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 <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

aloresalo.	
	ACCIDENT STATEMENT
Date Of Report	08/01/2020 17:12
Date Of Accident	06/01/2020 19:35
Exact Location Of Accident	45 QUALITY RD CARPARK LOT 38
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW3040K
Insured/Policyholder	
Name Of Registered Owner	LEE KAH HENG
NRIC No	SXXXX473B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84289200
Alternative Phone No	OFFICE-84289200
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3075231904
Cover Note Number	
Driver	
Name of Driver	LEE KAH HENG
NRIC No	SXXXX473B
Date Of Birth	20/08/1952

Name of Driver

NRIC No

SXXXX473B

Date Of Birth

20/08/1952

Occupation

INDOOR

Date Of Driving Pass

15/02/1975

Driving Experience 44 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84289200

Fax Number

Contact Number OFFICE-84289200

EMail Address NOEMAIL

BLK 304 JURONG EAST ST 32 #07-106 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

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2689999 - FAX NO: 62672438 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200106/2213

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

MOBILE EQUIPMENT Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 16

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy flability</u>.
- 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.
- 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 personal information of the personal information of the personal information of the personal information of the personal insurer (s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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			
PLAN	. (1.1.)	Α	FRI L
- 1		/\- - - - -	
			405 MG - FA
			R: Harmy
1.4 14.27	to provide a contract of a	No - many 1 in a sing it	
HITTH'S			
arad I see			
1 7			
11 11			+
		75 1 1 1 1 1 1 1 1	
	. 1. 1		
SCRIBE CIRCUMSTA	NCES OF THE ACCIDENT		
* loter	Dec all 1 t Bir a	1 110	
* lefer	the attached Police Re	port No: T/2020010	16/2213.
			The Parish of the Parish
-			
ARATION			
	rticulars are true in every respect.		, ,
ov on total 4			LI
2 1 1 1	In Wat A	cha.	first
12ab Hang			/ 0
	Driver's Signature	77	ette Person III et
older's Signature Time:	Driver's Signature (If driver is not the policyh Date & Time:	Reporting Co	ntre Personnel's Signature

POLICE REPORT





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

1 of 3 Report No. T/20200106/2213

2000000

	Date/Time Report Made: 06/01/2020 22:00		Vide Report No.: Station Diary I J/20200106/0125 220		
	nt's Partic			220	
TAN FOR			Address: APT BLK 304 JURONG EAS SINGAPORE 600304	ST STREET 32 #07-106	
ID Type / ID No.: NRIC NO / S1189999D		99D	Contact No.:		
Nationalit SINGAPO	y: ORE CITIZ	EN	Email:	Mobile: 81709055	
Sex: Female	ex: Age: Date of Birth:		Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation HAWKER			Driving Licence Information: Class:	Date of Evning	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/01/2020 19:35	Type of Location Car Park
Location: Along Road 1 QUALITY RO 45 Quality Ro	AD ad, Car-park, Lot 38			
		Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled		Road Speed Limit: Traffic Volume: No Traffic

CONTRACTOR SECURITION	ehicle Invo	SERVICE LICENSES		COLUMN BY STATE OF	EXECUTE OF THE PARTY OF	
Vehicle No.	Type	Make	Model	Color	Condition	No of Deserve
GW3040K	Van		-	00101	CONGIBULI	No of Passenger

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	Todostrian Crossing, IVA

POLICE REPORT



Police Station Of Origin: Jurong West N.P.C

2 of 3 Report No. T/20200106/2213

700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

Vehicle Owner	TOTAL SERVICE	and the	100015	Malaca	A COLOR	The Opposition of the Party of
Name	TAN FOH CHOO			ID No).	S1189999D
Related Vehicle	GW3040K (Van)			Contact No.		81709055
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis			
	ited Medical Leave NIL			e of Injury NIL		
Vehicle Owner					1000	SOUTH CONTRACT
Name	Lee Kah Heng		ID No		S0697473B	
Related Vehicle	GW3040K (Van)		Contact No.		82489200	
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree o		NIL	

My husband, Mr Lee Kah Heng, had parked our vehicle, GW3040K, since a month ago at the carpark of 45 Quality Road, lot 38. Since then my husband went through operation and not able to drive the car.

On 06/01/2020 at about 1830hrs, I received a call from my friend that my vehicle were damaged. I then came to the scene and saw my vehicle were damaged on the rear. I then called for police assistance. The traffic police came and took down my particulars and gave me a report number, J/20200106/0125 incharge IO Jerry. There is a in-car camera in my vehicle.

POLICE REPORT





T/20200108/2213

Police Station Of Origin: Jurong West N.P.C

3 of 3 Report No. T/20200106/2213

700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: J / Sgt 1 MUHAMMAD AQIL BIN MOHAMMAD	Signature Of Informant:
TASRIN	Ten Joh Chor
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2020 22:00
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Signature :	V 126
Singapore Police Force	



Accident Photo









Accident Photo





