

# 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 ..... 10/05/2021 17:25 (SGT)  
Date of Accident ..... 09/05/2021 14:00 (SGT)  
Exact Location of Accident ..... Woodlands Street 32, Singapore  
Additional Location Information ..... BLK 335 CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMU7754Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE HAP SENG(LI HESHENG)  
NRIC No ..... SXXXX060E  
Email Address ..... ROGERLEEHS@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-98436098  
Alternative Phone No ..... +65-98436098

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Jetta  
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 ..... 1400

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00117932000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE HAP SENG(LI HESHENG)  
NRIC No ..... SXXXX060E

Date Of Birth .....	15/01/1981
Occupation .....	Outdoor
Date Of Driving Pass .....	20/02/2003
Driving experience .....	18 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98436098
Alt. Phone Number .....	+65-98436098
Email Address .....	ROGERLEEHS@YAHOO.COM
Address .....	BLK 335 WOODLANDS STREET 32
Address complement .....	#10-51
Postcode .....	730335
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 .....	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 .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210510/2034

#### 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 .....	SMP2549H
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 ..... JOANNA  
Phone ..... (Phone) +65-91809493  
Email ..... -

**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**.
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5. **Any false reporting may be referred to the Police for investigation**.
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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 :

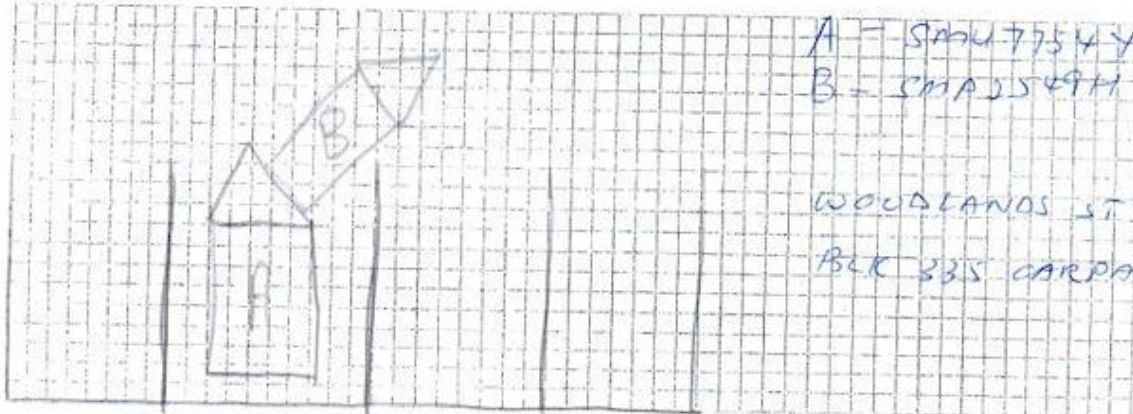
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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]*  
 Policyholder's Signature / Date & Time

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

*[Signature]* 10/05/21  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**







**SINGAPORE  
POLICE FORCE**



T/20210510/2034

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20210510/2034

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU7754Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001179 32000	31/08/2020	30/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE HAP SENG	ID No.	S8104060E
Related Vehicle	SMU7754Y (Car)	Contact No.	98436098
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 09/05/2021 at about 1200hrs, I parked my car at the open carpark of Blk 335 Woodlands St 32 and everything was normal.

On the same day at about 2100hrs, I returned to my car and spotted that on the front right corner bumper and fender, there were scratches with white color paint marks. I also spotted a note on my windscreen from my neighbor from my residence who informed that she witnessed what happened. I contacted her and she informed that around 1400hrs, she spotted a blueSG car that collided onto the front right side of my car and drove off without stopping. She did not say how the accident happened i.e. whether the blueSG car was reversing into a lot or such. She also took note of the licence plate number of the car. She also said that later on, the driver of the blueSG car (an Indian male) came back to my car and attempted to wipe the scratch and paint marks away. She recognized him as a resident of the block but unsure which unit he is residing in.

There is no CCTV installed in my car. My neighbor agreed to act as a witness to this incident.




















**SINGAPORE  
POLICE FORCE**


T/20210510/2034

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20210510/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/05/2021 11:45	Vide Report No.:	Station Diary No.: 60
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**Informant's Particulars**

Name of Informant: LEE HAP SENG		Address: APT BLK 335 WOODLANDS STREET 32 #10-51 SINGAPORE 730335	
ID Type / ID No.: NRIC NO / S8104060E		Contact No.: Home/Office: Mobile: 98436098	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 15/01/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ASSOCIATE ENGINEER		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: 09/05/2021 14:00	Type of Location: Car Park
Location:  WOODLANDS STREET 32				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SMP2549H	Car					0
SMU7754Y	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623Q5	Silver		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210510/2034

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
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2 of 3

Report No. T/20210510/2034

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Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE HAP SENG	ID No.	S8104060E
Related Vehicle	SMU7754Y (Car)	Contact No.	98436098
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

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T/20210510/2034

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3 of 3  
Report No. T/20210510/2034

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 Mohamed Ali SO Mubarak Hussain	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2021 11:45
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032	Classification Of Case:

Authentication Stamp  
NP168

