

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 16:29
Date Of Accident	27/04/2020 04:00
Exact Location Of Accident	652A CHOA CHU KANG ST 52 MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6399K
Insured/Policyholder	
Name Of Registered Owner	KAMPONG BEANCURD
Co Reg No	5XXXX691C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92779272
Alternative Phone No	OFFICE-92779272

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 114 CDI PANEL VAN LONG AT ABS 5DR
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0002528_01
Cover Note Number	

Driver

Name of Driver	LEE BENG CHIE
NRIC No	SXXXX532Z
Date Of Birth	11/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93283369
Fax Number	
Contact Number	OFFICE-93283369
Email Address	NOEMAIL

Address	BLK 272B JURONG WEST STREET 24 #16-96
Postcode	642272
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - J/20200427/7019.

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	SGS7540D
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

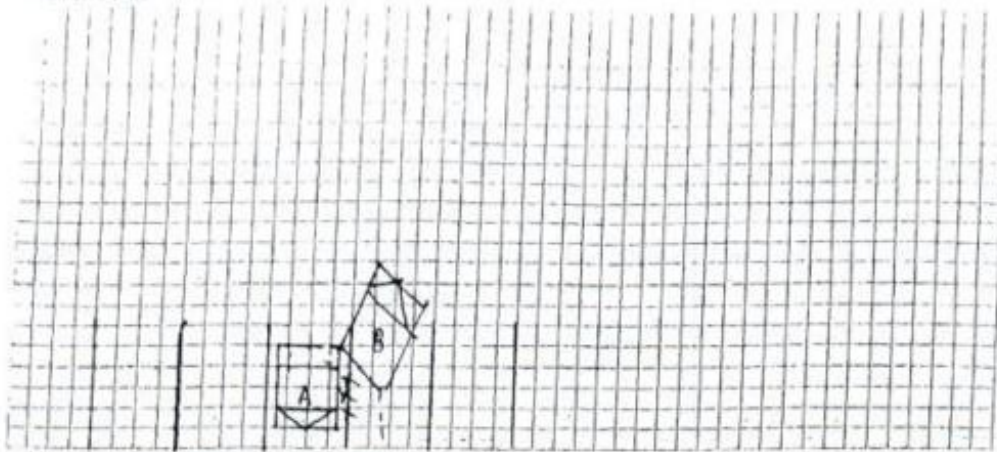
SKETCH PLAN

VEHICLE A:

GBE6399K

VEHICLE B:

SGS7540D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

(We declare the following 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/TIN No:

Police Report



**SINGAPORE
POLICE FORCE**



J/20200427/7019

1 of 2

POLICE REPORT (NP299)

Report No. J/20200427/7019

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 27/04/2020 14:29	Vide Report No.	Station Diary No.
Name Of Informant LEE JIA HUI, LOUISE	Address APT BLK 115 POTONG PASIR AVENUE 1 #13-894 SINGAPORE 350115	
ID Type / ID No. NRIC NO / S9129601B	Contact No. Home/Office: Mobile: 90887288	
Nationality SINGAPORE CITIZEN	Email Address loouiseljh@gmail.com	
Occupation Unemployed	Sex Female	Age 28
Institution/School Name	Date of Birth 12/08/1991	Race Chinese
Date/Time Of Incident 27/04/2020 04:00 - 27/04/2020 04:10	Location Of Incident 625A CHOA CHU KANG STREET 62 MULTI STOREY CAR PARK SINGAPORE 681625	

Brief details.

Hit and run vehicle was attempting to park into the lot at level 3B beside GBE6399K.
However, as the vehicle reverse, it grazed onto the right side of GBE6399K.
We were unable to identify the suspected vehicle as the in-car camera angle was limited.
Please kindly assist to retrieve the cctv from the multi storey carpark.
Incident happened at 4:03AM.

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: 27/04/2020 14:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



J/20200427/7019

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200427/7019

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Unknown		

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: 27/04/2020 14:29
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Police Report



Traffic Police
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP168 No: J/20200427/7019

Accident Date/Time: 27/04/2020 @
0400HRS - 0410HRS

Vehicle(s) Involved : GBE6399K

Name: Lee Jia Hui, Louise

Address: B/115 Potong Pasir Avenue 1 #13-
894

NRIC No: S9129601B

Tel No : 90887288

Date : 02/07/2020

Dear Sir / Madam

I wish to amend as follows :

- In the first report lodged, the damages stated was on the right side of vehicle GBE6399K. The actual damage is on the left side of vehicle GBE6399K.

Yours faithfully


BURN BATOK NPC
21 BURN BATOK EAST AVENUE 4
SINGAPORE 659840
TEL: 1800-665 9999

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



