

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 01/02/2021 16:42 (SGT)
Date of Accident 28/01/2021 13:40 (SGT)
Exact Location of Accident Toh Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ9671X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JESSICA WU QING XUAN
NRIC No SXXXX290B
Email Address jonathan_chua95@hotmail.com
Mobile Phone No (Phone) +65-97114131
Alternative Phone No +65-97114131

VEHICLE PARTICULARS

Manufacturer BMW
Model 630i
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 China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00056922001
Cover Note Number -

DRIVER

Name of Driver CHUA YE HAO JONATHAN
NRIC No SXXXX595E
Date Of Birth 24/06/1995
Occupation Indoor

Date Of Driving Pass	12/01/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-97114131
Alt. Phone Number	-
Email Address	jonathan_chua95@hotmail.com
Address	6 CHIN TERRACE
Address complement	-
Postcode	509877
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	0
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210128/2092 AND WITNESS POLICE REPORT T/20200130/7007

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	SLK8723U
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	CHEW SWEE LEONG
Phone	(Phone) +65-88338385
Email	danielchew8343@hotmail.com

SKETCH PLAN**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. 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

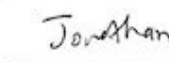
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(collectively the "Purposes")

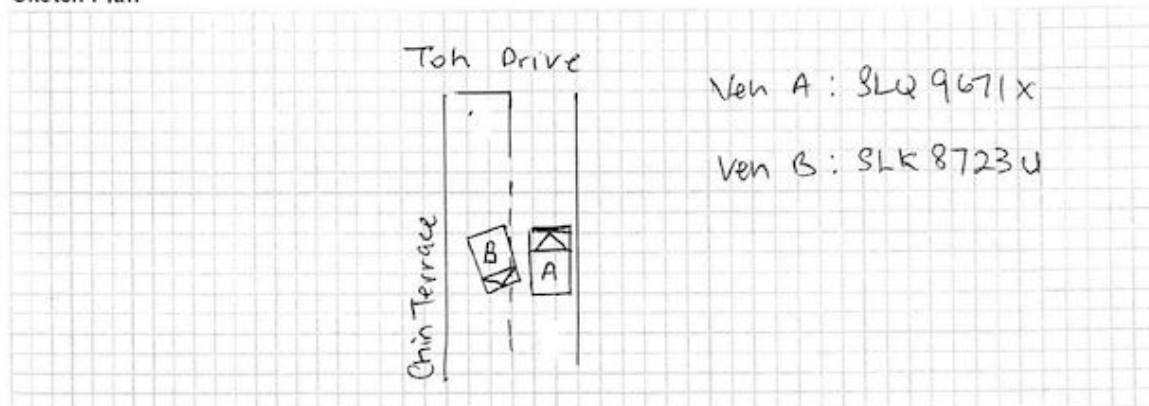
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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


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


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On the stated date and time, on the stated venue, my vehicle A was parked. Around 2:40pm I saw that my vehicle rear-left portion was damaged. I later found a note on my windscreen stating that vehicle B had hit onto my vehicle and fled the scene. I called the number on the note and understood from him that vehicle B had hit my vehicle rear-left portion and drove off. The witness name is Chau Suet Leung and he is willing to be a witness for this accident.

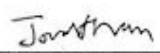
Police Report 1/20210128/7092

Witness Police Report 1/20210130/7007

Declaration

We declare the foregoing particulars are true in every respect.

X 
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/20210128/2092

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20210128/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2021 16:44	Vide Report No.:	Station Diary No.: 86
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHUA YE HAO, JONATHAN			Address: 6 CHIN TERRACE SINGAPORE 509877		
ID Type / ID No.: NRIC NO / S9521595E			Contact No.: Home/Office: Mobile: 97114131		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 24/06/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			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: 28/01/2021 13:40	Type of Location: Straight Road
Location: TOH DRIVE				
Weather:		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
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
SJQ9671X	Car	BMW	631I	Silver	Slightly Damaged	0
SLK8723U	Car	HONDA	Vezel			0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210128/2092

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20210128/2092

CONTINUATION OF REPORT

Driver			
Name	CHUA YE HAO, JONATHAN	ID No.	S9521595E
Related Vehicle	NIL	Contact No.	97114131
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 the 28/01/2021 at around close to 3pm, I saw a piece of paper on my car. The paper stated that someone had saw a Honda Vezel SLK6723U hit my car and drove off. This witness saw it at 1.40pm and that he can be contacted at 88338385 (Daniel). I called him up and he told me that the driver was reversing and wanting to park behind me but the car had hit onto my left rear side of my car. I made a check and discovered that there was a long scratch and dent on the left rear side of my car.

There is no camera in my car.



**SINGAPORE
POLICE FORCE**



T/20210128/2092

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20210128/2092

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:

G /

Sr Staff Sgt WONG TING CHIEN

Signature Of Informant:

Jonathan

Signature Of Interpreter:

Not applicable

Date/Time:

28/01/2021 16:44

Officer In Charge Of Case:

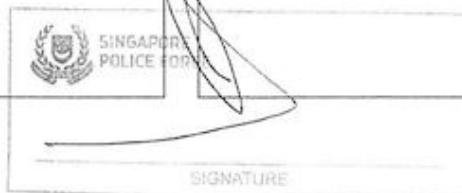
TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No.: 65476079

Classification Of Case:

Authentication Stamp
NP168





**SINGAPORE
POLICE FORCE**



T/20210130/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210130/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2021 11:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW SWEE LEONG			Address: 574B WOODLANDS DRIVE 16 #11-750 SINGAPORE 732574		
ID Type / ID No.: NRIC NO / S8310235G			Contact No.: Home/Office: Mobile: 88338385		
Nationality: SINGAPORE CITIZEN			Email: DANIELCHEW8343@HOTMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 03/04/1983	Type of Informant: Witness		
Race: Chinese			Language: English		Institution / School Name:
Occupation: sales			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/01/2021 13:40	Type of Location: Straight Road
Location: TOH DRIVE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK8723U	Car					0
SLQ9671X 5JG	Car					0



**SINGAPORE
POLICE FORCE**



T/20210130/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20210130/7007

CONTINUATION OF REPORT

Brief Details.

On the stated date and time I witness an accident that occurs on the stated venue. A vehicle SLK8723U was travelling along the stated venue and hit onto a parked vehicle SJQ9671X. I saw the left portion of SLK8723U hit onto the left rear portion of the parked vehicle SJQ9671. The vehicle did not stop and fled the scene. I took down his vehicle number and left a note to the owner of the parked vehicle. Shortly i left the scene too.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210130/7007

3 of 3

Report No. T/20210130/7007

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP158

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/01/2021 11:47

Classification Of Case:

Dear Owner,

I saw a Honda Vezel carplate (SLK8723U)
hit your car and drive away.
You can contact me @ 88338385 if you
need witness.

Daniel
1.40pm 28/01/21