

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	20/07/2020 14:23
Date Of Accident	18/07/2020 18:00
Exact Location Of Accident	BLK 925 MSCP YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML9607Z
Insured/Policyholder	
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Co Reg No	2XXXXX914N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92323494

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V09654/VPZ/R00
Cover Note Number	

Driver

Name of Driver	CHAN BIN
NRIC No	SXXXX012E
Date Of Birth	30/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1993
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96890623
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 304A ANCHORVALE LINK #14-152
Postcode	541304
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200719/2033

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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ6419H
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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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. 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 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

Btk 935 Vishnu Central 1 Multi-Storey Carpark

Vehicle A - SML 96072

Vehicle B - SLZ6414H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report NO. T/20200719/2033.

DECLARATION

I/We declare that the 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/FIN No:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200719/2033

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Report No: T/20200719/2033

Police Station Of Origin
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 19/07/2020 14:14	Vide Report No.	Station Diary No. 68
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Informant's Particulars

Name of Informant: CHAN BIN			Address: APT BLK 304A ANCHORVALE LINK #14-152 SINGAPORE 541304	
ID Type / ID No.: NRIC NO / S7030012E			Contact No.: Home/Office: Mobile: 96890623	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 30/08/1970	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			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: 18/07/2020 18:00	Type of Location: Car Park
Location: Along Road 1 YISHUN CENTRAL 1 Block 925 Multi-Storey Carpark. Unknown Exact Lot Number and Deck Number but it's on the second level.			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLZ6419H	Car					0
SML9607Z	Car					0

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA		

POLICE REPORT



**SINGAPORE
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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



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Report No: T/20200719/2033

CONTINUATION OF REPORT

Driver		ID No.	
Name	CHAN BIN	S7030012E	
Related Vehicle	SML9607Z (Car)	Contact No.	96890623
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 18/07/2020 at about 1730hrs, I parked and secured my vehicle bearing the registration number SML9607Z at the Multi-Storey Carpark on the 2nd level located at Block 925 Yishun Central 1. I wish to inform that I could not recall the exact lot number that my vehicle was parked in. Everything was intact at the point when I secured my vehicle.

On 18/07/2020 at about 1830hrs, when I came back to retrieve my vehicle at the parking lot, I discovered that there were scratches and dents on the front right bumper portion of my vehicle. I also wish to inform that there was a note that was left on my windshield stating, "Please call me at 96349633."

I have also made a check on my in-car camera and there are 3 footages that captured the incident. I wish to inform that after the collision against my parked vehicle, the other driver whom was driving a grey colored Audi SUV bearing the registration number SLZ6419H drove head-in at the opposite lot and checked out the damage to my vehicle and then to his. I wish to inform that in the video, it captured the make and model of the car and also the driver himself and him writing a note and leaving it on my vehicle windshield.

I wish to inform that I tried calling the number that he had left me and someone had picked it up and inform me that he is at home and did not go out. Thereafter, I tried a different combination of the number that he gave hoping that it will lead me to the right person. On 19/07/2020, I had left the number 96349633 a WhatsApp message and included a screenshot of the video from my in-car camera that have captured the incident and the person replied me telling me that he is not the one involved in the accident and claims that he is staying at a landed property and the driver might have used his number instead to leave a note and informed me he is making a police report on the matter as well. Thereafter, I sent him a video of the footage of the accident that was captured by my in-car camera for his reference. That is all.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200719/2033

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No: T/20200719/2033

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:

F /

Sgt 3 MOHAMMED RAMDHAN BIN ROSELAN
PANE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/07/2020 14:14

Officer In Charge Of Case:

TP / HRT /

SI TAN JEOK LENG

Contact No.: 65476144

Classification Of Case:

SN 035

Authentication Stamp

NP168



Signature:

Singapore Police Force

NOTE 10 PRO
L BENTA CAMERA

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

