

# 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 ..... 16/02/2021 18:30 (SGT)  
Date of Accident ..... 26/01/2021 15:50 (SGT)  
Exact Location of Accident ..... Maju Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJD2666B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAY SIEW HOON  
NRIC No ..... SXXXX919E  
Email Address ..... siewhoon2666@gmail.com  
Mobile Phone No ..... (Phone) +65-91545220  
Alternative Phone No ..... +65-91545220

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 430I CONVERTIBLE HID NAV HUD  
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 ..... Liberty Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SI20V01222/VPC/R03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN YEOW BOON  
NRIC No ..... SXXXX351B  
Date Of Birth ..... 30/03/1994  
Occupation ..... Indoor

Date Of Driving Pass .....	05/11/2013
Driving experience .....	7 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91545220
Alt. Phone Number .....	-
Email Address .....	siewhoon2666@gmail.com
Address .....	6 MATLOCK RISE
Address complement .....	-
Postcode .....	358542
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Serangoon Gardens Neighbourhood Police Post
Police Station Address .....	51 Serangoon Garden Way Singapore 555947
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SLM6628P
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

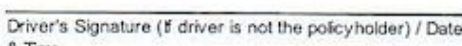
Name ..... ERNEST  
Phone ..... (Phone) +65-87251111  
Email ..... -

## SKETCH PLAN

## IMPORTANT NOTICE

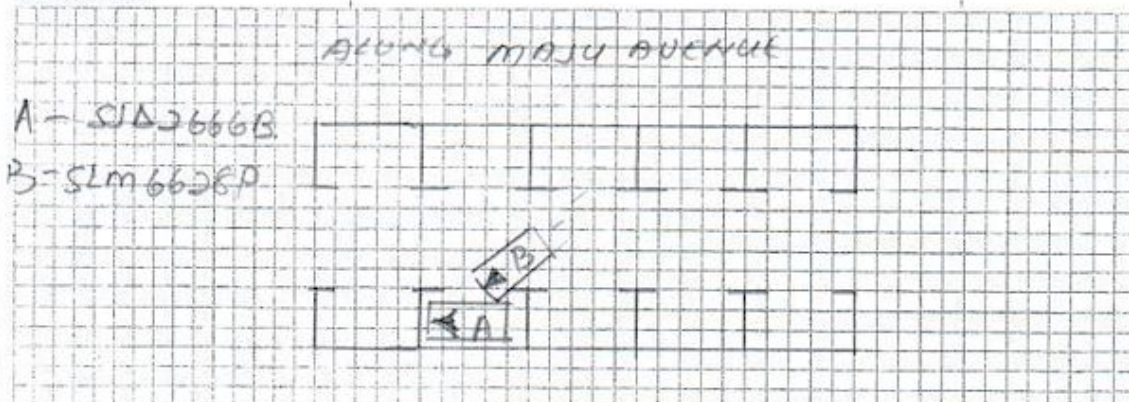
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

*Pls refer to the police report. 7/20210126/2072*

## Declaration

I/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

*2/21 16/02/21*

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999



2 of 3

Report No: T/20210126/2072

Police Station  
Serangoon Gardens  
51 Serangoon Garden Way  
555947  
Tel No: 1800-2879999

**CONTINUATION OF REPORT**

Driver Name	TAN YEOW BOON	ID No.	S9411351B
Related Vehicle	SJD2666B	Contact No.	91545220
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 26.01.2021 at around 1456hrs, I had parked my vehicle bearing the registration plate number SJD2666B along maju avenue at carpark lot 46. My vehicle were intact at that time and I went for a lunch. A while later, I headed back to my vehicle and was about to drove off when a man approached me to inform he had witness a vehicle SLM6828P had hit my rear right panel. I then stopped my vehicle to the side and make a check. I discovered that the rear panel had came off. He had also showed me the video of the incident and provided me his particulars as follows : (Ernest HP:87251111). I wish to lodge this report for a case of hit and run incident.

























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Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999



T/20210126/2072

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Report No. T/20210126/2072

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
26/01/2021 16:47

Vide Report No.:

Station Diary No.:  
11

### Informant's Particulars

Name of Informant: TAN YEOW BOON			Address: 6 MATLOCK RISE SINGAPORE 358542		
ID Type / ID No.: NRIC NO / S9411351B			Contact No.: Home/Office: Mobile: 91545220		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 30/03/1994	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: DOCTOR			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: 26/01/2021 15:50	Type of Location:
Location: MAJU AVENUE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SJD2666B						0
SLM6628P						0

### Details of Person Involved

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





# SINGAPORE POLICE FORCE

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Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999



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Report No. T/20210126/2072

## CONTINUATION OF REPORT

Driver Name	TAN YEOW BOON		ID No.	S9411351B
Related Vehicle	SJD2666B		Contact No.	91545220
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 26.01.2021 at around 1456hrs, I had parked my vehicle bearing the registration plate number SJD2666B along maju avenue at carpark lot 46. My vehicle were intact at that time and I went for a lunch. A while later, I headed back to my vehicle and was about to drove off when a man approached me to inform he had witness a vehicle SLM6628P had hit my rear right panel. I then stopped my vehicle to the side and make a check. I discovered that the rear panel had came off. He had also showed me the video of the incident and provided me his particulars as follows : (Ernest HP:87251111). I wish to lodge this report for a case of hit and run incident.

Report No. T/20210126/2072 2 of 3

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555947  
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T/20210126/2072

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Report No. T/20210126/2072

**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 3 MUHAMMAD ASYRAF BIN ARIS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/01/2021 16:47
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case:

Authentication Stamp  
NP168

 **SINGAPORE POLICE FORCE**  
NP168

SN 27

SIGNATURE