

# 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 Submission ..... 17/12/2020 17:29 (SGT)  
Date of Accident ..... 16/12/2020 19:10 (SGT)  
Exact Location of Accident ..... 201E Tampines Street 23, Singapore 527201  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMD4257A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN WEI PING, CALVIN (ZHENG WEIPING)  
NRIC No ..... SXXXX790C  
Email Address ..... ctwp88@gmail.com  
Mobile Phone No ..... (Phone) +65-92728018  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
Variant ..... -  
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 - Reporting only  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5112899729-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN WEI PING, CALVIN (ZHENG WEIPING)  
NRIC No ..... SXXXX790C  
Date Of Birth ..... 16/08/1988  
Occupation ..... Outdoor

Date Of Driving Pass .....	04/12/2007
Driving experience .....	13 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-92728018
Alt. Phone Number .....	+--
Email Address .....	ctwp88@gmail.com
Address .....	41 JALAN MARIAM
Address complement .....	-
Postcode .....	509319
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201216/2146.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TAN WEI PING, CALVIN (ZHENG WEIPING)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMD4257A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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- 5) **Any false reporting may be referred to the Police as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.

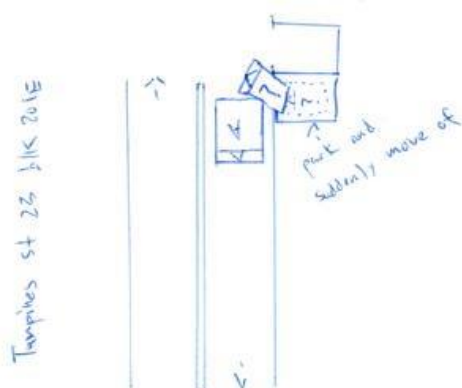
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



Veh A : SMD425TA  
Veh B : unknown

Refer to police report T/2020/216 / 2146

**DECLARATION**

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

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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





































# SINGAPORE POLICE FORCE



T/20201216/2146

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Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20201216/2146

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2020 23:46	Vide Report No.:	Station Diary No.: 96
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### Informant's Particulars

Name of Informant: TEH WEI PING, CALVIN			Address: 41 JALAN MARIAM SINGAPORE 509319		
ID Type / ID No.: NRIC NO / S8829790C			Contact No.: Home/Office: Mobile: 92728018		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 16/08/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Shop sales assistant			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/12/2020 19:10	Type of Location: Car Park
Location:  TAMPINES STREET 23				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD4257A	Car	KIA	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR	Silver	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD4257A	NTUC Income Insurance Co-Operative Limited	5112899729-01	16/11/2020	15/11/2021



**SINGAPORE  
POLICE FORCE**



T/20201216/2146

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Report No. T/20201216/2146

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEH WEI PING, CALVIN	ID No.	S8829790C
Related Vehicle	SMD4257A (Car)	Contact No.	92728018
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/12/2020	Date Discharge	16/12/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Name			
Name	KEH	ID No.	NIL
Related Vehicle	NIL	Contact No.	90682473
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 16/12/2020 at about 1910hrs, I was the driver of SMD4257A.

While I was travelling of along the road in the vicinity of carpark of Blk 201E Tampines St 23, I stopped my car as there was a car ahead. All of a sudden, a Red Nissan Murano, suddenly came out of the carpark lot and hit onto the left side of my rear bumper. I then alighted then I ask the driver what he was doing. He admitted that it was his fault. As there were car stacking up behind my car, I quickly took his phone number and move the car. I did not take his vehicle number or a picture of his plate number.

Initially, he offered me options to a private settlement. However, I told him that I need to consult my workshop and insurance. The driver wanted to bring me to the workshop. However, I refused as I have the right to choose. I then decided to proceed with insurance claim. When I asked him for his plate number he refused to provide me. I feel that is a hit and run. The driver is believed to be Chinese in his late 20's with a golden hair at the top.

I wish to state that his phone number is 90682473. He gave his name as Keh. I come to Pasir Ris NPC to call the person but was informed that the Traffic Police is the appropriate department to look in the report and take next course of action, if necessary. I do not have any in car camera installed. Later on, I felt a pain on neck and consult a doctor at Our Family Physician Clinic & Surgery. I was discharged with 2 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20201216/2146

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Report No. T/20201216/2146

**CONTINUATION OF REPORT**

Since then, he blocked me on WhatsApp and have not provide the necessary detail. Hence, I am lodging report against him.





**SINGAPORE  
POLICE FORCE**



T/20201216/2146

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Tel No: 1800-5852999

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Report No. T/20201216/2146

**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:

G /

Sgt 2 MUHAMMAD IQBAL BIN JUNAIDI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/12/2020 23:46

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No.: 65476079

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

