3 of us inspected the vehicle, we concluded that there was no bump or scratches found. However, no

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: 30/10/2019 12:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



A/20191030/7013

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20191030/7013

compensation was requested or given to the sub taxi driver uncle as I would like to talk to main car owner instead. After requesting for the main car's owner details multiple times, the sub taxi driver uncle rejected in providing me any details.

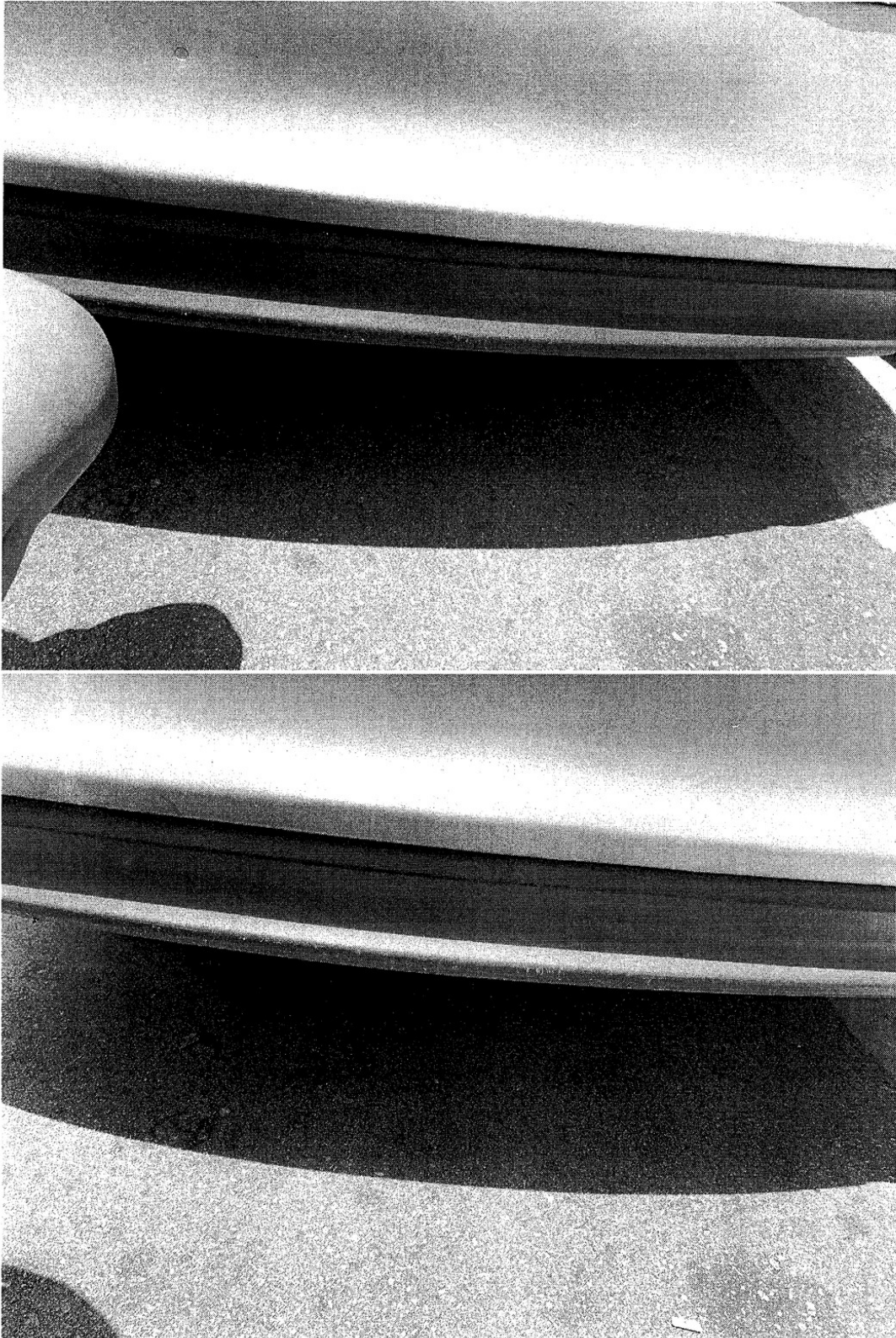
We concluded the incident with me giving him my name card and requested for them to inform me instead. Shortly after, the main car owner who identify himself as the owner of vehicle SHD1020U, called and requested for compensation for car repair but refusing to go to my workshop or meeting me for any quotation.

He came up with me compensating him a figure of \$350 if we want an amicable settlement of the incident. I told him that I am uncomfortable to settle the compensation without a third-party opinion nor a car specialist opinion. After which, there was no response from him and I received a letter from my insurance that he have proceeded with filing insurance claim for the car incident.

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: 30/10/2019 12:31
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	









Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

