SP0P21230001 / PREMIUM AUTOCARE CENTRE [159938] ENTRY DATE & TIME: 03/02/2021 14:43 (SGT) SUBMITTED BY: WONG KHONG SENG VERSION: 1 (03/02/2021 14:43 (SGT))

# **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 witholding of material facts may allow insurance companies to repudiate 5. Intermitted in product interview in the 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 03/02/2021 14:43 (SGT) Date of Accident 24/12/2020 12:05 (SGT) Exact Location of Accident Singapore Additional Location Information SIME ROAD, SICC CLUB Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SCV92H

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **CHIA WAN TONG** NRIC No SXXXX396I Email Address STUARTCWT@GMAIL.COM Mobile Phone No (Phone) +65-96335100 Alternative Phone No (Office) +65-96335100

## VEHICLE PARTICULARS

Manufacturer Mercedes Mode S400I Variant ..... Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car

## INSURANCE COMPANY

Name of Insurance Company Allianz Type of Coverage Comprehensive Fleet Policy Policy Number SP2000074803-01 Cover Note Number

## DRIVER

Name of Driver **CHIA WAN TONG** NRIC No SXXXX396I Date Of Birth 24/01/1958 Occupation Indoor

Date Of Driving Pass 25/02/1976 Driving experience 44 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96335100 Alt. Phone Number (Office) +65-96335100 Email Address STUARTCWT@GMAIL.COM Address 45, WESTLAKE AVE Address complement Postcode 574286 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 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) 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE POLICE REPORT NO. T/202010108/7029 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 SBC3186M Vehicle Manufacturer Mercedes Vehicle Model

Private car

## Accident report SP0P21230001

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address	 <del>-</del>
Address complement	 <del>-</del>
Postcode	 <b>-</b>
nsurance Company Name	
Nature Of Damage	
Details of property damaged in accident	 
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

## **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 shall be collectively referred to as the "Insurers", the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 3/2/2021 @10:34

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A- SBC3186M B-SCV92H

	Please refer to the point report No. 7/202/0108/7209
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	Declaration
25.00	We declare the foregoing particulars are true in every respect.
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/	# ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
1	NVV /
	olicyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Winessed by Reporting Centre & Time
	3/212021810:34





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

1 of 3 Report No. T/20210108/7029

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2021 16:30		Made:	Vide Report No.:	Station Diary No.:	
informa	nt's Partic	ulars		NAME OF THE PERSON OF THE PERS	
	Informant: AN TONG		Address: 45 WESTLAKE AVENUE SINGAPORE 574286		
ID Type NRIC NO	/ ID No.: D / S13013	961	Contact No.: Home/Office: Mobile: 96335100		
Nationality: SINGAPORE CITIZEN		EN .	Email: stuartcwt@gmail.com		
Sex: Male	Age: 62	Date of Birth: 24/01/1958	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Managing director/Chief executive officer		Chief executive	Driving Licence Information: Class: Date of Expiry:		

General Inform	Non-Injury	D	THE RESERVE THE PARTY OF THE PA	
Type of Accident:	Hit and Run	Drink Drive: No	Date/Time of Accident: 24/12/2020 12:05	Type of Location Car Park
SIME ROAD	ICC Club	4		
A STATE OF THE PARTY OF THE PAR		Road Surface:		Road Speed Limit:
Drizzling Traffic Flow:		Road Surface: Wet Traffic Control:		Road Speed Limit: 40 Km/h Traffic Volume:
		Wet		40 Km/h

	ehicle Invo			KENDAR BUILD VINERE		
Vehicle No.		Make	Model	Color	Conditio	No of
SBC3186M	Car	MERCEDES BENZ	E Class	Green	No Damage	0
SCV92H	Car	MERCEDES BENZ	S400	Blue	Slightly Damaged	1

Details of Vehicle Insurance			Call Control
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date



T/20210108/7029

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210108/7029

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCV92H	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	2000074803-01	21/11/2020	20/11/2021

Details of Perso					
Any Pedestrian I No. of Pedestriar			Use of Pe	destrian Cro	ssing: NA
Vehicle Owner		75 X 545		Talan are	
Name	CHIA WAN TONG			ID No.	S1301396I
Related Vehicle	NIL			Contact No	o. 96335100
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		

## Brief Details.

My vehicle SCV92H was parked. Vehicle SBC3186M went head on and collided into my parked vehicle. He then proceeded to leave without leaving a note or any form of contact details.

Pictures and cctv video can be provided to the IO. Stanley from SICC Bukit mentioned that they will only release cctv footage to the police.

1. Pholos 7 SICC

Thank you



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



3 of 3 Report No. T/20210108/7029

CONTINUATION OF REPORT

Sketch 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 / IRMAN BIN MOHAMAD SAID Contact No.: 65476145

Authentication Stamp NP168 Signature Of Informant:

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

Date/Time: 08/01/2021 16:30

Classification Of Case: