

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	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
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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 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	2493

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
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	Male
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?	No
If No, Relationship of the Driver with the Insured	Other
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	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	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	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT2789X
Vehicle Manufacturer	-
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) -

WITNESS DETAILS

WITNESS 1

Name BENN
Phone (Phone) +65-90189794
Email -

5/4/2021

SMS1100J_CHOP0001.jpg

SKETCH PLAN

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7. By the submission 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 making 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/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

Witnessed by Reporting Centre Personnel

CHOA CHU KANG, AVE 4,
BLK 304 OPEN CARPARK

A - SMS1100J
B - SJT2789X

5/4/2021

SMS1100J_CHOP0002.jpg

Describe Circumstances of the Accident

Pls refer to the police report: T/20210504/2099

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

Witnessed by Reporting Centre Personnel

<https://mail.google.com/mail/u/0/#inbox/FMfcgxlkHDqPLrqNRdsPVsgBvZVSB?projector=1&messagePartId=0.2>

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**SINGAPORE
POLICE FORCE**



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

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.















SINGAPORE POLICE FORCE



T/20210504/2099

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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		Vide Report No.:	Station Diary No.: 21
Informant's Particulars			
Name of Informant: LOH HOCK SOON		Address: 40 INGGU ROAD SINGAPORE 757201	
ID Type / ID No.: NRIC NO / S6916154E		Contact No.: Home/Office: Mobile: 93802229	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 06/05/1969	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: Company director		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: 04/05/2021 14:45	Type of Location: Car Park
Location: CHOA CHU KANG AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SJT2789X	Car					0
SMS1100J	Car				Slightly Damaged	0



**SINGAPORE
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T/20210504/2099

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T/20210504/2099

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Report No. T/20210504/2099

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:
F /
Sgt 2 LIM JIT WEI, JOEL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/05/2021 16:17

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168