

# 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 .....	07/04/2021 16:55 (SGT)
Date of Accident .....	06/02/2021 15:00 (SGT)
Exact Location of Accident .....	3 Simei Street 6, Singapore 528833
Additional Location Information .....	BASEMENT 2 CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLR1608D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN AH MUI
NRIC No .....	SXXXX733H
Email Address .....	xiaola68@gmail.com
Mobile Phone No .....	(Phone) +65-98288778
Alternative Phone No .....	+65-98288778

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Cla180
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
Transmission .....	Auto
CC .....	1597

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00126652000
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TAN AH MUI
NRIC No .....	SXXXX733H

Date Of Birth .....	26/03/1967
Occupation .....	Indoor
Date Of Driving Pass .....	24/05/2011
Driving experience .....	9 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98288778
Alt. Phone Number .....	+65-98288778
Email Address .....	xiaola68@gmail.com
Address .....	BLK 146 RIVERVALE DRIVE #17-501
Address complement .....	-
Postcode .....	540146
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 .....	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 .....	Changi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005872999
Alt. Police Station Phone No .....	(Fax) +65-65872900
Police Station Address .....	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210406/2106

#### 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



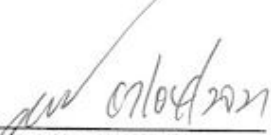
Vehicle Registration Number .....	SMV7352T
Vehicle Manufacturer .....	Kia
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car


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) .....	-

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

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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 Sketch Plan	 Driver's Signature (if driver is not the policyholder) / Date & Time EAST POINT CAR PARK	 Witnessed by Reporting Centre Personnel 01/04/2021
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A: SLR 1608 D

B: Smv 7352 T

Refer to TP Report  
T/20210406/2106

I ALSO WISH TO ADD ON THAT WHEN I LEFT MY CAR AT THE PARKING LOT OF EAST POINT MALL, THERE WAS ONLY 1 VEHICLE PARKED BESIDE ME AND IT IS THE MENTIONED VEHICLE (B). WHEN I GOT BACK TO MY CAR, VEHICLE (B) WAS NO LONGER THERE AND I NOTICED THE DAMAGED PORTION. AS SUCH I SEEK HELP FROM MY FRIEND AND HE HELPED ME GOT IN TOUCH WITH THE MANAGEMENT AT EASTPOINT MALL WHICH THEY KINDLY ALLOWED HIM TO VIEW THE FOOTAGE TO GET VEHICLE (B)'S VEHICLE NUMBER FOR INSURANCE CLAIM PURPOSE. THE MANAGEMENT ALSO MENTIONED THAT THEY'LL RELEASE THE CLIP TO THE AUTHORITY

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

Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20210406/2106

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20210406/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/04/2021 16:41		Vide Report No.:		Station Diary No.: 36	
<b>Informant's Particulars</b>					
Name of Informant: TAN AI MUAY			Address: APT BLK 146 RIVERVALE DRIVE #17-501 SINGAPORE 540146		
ID Type / ID No.: NRIC NO / S1820733H			Contact No.: Home/Office: Mobile: 98288778		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 54	Date of Birth: 26/03/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Admin clerk			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: 06/04/2021 15:55	Type of Location: Car Park
Location:  SIMEI STREET 6				
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	Condition	No of Passenger
SLR1608D	Car	MERCEDES BENZ	CLA180 COUPE URBAN (R18 LED)	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR1608D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001266 52000	10/10/2020	09/10/2021





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POLICE FORCE**

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Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



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Report No. T/20210406/2106

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN AI MUAY	ID No.	S1820733H
Related Vehicle	SLR1608D (Car)	Contact No.	98288778
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 06/04/2021 at about 1230hrs, I parked my car at the B2, basement carpark, lot number 6 of East Point Mall. Everything was intact.

Later at about 1550hrs, I returned to my car and discovered that there was scratch marks on my left front bumper along the curvature transcending into left side of the car below the headlight area. The scratch is about 30cm long. I have no suspect in mind. There is CCTV at the basement carpark and I am lodging this report so that the Police can look into the case of hit and run. There was no witness that came forward. My car has in-built recording but it does not record once the engine is switched off.



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20210406/2106

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Report No. T/20210406/2106

## 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 /

Staff Sgt SIVA BALAN S/O CHINNAPAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/04/2021 16:41

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:

Authentication Stamp  
NP168