

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	06/01/2021 19:05 (SGT)
Date of Accident	06/01/2021 07:50 (SGT)
Exact Location of Accident	22 Choa Chu Kang Grove, Singapore
Additional Location Information	MSCP Level 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5011Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Yeo Ing Ann
NRIC No	SXXXX001B
Email Address	yeoingann@gmail.com
Mobile Phone No	(Phone) +65-91054417
Alternative Phone No	+65-91054417

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0004936
Cover Note Number	-

DRIVER

Name of Driver	Yeo Ing Ann
NRIC No	SXXXX001B
Date Of Birth	30/04/1986
Occupation	Indoor

Date Of Driving Pass	03/12/2009
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91054417
Alt. Phone Number	+65-91054417
Email Address	yeoingann@gmail.com
Address	Blk 22 Choa Chu Kang Grove #06-54
Address complement	-
Postcode	688213
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	Indoor Carpark
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report J/20210106/2025.

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	-

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report J/20210106/2025.

DECLARATION

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

 Signature 6/1/2021

Policyholder's Signature _____
Date & Time _____

6/1/2021

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

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

SKETCH PLANIMPORTANT NOTICE

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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 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:

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

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

() Claim Own Damage () Claim TP (X) Reporting Only () Claim OD/TP at other workshop



**SINGAPORE
POLICE FORCE**



J/20210106/2025

1 of 2

POLICE REPORT (NP299)

Report No. J/20210106/2025

Police Station Of Origin
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

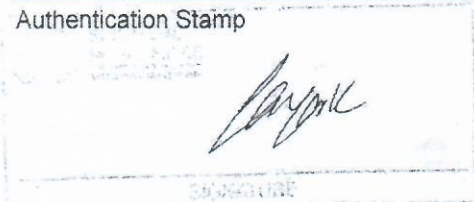
Date/Time Report Made 06/01/2021 10:54	Vide Report No.	Station Diary No. 40
Name Of Informant YEO ING ANN	Address 22 CHOA CHU KANG GROVE #06-54 SINGAPORE 688213	
ID Type / ID No. NRIC NO / S8614001B	Contact No. Home/Office	Mobile 91054417
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Financial Senior Manager	Sex Male	Age 34
Institution/School Name	Date of Birth 30/04/1986	Race Chinese
Date/Time Of Incident 05/01/2021 08:00 - 06/01/2021 07:50	Location Of Incident 22 CHOA CHU KANG GROVE SOL ACRES SINGAPORE 688213 MSCP Level 3	

Brief details.

On 05/01/2021 at about 8pm, I parked my vehicle (SMP5011Y) at my condo (SOL ACRES) Multi-Storey Carpark Level 3. Before I left the MSCP I checked my vehicle and no damage was seen, However on 06/01/2021 at about 7.50am when I am about to go for work I discovered that my vehicle front bumper was damaged. I also notice that there are some fragments left over believed it to be signal light from other vehicle, However I do not know whose it belongs to. I believed that my vehicle was damaged due to

Signature Of Officer Recording The Report: J / SC2 KOH KAI YAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2021 10:54
Officer In-Charge Of Case: J / Choa Chu Kang N.P.C / Sgt 3 TAN XIANG WEI Contact No.: 67659999	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**

J/20210106/2025

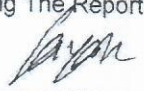

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POLICE REPORT (NP299)

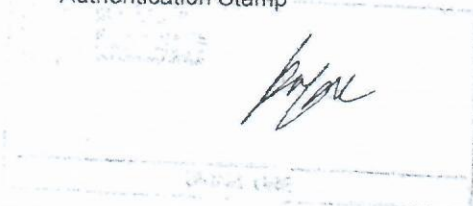
CONTINUATION OF REPORT

Report No. J/20210106/2025

hit and run accident. My vehicle do has an In car camera however it was not on recording mode during the incident happen. I wish to stated that I believe that all my items were intact inside my vehicle. I am not sure if the MSCP has any CCTV facing my vehicle.

Signature Of Officer Recording The Report: J / SC2 KOH KAI YAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2021 10:54
Officer In-Charge Of Case: J / Choa Chu Kang N.P.C / Sgt 3 TAN XIANG WEI Contact No.: 67659999	Classification Of Case:

Authentication Stamp





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: S65500206 / 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 : SW0B 21160002 Vehicle Registration No: SMP5011Y
Name(as shown in NRIC) : YEO ING ANN NRIC/FIN/Passport No : S8614001B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : B14 22 Choa Chu Kang Grove #06-54 (688213) Singapore (688213)
Contact (Tel) : 91054417 Mobile No. : 91054417
Email Address : YEOINGANNE@GMAIL.COM
Date of Accident : 6/1/2021 Time of Accident : 7.50 am
Place of Accident : 22 Choa Chu Kang Grove MSCP lot 3
Insurance Company : India International

(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:

I would like to amend my initial report to a claim against 3rd party,
as the 3rd party has contacted me to admit the accident.

SGF 9312B Mazda 3
Insurance : China Taiping
Name : Niki Chen Yi
Contact : 9112 5298

OWN WORKSHOP

[Signature] 11/1/2021
Policyholder / Driver's Signature
Date:

[Signature] 11/1/2021
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: