

# 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 .....	18/12/2020 19:07 (SGT)
Date of Accident .....	17/12/2020 19:28 (SGT)
Exact Location of Accident .....	Near 29 Bali Ln, Singapore 189865
Additional Location Information .....	Bali Lane(Carpark B0025)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMT9201T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Chionh Wen Kuan Eugene Ryan
NRIC No .....	SXXXX954Z
Email Address .....	eugenechionh@gmail.com
Mobile Phone No .....	(Phone) +65-97368666
Alternative Phone No .....	+65-97368666

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Golf
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1395

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPPHQ20-005595
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Chionh Wen Kuan Eugene Ryan
NRIC No .....	SXXXX954Z

Date Of Birth .....	29/12/1992
Occupation .....	Indoor
Date Of Driving Pass .....	04/05/2017
Driving experience .....	3 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97368666
Alt. Phone Number .....	+65-97368666
Email Address .....	eugenechionh@gmail.com
Address .....	BLK 428 BEDOK NORTH ROAD #08-625
Address complement .....	-
Postcode .....	460428
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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 .....	Orchard Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007359999
Alt. Police Station Phone No .....	(Fax) +65-67331934
Police Station Address .....	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report T/20201217/2125

#### 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 .....	SLC2487H
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) ..... -

#### WITNESS DETAILS

##### WITNESS 1

Name ..... Hasanah  
Phone ..... (Phone) +65-98339375  
Email ..... -

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

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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 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.
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")

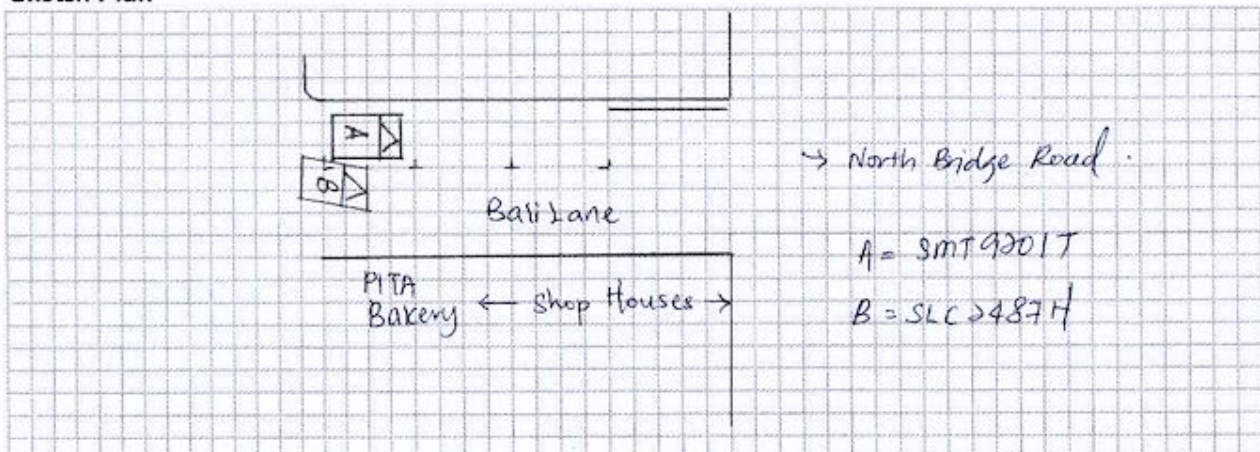
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time  
 18.12.20 2:47 PM

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

Witnessed by Reporting Centre Personnel  
 

**Sketch Plan**























**SINGAPORE  
POLICE FORCE**



T/20201217/2125

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

1 of 3

Report No. T/20201217/2125

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/12/2020 21:54		Vide Report No.:		Station Diary No.: 68	
<b>Informant's Particulars</b>					
Name of Informant: CHIONH WEN KUAN EUGENE RYAN			Address: APT BLK 428 BEDOK NORTH ROAD #08-625 SINGAPORE 460428		
ID Type / ID No.: NRIC NO / S9248954Z			Contact No.: Home/Office: Mobile: 97368666		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 29/12/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MARKETING EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/12/2020 19:00	Type of Location: T-Junction
Location:  BALI LANE				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC2487H	Car	TOYOTA	Altis	Red		0
SMT9201T	Car	VOLKSWAGO N	GOLF 1.4 TSI AT 5G13HZ HID SR	Silver	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20201217/2125

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Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20201217/2125

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT9201T	EQ INSURANCE COMPANY LTD.	DMPPHQ20-005595	06/08/2020	25/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIONH WEN KUAN EUGENE RYAN	ID No.	S9248954Z
Related Vehicle	SMT9201T (Car)	Contact No.	97368666
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 17/12/2020 at about 1900hrs, I parked my car (SMT9201T) at Bali lane unknown lot number, in front of Pita Bakery as I went for my haircut. About an hour later, I returned to my vehicle and I saw a cut board placed by a witness (Hasanal - 98339375) who told me that to call him for further info.

I then called the witness who then came down to meet me. He said that as my vehicle was parked in the first lot, right beside the "in-dent" lane, the other vehicle (SLC2487H) who was doing a three point turn, did not make enough wide turn, thus scratched onto my vehicle and left.

I would like to add that there is a scratch on my right side of my rear bumper. I only has in-car camera installs in front of my vehicle, but it was not recording when I switched off my engine. I am unsure if there is any CCTV at the vicinity.

There was no police called at that instance, no one injured, no foreign vehicle and government property involved.



SINGAPORE  
POLICE FORCE



T/20201217/2125

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20201217/2125

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:

E /

Sgt 3 HENGKY SETIAWAN HOO

Signature Of Informant:

*[Handwritten signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

17/12/2020 21:54

Officer In Charge Of Case:

TP / HRT /

SI NOR AFFENDY BIN JAFFAR

Contact No.: 65476368

Classification Of Case:

Authentication Stamp  
NP168





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA0W20CI0003 Vehicle Registration No: SMT 9201T  
Name (as shown in NRIC) : Chionh Wen Kuan Eugene Ryan NRIC/FIN/Passport No : S 9248954Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : B1K 428 Bedok North Rd #08-625 Singapore (460428)  
Contact (Tel) : 97368666 Mobile No. : \_\_\_\_\_  
Email Address : eugenechionh@gmail.com  
Date of Accident : 17/12/2020 Time of Accident : 1928hrs  
Place of Accident : Bali Lane  
Insurance Company : EQ

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend owner's name to Chionh Wen Kuan Eugene Ryan.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

[Signature]  
Reporting Centre Personnel's Signature  
Name: Khong Shijie  
NRIC/FIN No.: \_\_\_\_\_  
Date: 3/6/21

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