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.

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	ACCIDENT STATEMENT
Date Of Report	25/06/2020 17:32
Date Of Accident	24/06/2020 18:15
Exact Location Of Accident	BLK 496 JURONG WEST AVE 1 OPEN CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA6044A
Insured/Policyholder	
Name Of Registered Owner	TAN YIN WEN
NRIC No	SXXXX148F
Email Address	YINWEN.TAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83389028
Alternative Phone No	OFFICE-83389028
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	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	DMPCSNW00007012000
Cover Note Number	
Driver	
Name of Driver	TAN VIN WEN

Name of DriverTAN YIN WENNRIC NoSXXXX148FDate Of Birth21/09/1990OccupationINDOORDate Of Driving Pass12/11/2010

Driving Experience 9 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-83389028

Fax Number

Contact Number OFFICE-83389028

EMail Address YINWEN.TAN@GMAIL.COM

Address BLK 140D CORPORATION DR #11-84

Postcode 614140

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 RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JTF9366 (COMMERCIAL VEHICLE)

Number of vehicles (including own vehicle)

involved in the accident

2

NO

NO

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

NO

YES

Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2449999 - **FAX NO**: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

.

Circumstances of Accident

REFER TO POLICE REPORT T/20200625/2078

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JTF9366

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Page 2 of 22

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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:
 - 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")
- 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:
 - 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:

NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature

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Accident Sketch Plan

CH PLAN		4		HHH	
			A		A = SMA 6044A
		Sim	NG44A		13 - JTF 9366
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		11			496 Jurang West
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RIBE CIRCUMS	TANCES OF THE	ACCIDENT			
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CLARATION					
	going particulars a	re true in ever	ry respect.		
	going particulars a	re true in ever	ry respect.		
		re true in ever			Reporting Centre Personnel's Signature

POLICE REPORT





Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Report No. T/20200625/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2020 16:24		Made:	Vide Report No.:	Station Diary No.: 49		
Informan	t's Partic	ulars				
Name of I TAN YIN			Address: APT BLK 140D CORPORATION DRIVE #11-84 SINGAR 614140			
ID Type / ID No.: NRIC NO / S9035148F			Contact No.: Home/Office:			
	Nationality: SINGAPORE CITIZEN		Email:	A Control of the Cont		
Sex: Female	Age: 29	Date of Birth: 21/09/1990	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Manager			Driving Licence Information Class: 3	on: Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 24/06/2020 18:15	Type of Location:
	ST AVENUE 1	park Road Surface:		Road Speed Limit:
Drizzling				toad opeed Little.
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JTF9366	Lorry	ISUZU		White	No Damage	1
SMA6044A	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	White	Slightly Damaged	0

Details of V	ehicle Insurance	THE RESIDENCE OF THE PARTY OF T		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

2 of 3 Report No. T/20200625/2078

CONTINUATION OF REPORT

Details of V	ehicle Insurance		SET IN LINE	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA6044A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000070 12000	10/01/2020	09/01/2021
Details of P	erson Involved		and reason	
Any Pedestri	an Involved: No			
No. of Pedes	strians Injured: NIL	Use of Pedestrian Cros	ssing: NA	
D		Jacobilari Gra		

Details of Ferse			all the base of			
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver		175				
Name	TAN YIN WEN			ID No	2	S9035148F
Related Vehicle	SMA6044A (Car)			Conta	ct No.	83389028
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date I			Discharge	NIL	
No. of Days gran	No. of Days granted Medical Leave NIL			e of Injury	NIL	
Driver				The Real Property lies	1 01 0	
Name	Unknown Driver		ID No		NIL	
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL -			Class Driving Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date D	ischarge	NIL	
No. of Days gran	ted Medical Leave	NIL		e of Injury	NIL	

Brief Details

On 24/06/2020 at about 5.20p.m, I parked my vehicle no: SMA6044A, Hyundai, white at carpark of Blk 496 Jurong West Ave 1 and left for facial. On the same day, at about 7.50p.m, I returned to the said carpark and realized my vehicle number plate was missing. Front part of the vehicle near my number plate had badly scratches. Hence, we then viewed my dash cam inside vehicle and realized a lorry no: JTF9366, Isuzu, white had collided onto my vehicle while passing through vehicle at 6.15p.m,

POLICE REPORT





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Report No. T/20200625/2078

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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 / SI LIM TOON HUANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/06/2020 16:24
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	





























