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 04/05/2021 17:51 (SGT) Date of Accident 04/05/2021 14:45 (SGT) Exact Location of Accident Choa Chu Kang Ave 4, Singapore Additional Location Information **BLK 304 OPEN CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS1100J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HOCK SOON RECYCLING MANAGEMENT PTE. LTD. Company Reg No 2XXXXX059C Email Address HOCKSOONRECYCLING@GMAIL.COM Mobile Phone No (Phone) +65-62559595 Alternative Phone No (Office) +65-62559595

VEHICLE PARTICULARS

Manufacturer

Toyota Model Vellfire 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 your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2493

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00007142101 Cover Note Number

DRIVER

Name of Driver LOH HOCK SOON NRIC No. SXXXX154E

Date Of Birth 06/05/1969 Occupation Indoor Date Of Driving Pass 07/04/1987 Driving experience 34 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-93802229 Alt. Phone Number Email Address HOCKSOONRECYCLING@GMAIL.COM Address 40 INGGU RD Address complement Postcode 757201 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο 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 Collided into Parked Vehicle 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? 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20210504/2099 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 UNSURE IF IT RECORDED. Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJT2789X Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
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)	_

WITNESS DETAILS

WITNESS 1

Name BENN

Phone (Phone) +65-90189794

Email

5/4/2021

SMS1100J_CHOP0001.jpg

SKETCH PLAN

IMPORTANT NOTICE

- * Rease report <u>correctly</u> the details of the accident to speed up the chims process
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- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my w onlishop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, discline (a) by insurer; my wigneship and the General neutrance Association or angapore; Gually may/are permitted to optact, use, discusse and or process my personal discovering the "Personal Information" and discovering the processing of a surer (collectively the "Personal Information") and discovering the Associate Information to at insurer(s) with how ensured vehicle(s) modified in this accident (all insurer(s) with how ensured vehicle(s) involved in this accident shall be white care a remaining a recover in this accident that neutropy who have insured ventioning involved in this accident shall be codecitively referred to as the *Insurers*), the insurers* (awyers/law fems, the Monetary Authority of Singapore and any relevant government agency/authority (auch as the police), for the purpose(s) of ...
- (ii) processing handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to (ii) investigating the accident and/or my claims,
- (iii) carrying out and/or dealing with my instructions or responding to any encuries by me
- (N) administering my claims (speculing the making of correspondence, statements, involves, reports or notices to me, which could involve discussion 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. (colectively the "Purposes")
- (b) at insurer(s) who have insured vehicle(s) involved in this accident and the insurers' awyers/law firms, may/are permitted to collect. use, discuse and/or process my Personal Information for one or more of the above Purposes, and
- (c) by Riesonal information may/can be disclosed by any of the insurers and/or GIA to their fixed party service providers or agents including their awyershaw fame), which may be seed outside of Singapore, for one or more of the above Purposes.



Time

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

HU KANG, AVE BLK 304 OPEN

Sketch Plan

https://mail.google.com/mail/u/0/Winbox/FMfcgxwLtkcHDqPLrqNRdsPVsgBvZVSB?projector=1&messagePartId=0.1

1/1

	SMS1100J_CHOP0002.jpg	
De scrib	e Circumstances of the Accident	
PI	refu to the police report: 1/20210504/2099	
	1 10001/ 2017	
Declaration		
	oregoing particulars are true in every respect	
SCIUMO SUN	M "1/3/2"	
(2) N (1) 31	The state of the s	
vicyhavlera Sigr mu	Share 4 Dever's Signature (it driver is not the policyholder) / Date Witnessed by Reporting Centre Petitionnel	



T/20210504/2009

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

2 of 3 Report No. T/20210504/2099

CONTINUATION OF REPORT

Brief Details.

On 04/05/2021 at about 1435hrs, I parked my vehicle (SMS1100J) at the open carpark of the above mentioned location. Everything was normal and intact.

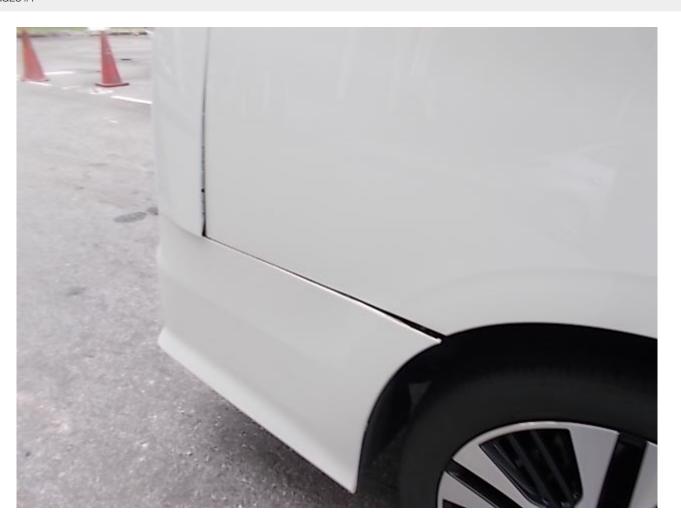
On the same day at about 1458hrs, I proceed back to my vehicle and I saw a person (Name: Benn, HP: 90189794) standing beside my vehicle and informed me that he saw another vehicle (SJT2789X) hit onto the bottom right rear of my vehicle. Benn also provided me with a dash cam footage of the accident from his car and also provided me with the other vehicle's car plat number. Benn further informed that he is willing to be a witness for the accident.

There is a dash cam installed on the front and the rear of my vehicle however, I am unsure if it is recording at the point of the accident. There are dents on the bottom right rear of my vehicle boot and the whole rear bumper was dislodged from my vehicle. I have contacted my insurance agent regarding the matter and was advised to make a police report.

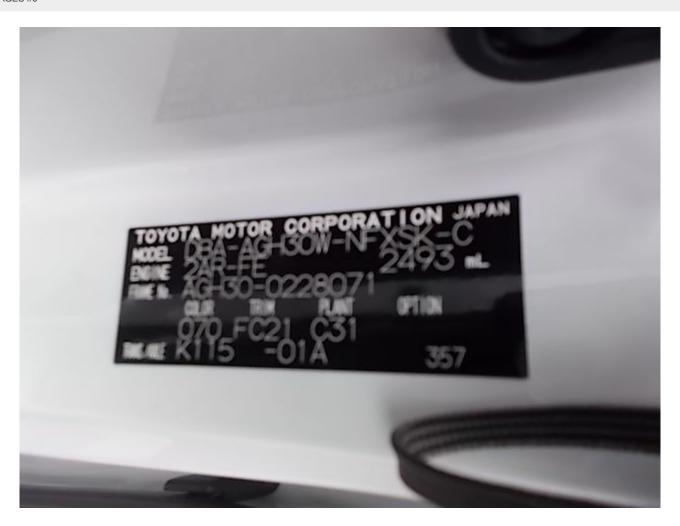
















Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

1 of 3. Report No. T/20210504/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2021 16:17		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: LOH HOCK SOON			Address: 40 INGGU ROAD SINGAPORE 757201		
ID Type / ID No.: NRIC NO / S6916154E		54E	Contact No.: Home/Office:	Mobile: 93802229	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	- ge. Date of Birth.		Type of Informant: Vehicle Owner		
Race: Chinese	-		Language:	Institution / School Name:	
Occupati Compan	on: y director	-	Driving Licence Information: Class:	Date of Expiry:	

General Inform	mation of the Accide	nt	ALC: UNITED AND ADDRESS OF THE PARTY OF THE		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/05/2021 14:45	Type of Location Car Park	
Location: CHOA CHU K	ANG AVENUE 4		4.	E.	
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collist Moving Vehicl	ion: e Against - Parked Ve	phicle	1	Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJT2789X	Car					0
SMS1100J	Car				Slightly Damaged	0



T/20210504/2099

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

2 of 3 Report No. T/20210504/2099

CONTINUATION OF REPORT

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Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

3 of 3 Report No. T/20210504/2099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	o 65474885 stating the report number as reference. Signature Of Informant:
Sgt 2 LIM JIT WEI, JOEL	CV CV
Signature Of Interpreter: Not applicable	Date/Time:
·	04/05/2021 16:17
Officer In Charge Of Case:	Classification Of Case:
SI KALESWARI PALANI	