

# 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 ..... 04/01/2021 11:13 (SGT)  
Date of Accident ..... 02/01/2021 16:55 (SGT)  
Exact Location of Accident ..... Orchard Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJR2393P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... FOO TSE CHENG  
NRIC No ..... SXXXX238A  
Email Address ..... PATFOOTC@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-84181385  
Alternative Phone No ..... +65-84181385

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E250  
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

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5107653935-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... FOO TSE CHENG  
NRIC No ..... SXXXX238A  
Date Of Birth ..... 29/05/1976  
Occupation ..... Indoor

Date Of Driving Pass .....	01/08/1998
Driving experience .....	22 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84181385
Alt. Phone Number .....	+65-84181385
Email Address .....	PATFOOTC@GMAIL.COM
Address .....	BLK 122A EDGEDALE PLAINS #12-173
Address complement .....	-
Postcode .....	821122
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 .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210102/2083

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBE6924U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -

# SKETCH PLAN

## IMPORTANT NOTICE

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**

A = SJR 2393 P

B = GBE 6924 U

Orchard Rd

## Declaration

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel













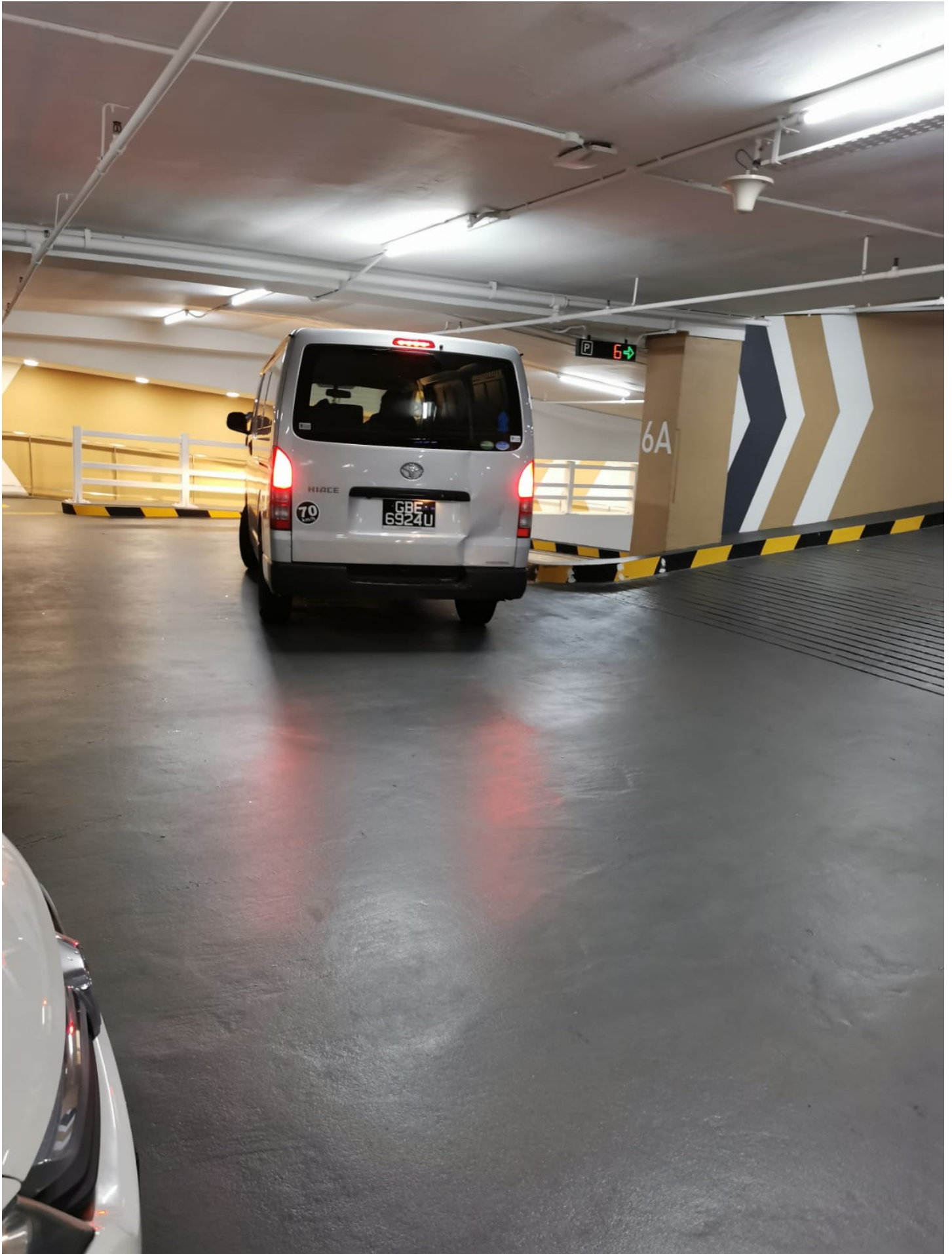
















**SINGAPORE  
POLICE FORCE**



T/20210102/2083

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20210102/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/01/2021 21:15	Vide Report No.:	Station Diary No.: 103
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**Informant's Particulars**

Name of Informant: FOO TSE CHENG			Address: APT BLK 122A EDGEDALE PLAINS #12-173 SINGAPORE 821122		
ID Type / ID No.: NRIC NO / S7615238A			Contact No.: Home/Office: Mobile: 84181385		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 29/05/1976	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			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: 02/01/2021 16:55	Type of Location: Car Park
Location:  ORCHARD ROAD				
Weather:		Road Surface:	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
GBE6924U	Van	TOYOTA	HIACE 3.0 DX A	Silver		0
SJR2393P	Car	MERCEDES BENZ	E250 SEDAN (SR)(R18)	Silver	Slightly Damaged	0

**Details of Person Involved**

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



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T/20210102/2083

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Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20210102/2083

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	FOO TSE CHENG	ID No.	S7615238A
Related Vehicle	SJR2393P (Car)	Contact No.	84181385
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 02/01/2021 at around 1525hrs, I parked my vehicle SJR2393P at Plaza Singapura S(238839) carpark Level 7 Lot 7 -13.

On the same day at around 1656hrs, I discovered a note that was left by a passerby on my vehicle stated "Your car was scratched by GBE6924U while exiting the carpark. Driver side front corner." I made a check on my vehicle and discovered a scratch on the driver side front corner bumper.

I made a check on my vehicle camera. From the footage, it shown that on 02/01/2021 at around 1541hrs a van GBE6924U trying to park his van to lot 7-14 and hit till my vehicle. The van just drove off without leaving any contact detail behind.

I made a check and the vehicle is from a company Amba Ji International pte ltd.

I am lodging this report as a record to submit to my insurance company.

**SINGAPORE  
POLICE FORCE**

T/20210102/2083

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20210102/2083

**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 2 CHUA ZI HUA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/01/2021 21:15

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Classification Of Case:

Authentication Stamp  
NP168 Signature

Singapore Police Force