# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 22/03/2021 18:28 (SGT) Date of Accident 20/03/2021 11:00 (SGT) Exact Location of Accident 552 Hougang Street 51, Singapore 530552 Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMA9144A

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GOH CHEE KEONG** NRIC No SXXXX730H Email Address SKYGOH@YMAIL.COM Mobile Phone No (Phone) +65-94500625 Alternative Phone No +65-94500625

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Voxy 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1800

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00003352001 Cover Note Number

#### DRIVER

Name of Driver GOH CHEE KEONG NRIC No SXXXX730H

Date Of Birth 02/06/1976 Occupation Outdoor Date Of Driving Pass 20/10/1995 Driving experience 25 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-94500625 Alt. Phone Number +65-94500625 Email Address SKYGOH@YMAIL.COM Address BLK 552 HOUGANG ST 51 #02-288 Address complement Postcode 530552 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? Nο 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 Hougang Neighbourhood Police Post Police Station Address Blk 357 Hougang Avenue 7 #01-805 Singapore 530357 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT F/20210320/2052 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 FBC8692K Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Motorcycle

Vehicle Category

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

- 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 <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>.
- 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.
- 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' 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.

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Policyholder's Signature / Date & Time

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

Minessed by Repo

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SMA 9144A B = FBC 8692K

8 8 A

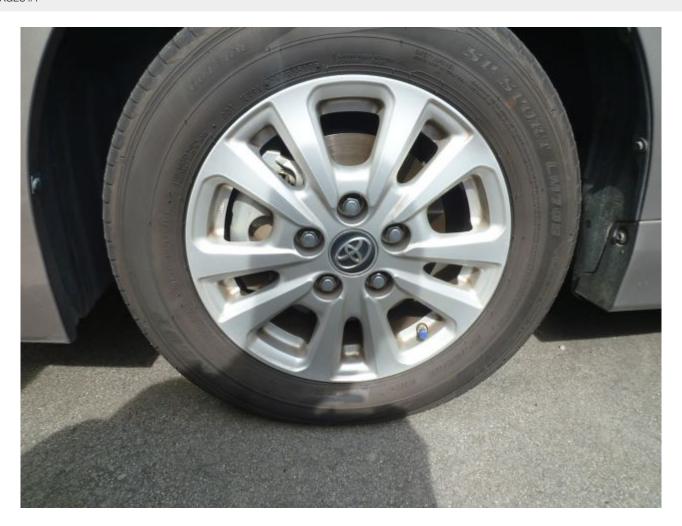
SS2 Hougang St SI open carpar

Refer to	Police	peport	F/20210320/2052
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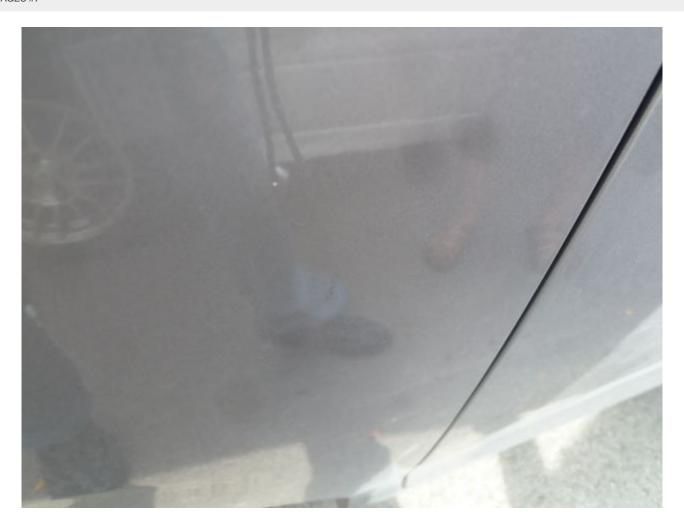


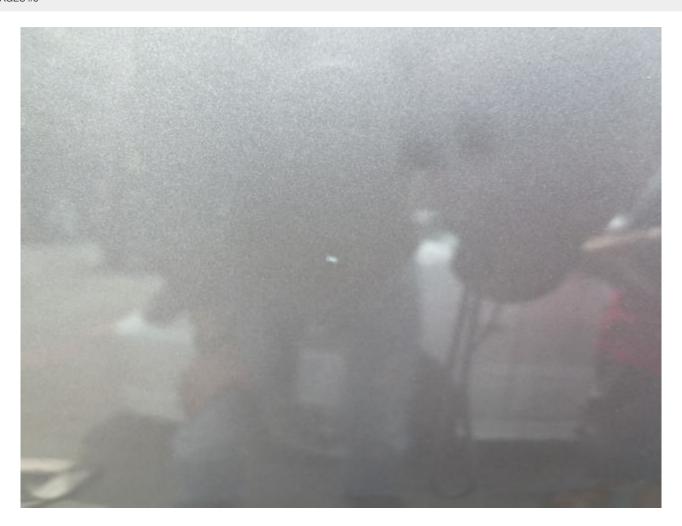




















Report No. F/20210320/2052

## POLICE REPORT (NP299)

Police Station Of Origin Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

Vide Report No.		Station Diary No.	
Address APT BLK 552 HOUGANG STREET 51 #02-288 SINGAPORE 530552			
100000000000000000000000000000000000000		Mobile 94500625	
Email Address			
Sex Male	Age 44	Date of Birth	Race Chinese
Language			
Location Of Incident 552 HOUGANG STREET 51 HDB-HOUGANG SINGAPORE 530552 Carpark lot 25			
	Address APT BL SINGAF Contact Home/C Email A	Address APT BLK 552 HOU SINGAPORE 5305 Contact No. Home/Office  Email Address  Sex Age Male 44 Language  Location Of Inciden 552 HOUGANG ST SINGAPORE 5305	Address APT BLK 552 HOUGANG STREET 5 SINGAPORE 530552 Contact No. Home/Office Mobile 94500625 Email Address  Sex Age Date of Birth Male 44 02/06/1976 Language  Location Of Incident 552 HOUGANG STREET 51 HDB-HC

#### Brief details.

On 19/03/2021 at 1600hrs, I parked my vehicle with registration plate number SMA9144A(Brown coloured Toyota Voxy) at incident location lot 25. I secured my vehicle and everything was intact and nothing was amiss.

On 20/03/2021 at 1100hrs, I went to my vehicle and discovered the

Signature Of Officer Recording The Report:	Signature Of Informant		
F / Sgt 2 TAI YOONG CHAN, DOMINIQUE	A		
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2021 15:45		
Officer In-Charge Of Case: F / Hougang N.P.C / Sr Staff Sgt YEO WEI QIANG, BENEDICT Contact No.: 64890999	Classification Of Case:		

SN 085 Singapore Police Force





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT -

Report No. F/20210320/2052

front left side door, left front mudguard and left front bumper.

After which, I found a note at my door handle from Mr Yeo, hp: 88224078 who stated that he saw a motorcycle FBC8692K that was parked beside my vehicle was on the floor at 0515hrs on 20/03/2021 while he was heading home. Mr Yeo did not witness what had happened and when I returned to my vehicle the said motorcycle was already recovered from the floor. I noticed his motorcycle sustained right side mirror was broken and the estimated cost of damage is about \$\$5000. I enquire with one of my neighbour who informed that earlier at 0800hrs, he passed by my vehicle and noticed the said motorcycle was still on the floor.

My vehicle has in-vehicle CCTV but it did not manage to record any footage of the incident as my CCTV stopped recording at 0445hrs. There is Police POLCAM(03) at the vicinity of incident location. I do not have any past dispute with anyone and I do not have any suspect in mind.

This is the first time such incident took place.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt 2 TAI YOONG CHAN, DOMINIQUE	4
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2021 15:45
Officer In-Charge Of Case: F / Hougang N.P.C / Sr Staff Sgt YEO WEI QIANG, BENEDICT Contact No.: 64890999	Classification Of Case:
Authentication Stamp	
SN 085	

Singapore Police Force

