

## 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	03/07/2020 15:13
Date Of Accident	02/07/2020 09:45
Exact Location Of Accident	B/270 QUEEN ST BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ9996G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHNG MENG LAM
NRIC No	SXXXX417F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93886180
Alternative Phone No	OFFICE-93886180

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 AMG LINE AUTO
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	THIRD PARTY
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	DMPCSNW00058592000
Cover Note Number	

### Driver

Name of Driver	CHNG MENG LAM
NRIC No	SXXXX417F
Date Of Birth	21/07/1968
Occupation	INDOOR
Date Of Driving Pass	03/04/1986
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93886180
Fax Number	
Contact Number	OFFICE-93886180
Email Address	NOEMAIL

Address	BLK 3A UPPER BOON KENG ROAD #07-610
Postcode	381003
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?	
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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 72 GEYLANG BAHRU #01-3038 , <b>POSTCODE:</b> 330072 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2969999 - <b>FAX NO:</b> 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200702/2098.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA5223E
Vehicle Make/Model/Colour	VOLKSWAGEN
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

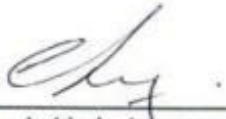
### SKETCH PLAN


#### IMPORTANT NOTICE


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- 5) **Any false reporting may be referred to the police for investigation.**
- 6) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

  
Policy holder's signature  
Date / time:

  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN

A- SGJ9996G  
B- SKA5223E

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

### DECLARATION

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

  
Policy holder's signature  
Date & time:

\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date & time:

  
reporting centre personnel's Signature  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200702/2098

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

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Report No. T/20200702/2098

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2020 21:05	Vide Report No.:	Station Diary No.: 36
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### Informant's Particulars

Name of Informant: CHNG MENG LAM			Address: APT BLK 3A UPPER BOON KENG ROAD #07-610 SINGAPORE 381003	
ID Type / ID No.: NRIC NO / S6827417F			Contact No.: Home/Office: Mobile: 93886180	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 21/07/1968	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/07/2020 09:45	Type of Location: Car Park
Location: Along Road 1 QUEEN STREET				
B/270 Queen St, basement carpark				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
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
SGJ9996G	Car	MERCEDES BENZ	E250 AMG LINE AUTO	Black	Slightly Damaged	0
SKA5223E	Car	VOLKSWAGO N				0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGJ9996G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000585 92000	14/06/2020	13/06/2021

## Police Report



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POLICE FORCE**



T/20200702/2098

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

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Report No. T/20200702/2098

### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	CHNG MENG LAM	ID No.	S6827417F
Related Vehicle	SGJ9996G (Car)	Contact No.	93886180
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 02/07/2020 at about 0930hrs, I had parked my car (SGJ9996G) at B/270 Queen St basement carpark, season parking lot and left the place and everything was intact.

On the same day at about 1700hrs, I went back and drove my car away and while I was at Old Airport Road, I saw that there was some scratches on my vehicle front right area, near to the headlight. I then viewed my in-car camera footage and saw a footage at 0945hrs, one vehicle (SKA5223E) was reversing on my vehicle right had hit onto my vehicle which caused motion on my vehicle camera.

I wish to state that there wasn't any note been left on my vehicle. I am hereby lodging this report for insurance claim. That is all.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200702/2098

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

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Report No. T/20200702/2098

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:

A /

Sgt 3 KENNETH CHEW SZE YIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/07/2020 21:05

Officer In Charge Of Case:

TP / HRT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





Accident Photo



Accident Photo





Accident Photo

