

# 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 ..... 25/01/2021 14:46 (SGT)  
Date of Accident ..... 23/01/2021 14:05 (SGT)  
Exact Location of Accident ..... Kay Siang Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML8384Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHUA MENG HONG ANDY  
NRIC No ..... SXXXX794C  
Email Address ..... CHUAAA87@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91777759  
Alternative Phone No ..... +65-91777759

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
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 ..... FWD  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... PNPV2020-00006535  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHUA MENG HONG ANDY  
NRIC No ..... SXXXX794C  
Date Of Birth ..... 03/10/1987  
Occupation ..... Indoor

|  |                             |
|--|-----------------------------|
| Date Of Driving Pass .....   | 14/10/2009                  |
| Driving experience .....   | 11 YEARS AND 3 MONTHS       |
| Gender .....   | Male                        |
| Mobile Number .....  | (Phone) +65-91777759        |
| Alt. Phone Number .....  | +65-91777759                |
| Email Address .....  | CHUAAA87@GMAIL.COM          |
| Address .....  | BLK 9 HOLLAND AVENUE #04-04 |
| Address complement .....   | -                           |
| Postcode .....   | 272009                      |
| 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 .....                       | Queenstown Neighbourhood Police Centre  |
| Police Station Phone No .....                   | (Phone) +65-18004719999                 |
| Alt. Police Station Phone No .....              | (Fax) +65-64715299                      |
| Police Station Address .....                    | No. 3 Queensway #01-03 Singapore 149073 |
| Was notice of intended Prosecution given? ..... | No                                      |
| If yes, against whom? .....                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE STATEMENT T20210123/2061

#### 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 ..... | SJQ5758G    |
| 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) ..... -

**SKETCH PLAN**

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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' 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

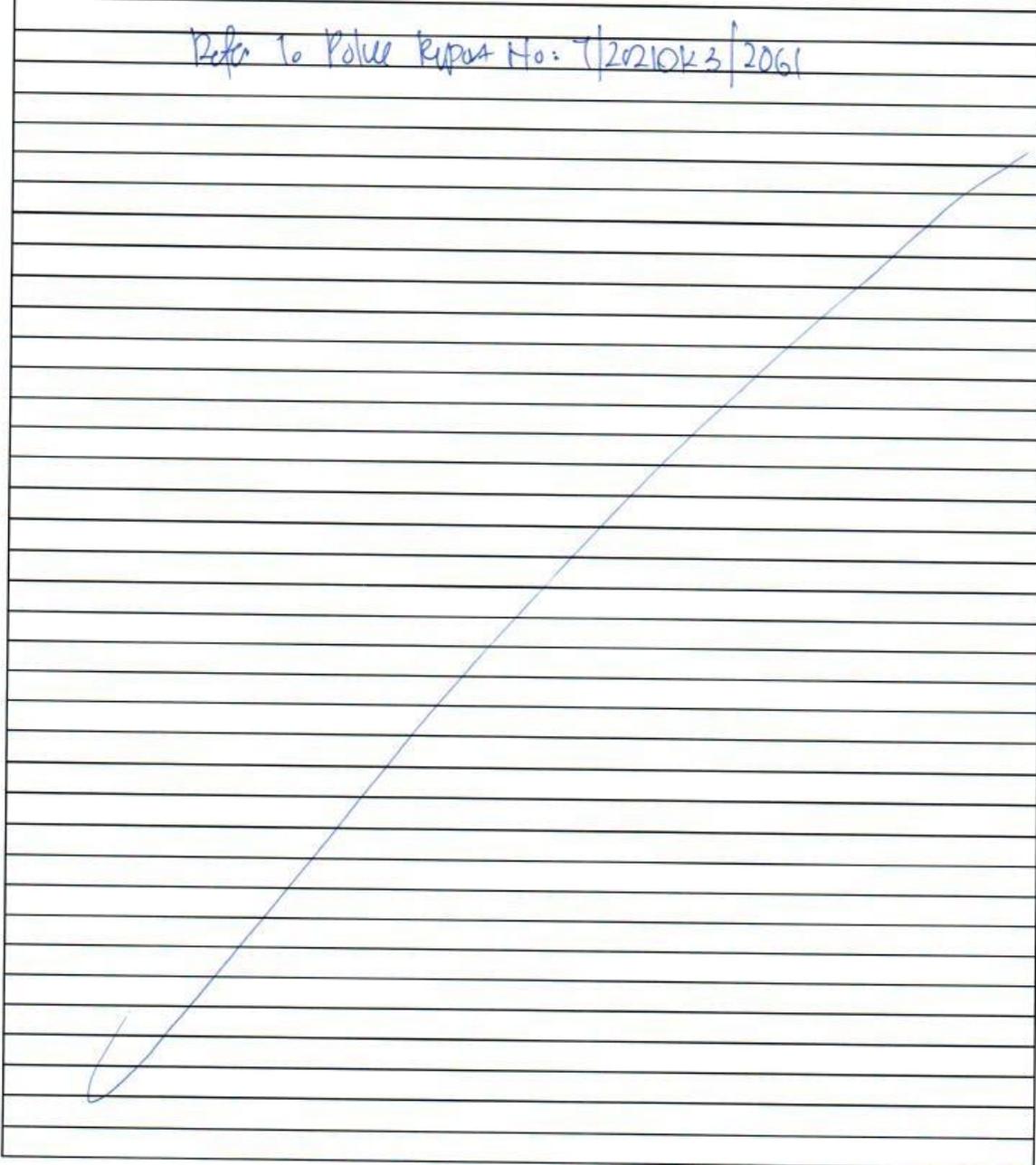
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

Refer to Police Report No: 7/2021023/2061



**Declaration**

We declare the foregoing particulars are true in every respect.

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

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

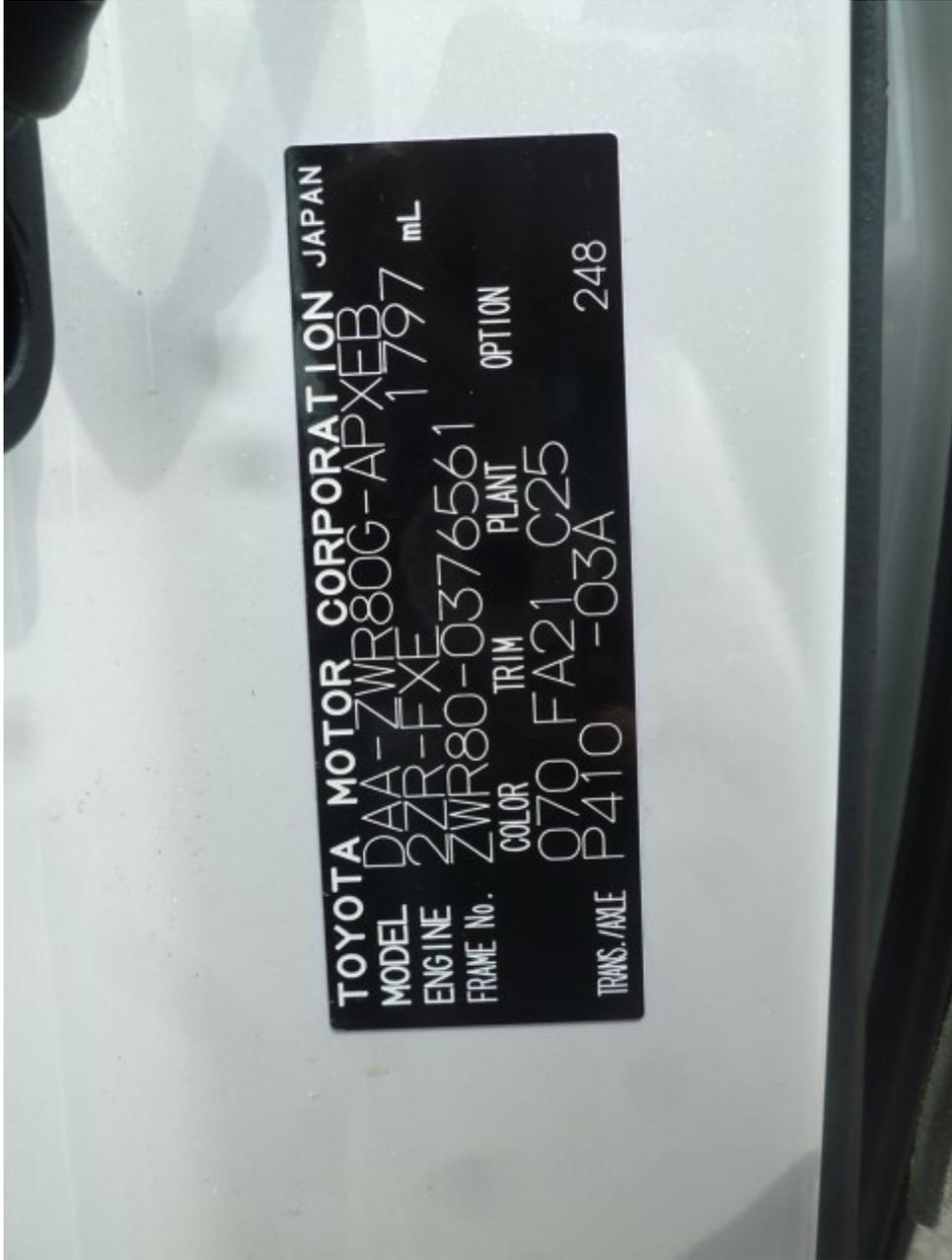
















**SINGAPORE  
POLICE FORCE**



T/20210123/2061

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20210123/2061

CONTINUATION OF REPORT

| Details of Vehicle Insurance |                        |                   |            |             |
|------------------------------|------------------------|-------------------|------------|-------------|
| Vehicle No.                  | Insurance Company      | Insurance No      | Effective  | Expiry Date |
| SML8384Y                     | FWD Singapore Pte. Ltd | PNPV2020-00006535 | 07/06/2020 | 06/06/2021  |

**Brief Details.**

On 23/01/2021 @ 1335 hrs, I parked my vehicle inside No 18, Kay Siang Road, S248934 and went for Swimming Coaching lesson for the students inside the landed property. The gate of the unit was opened. On the same day @ 1425 hrs, I went back to retrieve my car after the swimming coaching lesson but discovered the right front side of my vehicle bumper; the paint was chipped off. I then retrieved my in car camera and saw the footage of the vehicle SJQ5758G was trying to manoeuvre his way out as he has went into a wrong unit. The video footage showed the scratched paint mark on his vehicle before leaving the house which was probably from my vehicle. Before he entered the unit, his car has no paint mark on his car. The house owner also have CCTV facing the pathway, he might be able to retrieve the footage and give to me. I am lodging this Police report for Police investigation on the matter and also for insurance claim against the other party.



SINGAPORE  
POLICE FORCE



T/20210123/2061

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No, T/20210123/2061

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:<br>D /<br>Sr Staff Sgt LIM KIM HUAT              | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>23/01/2021 16:40  |
| Officer In Charge Of Case:<br>TP / HRT /<br>SI TAN JEOK LENG<br>Contact No: 65476144  SN 49 | Classification Of Case:   |
| Authentication Stamp<br>NP168 <br>SIGNATURE   |   |