



# 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 ..... 12/04/2021 09:28 (SGT)  
Date of Accident ..... 09/04/2021 11:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AT LEVEL 2 LOT NO. 17 OF PREMISE OF MAPEX BUILDING, 37  
JLN PEMIMPIN S577177  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLM2910A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ZHUANG KUAN YUAN ZECHARIAH  
NRIC No ..... SXXXX027D  
Email Address ..... zechariah\_zhuang@hotmail.com  
Mobile Phone No ..... (Phone) +65-97550494  
Alternative Phone No ..... +65-97550494

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... AUDI / A4 1.8 TFSI MU (EU6)  
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 ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5116839416-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ZHUANG KUAN YUAN ZECHARIAH

|  |                                 |
|--|---------------------------------|
| NRIC No .....  | SXXXX027D                       |
| Date Of Birth .....  | 08/11/1987                      |
| Occupation .....   | Indoor                          |
| Date Of Driving Pass .....   | 05/06/2009                      |
| Driving experience .....   | 11 YEARS AND 10 MONTHS          |
| Gender .....   | Male                            |
| Mobile Number .....  | (Phone) +65-97550494            |
| Alt. Phone Number .....  | +65-97550494                    |
| Email Address .....  | zechariah_zhuang@hotmail.com    |
| Address .....  | BLK 307A #01-34 ANCHORVALE ROAD |
| Address complement .....   | -                               |
| Postcode .....   | 541307                          |
| 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 .....   | Collision - Head to Rear |
| 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 .....                       | 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

AS PER POLICE REPORT No.T/20210409/7022;

#### ATTACHMENT(S)

|   |            |
|---|------------|
| Are accident photos available for attachment? .....     | Yes        |
| Was there any video captured by Car Camera? .....       | Yes        |
| Reasons for not uploading a video of the accident ..... | WITH OWNER |
| Was there any audio recorded? .....                     | No         |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |   |
|-----------------------------------|---|
| Vehicle Registration Number ..... | SMX6822A                                |
| Vehicle Manufacturer .....        | BMW                                     |
| Vehicle Model .....               | Vehicle Make/Model B.M.W. / 118I LED HL |
| 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

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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.

*[Signature]* 09/04/2021

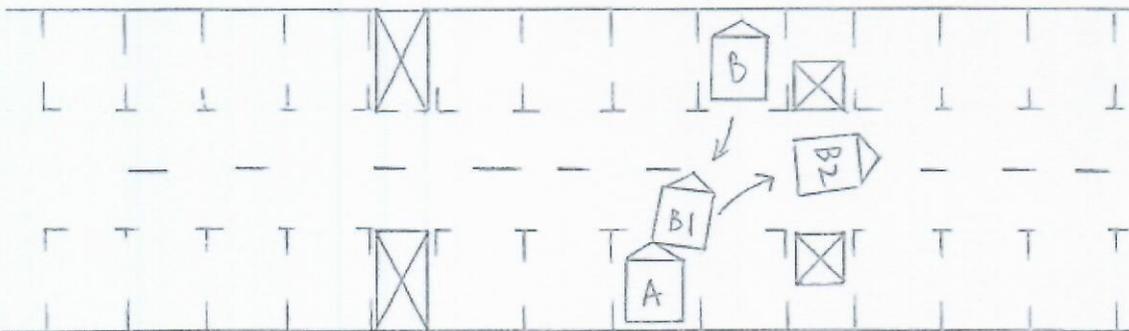
IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

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

Handwritten notes in the accident description box:

✓

pls refer  
Traffic Police no  
T/20 M0409 / 7022

A) SLM 2910A  
B) SMX 6822A

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

 09/04/2021

Policyholder's Signature / Date & Time

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

**IDAC KAKI BUKIT (YAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel



SINGAPORE  
POLICE FORCE



T/20210409/7022

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

1 of 3

Report No. T/20210409/7022

## REPORT OF A TRAFFIC ACCIDENT

|   |            |  |  |                            |  |
|---|------------|--|--|----------------------------|--|
| Date/Time Report Made:<br>09/04/2021 15:49      |            | Vide Report No.:                       |  | Station Diary No.:         |  |
| <b>Informant's Particulars</b>                  |            |  |  |                            |  |
| Name of Informant:<br>ZHUANG KUANYUAN ZECHARIAH |            |  | Address:<br>307A ANCHORVALE ROAD #01-34 SINGAPORE 541307           |                            |  |
| ID Type / ID No.:<br>NRIC NO / S8735027D        |            |  | Contact No.:<br>Home/Office:                      Mobile: 97550494 |                            |  |
| Nationality:<br>SINGAPORE CITIZEN               |            |  | Email:<br>ZECHARIAH_ZHUANG@HOTMAIL.COM                             |                            |  |
| Sex:<br>Male                                    | Age:<br>33 | Date of Birth:<br>08/11/1987           | Type of Informant:<br>Driver                                       |                            |  |
| Race:<br>Chinese                                |            | Language:<br>English                   |  | Institution / School Name: |  |
| Occupation:<br>Educator                         |            | Driving Licence Information:<br>Class: |  | Date of Expiry:            |  |

|   |                           |                                    |  |                                     |
|---|---------------------------|------------------------------------|--|-------------------------------------|
| <b>General Information of the Accident</b>                    |                           |                                    |  |                                     |
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>09/04/2021 11:50 | Type of Location:<br>Car Park       |
| Location:<br><br>MAPEX BUILDING                               |                           |                                    |  |                                     |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                      |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                                    |  | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |      |      |                      |       |          |       |
|------------------------------------|------|------|----------------------|-------|----------|-------|
| Vehicle No.                        | Type | Make | Model                | Color | Conditio | No of |
| SLM2910A                           | Car  | AUDI | A4 1.8 TFSI MU (EU6) | Black |          | 0     |
| SMX6822A                           | Car  |      |                      |       |          | 0     |

| <b>Details of Vehicle Insurance</b> |                   |              |           |             |
|-------------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No.                         | Insurance Company | Insurance No | Effective | Expiry Date |



SINGAPORE  
POLICE FORCE



T/20210409/7022

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

2 of 3

Report No. T/20210409/7022

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SLM2910A                     | NTUC Income Insurance Co-Operative Limited | 5116839416-01 | 20/03/2021 | 19/03/2022  |

| Details of Person Involved        |                           |                                   |                                   |
|-----------------------------------|---------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                           |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                           | Use of Pedestrian Crossing: NA    |                                   |
| Driver                            |                           |                                   |                                   |
| Name                              | ZHUANG KUANYUAN ZECHARIAH | ID No.                            | S8735027D                         |
| Related Vehicle                   | SLM2910A (Car)            | Contact No.                       | 97550494                          |
| Hospital/Clinic                   | NIL                       | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                       | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                       | Degree of                         | NIL                               |

Brief Details.

On 09/04/2021 at about 1100hrs, I parked my vehicle stationary at level 2 Lot no, 17 of premises of Mapex Building, 37 Jalan Pemimpin Singapore 577177. Everything was intact. However, I was informed by my next door unit at about 1150am that my vehicle (A) was being hit by another vehicle (B) while doing a reverse parking. I viewed my in-car camera and managed to get the vehicle number that hit onto my parked vehicle. I wish to state that this is a hit and run case. I have also contacted the premises property manager and their CCTV footage managed to capture the whole incident but was unable to release to me and can only be retrieved via police officer.

Vehicle A: SLM2910A  
Vehicle B: SMX6822A



**SINGAPORE  
POLICE FORCE**



T/20210409/7022

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

3 of 3

Report No. T/20210409/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

|  |
|--|
| Signature Of Officer Recording The Report:<br>Not applicable                                 |
| Signature Of Interpreter:<br>Not applicable  |
| Officer In Charge Of Case:<br>TP / TPIB /<br>NOR AFFENDY BIN JAFFAR<br>Contact No.: 65476368 |

Authentication Stamp  
NP168

|  |
|--|
| Signature Of Informant:<br>The identity of the person making this report has<br>been authenticated by SingPass. No signature is<br>required. |
| Date/Time:<br>09/04/2021 15:49   |
| Classification Of Case:  |