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	09/11/2020 22:21
Date Of Accident	08/11/2020 09:05
Exact Location Of Accident	BUKIT BATOK WEST AVE 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE1528G
Insured/Policyholder	
Name Of Registered Owner	BENJAMIN CHEONG ZHEN HUA
NRIC No	SXXXX073F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91512576
Alternative Phone No	OFFICE-91512576
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00011848-01
Cover Note Number	
Driver	

Driver

Name of Driver BENJAMIN CHEONG ZHEN HUA

NRIC No SXXXX073F

Date Of Birth 02/05/1989

Occupation INDOOR

Date Of Driving Pass 25/01/2010

Driving Experience 10 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91512576

Fax Number

Contact Number OFFICE-91512576

EMail Address NOEMAIL

BLK 452A BUKIT BATOK WEST AVE 6 #13-735 Address

Postcode

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 **COLLISION - CHANGE/CROSS LANE**

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHLOE CHENG LE TING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY:

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20201108/2020

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

SGV2565A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 20

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
- 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)
 - 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:
 - 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.:

GIARMC SketchPlanForm V3

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e declare the foregoing parti	Short		—	
CLARATION e declare the foregoing parti yholder's Signature & Time:	Driver's Signature	Report Dider) Name	rting Centre Personnel's	Signature

GIARMC SketchPlanFonm_V3

POLICE REPORT





Report No. T/20201108/2020

Police Station Of Origin: Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.:

Station Diary No.: 08/11/2020 12:35 26 Informant's Particulars Name of Informant: Address: BENJAMIN CHEONG ZHEN HUA APT BLK 452A BUKIT BATOK WEST AVENUE 6 #13-735 SINGAPORE 651452 ID Type / ID No .: Contact No.: NRIC NO / S8915073F Home/Office: Mobile: 91512576 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 31 02/05/1989 Driver Race: Language: Institution / School Name: Chinese Occupation: Driving Licence Information: BANKER Class: 3 Date of Expiry:

General Infor	mation of the Acciden	t and a second	E MAIN TO SERVE	State of the same	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/11/2020 09:05	Type of Location: Car Park	
Location: BUKIT BATO	K WEST AVENUE 8	Road Surface:		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collisi Between Movi	on: ng Vehicles - Side Swi	pe - Same Direction		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved			S 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	MERCHANIS
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGV2565A	Car				No Damage	0
SKE1528G	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT





2 of 3

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

Report No. T/20201106/2020

Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of V	ehicle insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE1528G	FWD Singapore Pte. Ltd	PNPV2019- 00011848-01	13/08/2020	12/08/2021

Details of Perso	n Involved		A ST				
Any Pedestrian II	nvolved: No		- LUHUE				
No. of Pedestrian	s Injured: NIL		Us	se of Peo	Pedestrian Crossing: NA		
Driver			105			Vanny.	
Name	BENJAMIN CHEONG ZHEN HUA		ID No		S8915073F		
Related Vehicle	SKE1528G (Car)				Conta	ct No.	91512576
Hospital/Clinic	NIL				Class Driving Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	On the same	D	ate Disch	-	NIL	
	ted Medical Leave	NIL	D	egree of	Injury	NIL	

Brief Details.

On the 08/11/2020 at 0905hrs, I was driving my vehicle bearing the registration number SKE1528G at the Multi storey carpark of Blk 154A Bukit Batok West Avenue 8, Deck 4B. I had stopped slightly to the left of the driveway as I was waiting for a car to move out of a lot so that I can park there. A yellow car bearing the registration number SGV2565A that was waiting behind my vehicle then accelerated and drove past me on the right and collided once into the rear and once at front of my vehicle at the right side. I could see that the driver was a middle aged male subject with a tattoo on his right hand. The car then drove off without stopping. My vehicle sustained damages of scratches at the rear right bumper area, scratches at the front right side mirror and scratches and dent at the front right wheel area. I did not suffer from any injuries. I have a camera in my car that has captured the incident.

POLICE REPORT





3 of 3

Report No. T/20201108/2020

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE CONTINUATION OF REPORT

Tel No: 1800-6659999

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Pecording The Penort

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 Informant

J / Sgt 2 NG CHOR MUI	Signature Of Informatic
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2020 12:35
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN APOPE Contact No.: 65476078 POLICE FORCE	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	























