

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	19/09/2020 12:59
Date Of Accident	18/09/2020 22:35
Exact Location Of Accident	81 LORONG CHENCARU CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8597M
Insured/Policyholder	
Name Of Registered Owner	GOH KAH LEONG
NRIC No	SXXXX720G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97707195
Alternative Phone No	OTHERS-97707195

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	DMPCSNW00029202000
Cover Note Number	

Driver

Name of Driver	GOH KAH LEONG
NRIC No	SXXXX720G
Date Of Birth	30/01/1984
Occupation	INDOOR
Date Of Driving Pass	17/01/2003
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97707195
Fax Number	
Contact Number	OTHERS-97707195
Email Address	NOEMAIL

Address	BLK 997B BUANGKOK CRESCENT #09-859
Postcode	532997
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU5987R
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:

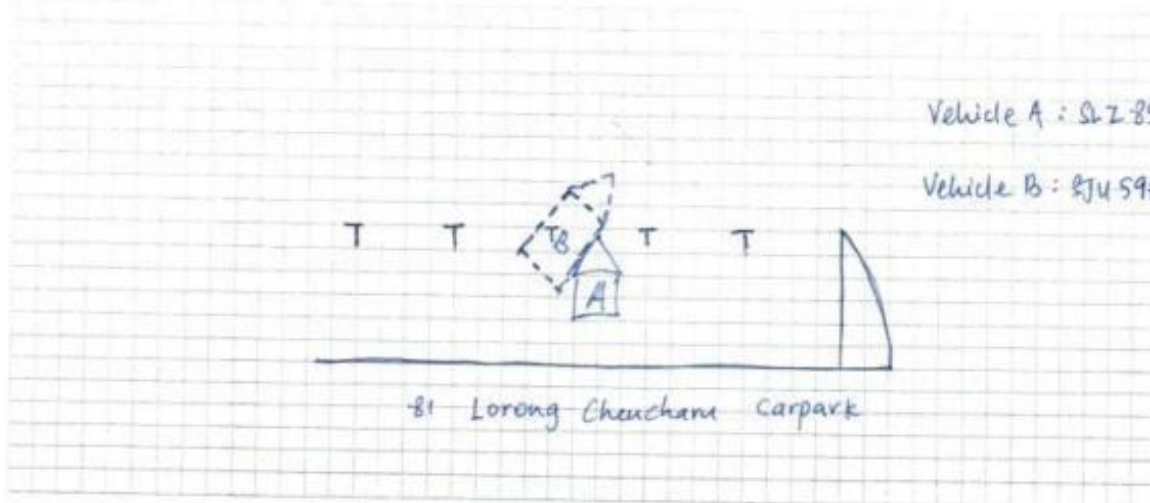
Driver's Signature
(If driver is not the policyholder)
Date & Time:

19/09/20

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A was parked stationary at the stated location. When I came back to collect my vehicle, I noticed the damages on my front left portion. I went to retrieve my in car camera video and realized vehicle B collided onto my vehicle and drove off.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Report Centre Personnel's Signature
Name:
NRIC/FIN No:

Individual Statement



**SINGAPORE
POLICE FORCE**



L/20200919/7017

1 of 2

POLICE REPORT (NP299)

Report No. L/20200919/7017

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 19/09/2020 12:12	Vide Report No.	Station Diary No.
Name Of Informant GOH KAH LEONG	Address 997B BUANGKOK CRESCENT #09-859 SINGAPORE 532997	
ID Type / ID No. NRIC NO / S8405720G	Contact No. Home/Office:	Mobile: 97707195
Nationality SINGAPORE CITIZEN	Email Address SUPAIVAN@HOTMAIL.COM	
Occupation Restaurant Manager	Sex Male	Age 36
Institution/School Name	Date of Birth 30/01/1984	Race Chinese
Date/Time Of Incident 18/09/2020 22:30 - 18/09/2020 22:35	Location Of Incident 81 LORONG CHENCHARU ORTO SINGAPORE 769198	

Brief details.

On the stated date and time, my vehicle (SLZ8597M) was parked stationary at the stated location. When i came back to collect my vehicle, i noticed the damages on the front left portion of my vehicle. I went to retrieve my in car camera videos and realized another vehicle bearing the number plate SJU5987R collided onto my vehicle and drove off.

Subjects Involved	
Suspect	
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: 19/09/2020 12:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



L/20200919/7017

1 of 2

POLICE REPORT (NP289)

Report No. L/20200919/7017

Police Station Of Origin:
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4860000

Date/Time Report Made: 19/09/2020 12:12	Vide Report No.		Station Diary No.	
Name Of Informant: GOH KAH LEONG	Address: 997B BUANGKOK CRESCENT #09-859 SINGAPORE 532997			
ID Type / ID No. NRIC NO / 584057203	Contact No. Home/Office:		Mobile: 97707195	
Nationality: SINGAPORE CITIZEN	Email Address: SUPAIVAN@HOTMAIL.COM			
Occupation: Restaurant Manager	Sex: Male	Age: 36	Date of Birth: 30/01/1984	Race: Chinese
Institution/School Name:	Language: English			
Date/Time Of Incident: 19/09/2020 22:30 - 19/09/2020 22:35	Location Of Incident: 81 LORONG CHENCHARU ORTO SINGAPORE 769198			

Brief details.

On the stated date and time, my vehicle (SLZ8597M) was parked stationary at the stated location. When i came back to collect my vehicle, i noticed the damages on the front left portion of my vehicle. I went to retrieve my in car camera videos and realized another vehicle bearing the number plate SJU5887R collided onto my vehicle and drove off.

Subjects Involved
Suspect

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: 19/09/2020 12:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



L/20200919/7017

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No: L/20200919/7017

Person Name	SJU5987R		
Victim			
Person Name	GOH KAH LEONG		
ID Type	NRIC NO	ID No	S8405720G
Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	Restaurant Manager	Address	997B BUANGKOK CRESCENT #09-659 SINGAPORE 532997
Mobile No	97707195	Is Informant A Victim?	Yes
Person Name: GOH KAH LEONG (Informant)			

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: 19/09/2020 12:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	