

# 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 ..... 11/03/2021 17:18 (SGT)  
Date of Accident ..... 10/03/2021 17:00 (SGT)  
Exact Location of Accident ..... Near Unnamed Road, Singapore  
Additional Location Information ..... OPEN CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMH4719M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... G2 AUTO  
Company Reg No ..... 5XXXX398X  
Email Address ..... g2auto@hotmail.com  
Mobile Phone No ..... (Phone) +65-85001019  
Alternative Phone No ..... +65-85001019

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E250  
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 ..... DMPCSNW00090592000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SIM HUI HENG KENNETH  
NRIC No ..... SXXXX802Z  
Date Of Birth ..... 18/11/1980  
Occupation ..... Indoor

Date Of Driving Pass .....	22/05/2008
Driving experience .....	12 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85001019
Alt. Phone Number .....	-
Email Address .....	kenneth.sim18@gmail.com
Address .....	BLK 12 TECK WHYE LANE #14-218
Address complement .....	-
Postcode .....	680012
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	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 .....	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 SKETCH AND POLICE REPORT T/20210311/7023

#### 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 .....	GBK3238E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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

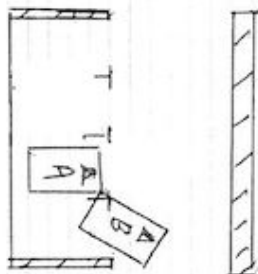
## IMPORTANT NOTICE

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  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  
 Sketch Plan

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

 11/03/2021  
 Witnessed by Reporting Centre Personnel



VA = SMH 4719 M  
 VB = GBK 3238 E  
 Braddell Heights Community Hub,  
 open carpark.

Describe Circumstances of the Accident

On the stated date and time, I vehicle 'A' was parked at a parking lot on the stated venue. My vehicle was stationary and I have made sure my vehicle was parked within the parking lot before I left. When I came back to my vehicle and realized that my vehicle front right portion was damage. Hence, I checked my vehicle camera and realized that vehicle 'B' was collided against my vehicle front right portion. I wish to highlight that I was not in the car but my son was stay in the car when accident happened.


Police Report T/20210311/7023

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

 11/03/2021  
Witnessed by Reporting Centre Personnel




























**SINGAPORE  
POLICE FORCE**

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



T/20210311/7023

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Report No. T/20210311/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/03/2021 16:38	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: SIM HUI HENG KENNETH			Address: 12 TECK WHYE LANE #14-218 SINGAPORE 680012		
ID Type / ID No.: NRIC NO / S8036802Z			Contact No.: Home/Office: Mobile: 85001019		
Nationality: SINGAPORE CITIZEN			Email: kenneth.sim18@gmail.com		
Sex: Male	Age: 40	Date of Birth: 18/11/1980	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: BROKER			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: 10/03/2021 17:00	Type of Location: Car Park
Location:  SERANGOON CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
GBK3238E	Van					0
SMH4719M	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No



**SINGAPORE  
POLICE FORCE**



T/20210311/7023

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

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Report No. T/20210311/7023

CONTINUATION OF REPORT

Driver			
Name	SIM HUI HENG KENNETH	ID No.	S8036802Z
Related Vehicle	SMH4719M (Car)	Contact No.	85001019
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 10/03/2021 AROUND 1700HRS, I SMH 4719 M WAS PARKED AT A PARKING LOT AT BRADDELL HEIGHTS COMMUNITY HUB, OPEN CAR PARK. MY VEHICLE WAS STATIONARY AND I HAVE MAKE SURE MY VEHICLE WAS PARKED WITHIN THE PARKING LOT BEFORE I LEFT. WHEN I CAME BACK TO MY VEHICLE AND REALIZED THAT MY VEHICLE FRONT RIGHT PORTION WAS DAMAGE. HENCE, I CHECKED MY VEHICLE CAMERA AND REALIZED THAT GBK 3238 E WAS COLLIDED AGAINST MY VEHICLE FRONT RIGHT PORTION. I WISH TO HIGHLIGHT THAT I WAS NOT IN THE CAR BUT MY SON WAS STAY IN THE CAR WHEN ACCIDENT HAPPENED. GBK 3238 E WAS NOT LEFT DOWN ANY PARTICULAR TO ME.

**SINGAPORE  
POLICE FORCE**

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



T/20210311/7023

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Report No. T/20210311/7023

**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 /  
NEO ZHI YUAN  
Contact No.: 65476079

Authentication Stamp

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

Date/Time:  
11/03/2021 16:38

Classification Of Case: