

# 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 ..... 28/01/2021 17:13 (SGT)  
Date of Accident ..... 22/01/2021 15:30 (SGT)  
Exact Location of Accident ..... 1 Park Rd, Singapore 059108  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJX8123G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TEO BEE LAN @ TAN SIEW GEOK  
NRIC No ..... SXXXX281G  
Email Address ..... admin@kenston.com.sg  
Mobile Phone No ..... (Phone) +65-98765828  
Alternative Phone No ..... +65-96179289

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... LEXUS ES250 4DR SEDAN (AUTO) EXECUTIVE  
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 car

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... A 29146055 AL2  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YEO KIM SENG  
NRIC No ..... SXXXX031Z  
Date Of Birth ..... 05/06/1955  
Occupation ..... Indoor

Date Of Driving Pass .....	13/06/1978
Driving experience .....	42 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96179289
Alt. Phone Number .....	-
Email Address .....	admin@kenston.com.sg
Address .....	41 VERDE CRESCENT
Address complement .....	-
Postcode .....	688396
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Collided into Parked Vehicle
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) .....	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 .....	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

PLEASE REFER POLICE REPORT T/20210127/2014

#### 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 .....	SJZ5749K
Vehicle Manufacturer .....	BMW
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) ..... -

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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:

28/11/21

  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

28/11/21

  
Registering Centre Person's Signature

Name:

ID/IC/FIN No.:

People's Park Complex Carpark

Vehicle A = SJX 8123G

Vehicle B: SJZ 5749K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20210127/2014

## DECLARATION

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

*[Signature]*

Amey:

28/01/2021































**SINGAPORE  
POLICE FORCE**



T/20210127/2014

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Report No. T/20210127/2014

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/01/2021 10:07	Vide Report No.:	Station Diary No.: 37
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**Informant's Particulars**

Name of Informant: YEO KIM SENG		Address: 41 VERDE CRESCENT SINGAPORE 688396	
ID Type / ID No.: NRIC NO / S1116031Z		Contact No.: Home/Office: Mobile: 96179289	
Nationality: SINGAPORE CITIZEN			
Sex: Male	Age: 65	Date of Birth: 05/06/1955	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CONTRACTOR		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2021 15:30	Type of Location: Car Park
Location: PARK ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJX8123G	Car				No Damage	0
SJZ5749K	Car					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210127/2014

Police Station Of Origin:  
Choa Chu Kang N.P.C.  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20210127/2014

**CONTINUATION OF REPORT**

Driver			
Name	YEO KIM SENG	ID No.	S1116031Z
Related Vehicle	SJX8123G (Car)	Contact No.	96179289
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 22/01/2021, at about 1515hrs, I was at the level 4, carpark of Peoples' park complex. As I approached the far end of the driveway, I spotted an empty lot beside the vehicle SJZ5749K. Subsequently, I tried to reverse my vehicle to do a vertical parking next to SJZ5749K. The carpark was dark and there was a lot of cars waiting behind me, they started honking at me and this causes me to collide into the vehicle (SJZ5749K) next to the empty lot. As the empty lot was too cramped for me and I am rushing for my errand, I then drove off and parked my vehicle at another lot near to the ramp to level 5.  
After I had finished running my errands, I saw that there is a note from a person named Mr Richard Tan, he claimed that I had hit his vehicle and drove away.  
On 26/01/2021, I received a email from Mr Richard Tan claiming me against his damages. I wish to state that as the carpark was dark and there was vehicles honking at me. Thus I parked my vehicle at a further lot than him. I do not have any intention of hit and run as I have parked my car in the same carpark on level 4.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



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
Report No. T/20210127/2014

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: J / Sgt 2 LIEW KIAN-HOW  SINGAPORE POLICE FORCE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2021 10:07
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp  
NP168