

# **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.

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   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 31/05/2021 16:12 (SGT) Date of Accident 30/05/2021 11:55 (SGT) Exact Location of Accident 271 Bukit Batok East Ave 4, Block 271, Singapore 650271 Additional Location Information **CARPARK** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mercedes

1600

Vehicle Registration Number SFD3663A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TANG TENG TING NRIC No. SXXXX888D Email Address LESLIETING2888@HOTMAIL.COM Mobile Phone No (Phone) +65-90923663 Alternative Phone No (Home) +65-90923663

VEHICLE PARTICULARS

Manufacturer

Model E250 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

**INSURANCE COMPANY** 

Name of Insurance Company FWD Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number PNPV2018-00010797-02 Cover Note Number

DRIVER

CC

Name of Driver TANG TENG TING NRIC No. SXXXX888D

Date Of Birth 08/01/1968 Occupation Indoor Date Of Driving Pass 06/01/1987 Driving experience 34 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90923663 Alt. Phone Number (Home) +65-90923663 Email Address LESLIETING2888@HOTMAIL.COM Address 36 ENG KONG TERRACE Address complement Postcode 599009 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 Was anybody injured in the Accident? Nο 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bukit Timah Neighbourhood Police Post Police Station Phone No (Phone) +65-18004689999 Alt. Police Station Phone No (Fax) +65-64623782 Police Station Address Blk 1 Toh Yi Drive #01-139 Singapore 591501 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SBA1000P** Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

Name of Driver	
Contact Number	
Address	······
Address complement	
Postcode	
Insurance Company Name	<del>-</del>
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

# WITNESS DETAILS

WITNESS 1

Name LEE WEN LIANG
Phone (Phone) +65-91894176

Email .....

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GA 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.
- 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)

l understand, acknowledge, agree and consent that :

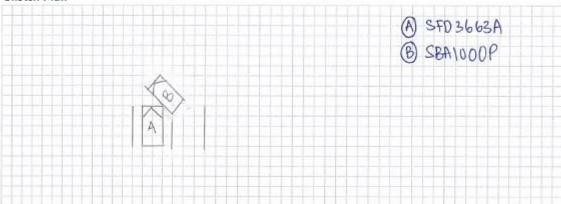
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 hourers law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reputing Centri Personnel

Sketch Plan



Describe Circumstances of the Accident

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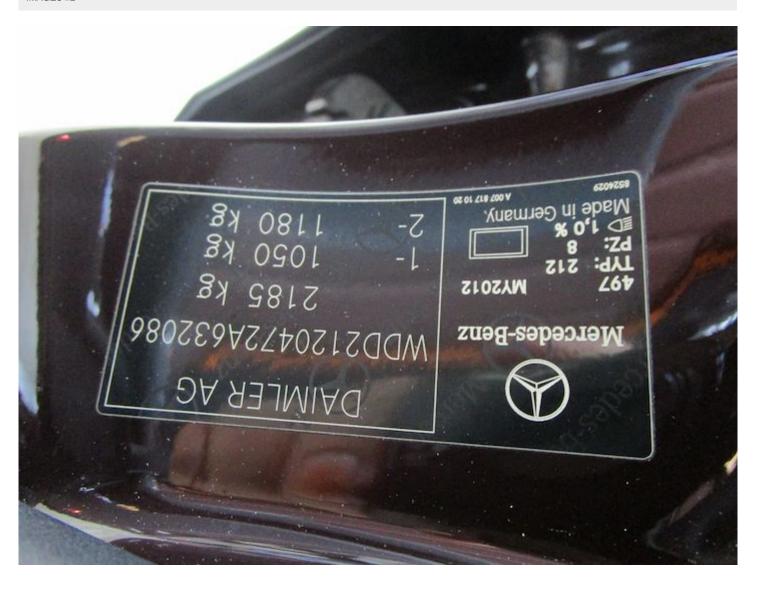
Driver's Signature (If driver is not the policyholder) / Date & Time

Time

Policyholder's Signature / Date &

Witnessed by Reporting Centre Personnel























Police Station Of Origin: Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

1 of 3 Report No. T/20210530/2026

	me Report M 021 12:43	/lade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: ENG TING		Address: 36 ENG KONG TERRACE SI	INGAPORE 599009		
ID Type / ID No.: NRIC NO / S6802888D		88D	Contact No.: Home/Office;	Mobile: 90923663		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 53	Date of Birth; 08/01/1968	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupat BUSINE	tion: SS MANAG	ER	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/05/2021 11:55	Type of Location Car Park
Location: BUKIT BATO	K EAST AVENUE 4	Road Surface:	R	oad Speed Limit:
AR 1 AP 301				
Traffic Flow:		Traffic Control; Not Controlled	1.00	affic Volume: o Traffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFD3663A	Car	MERCEDES BENZ	E 250	Brown	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SFD3663A	FWD Singapore Pte. Ltd	PNPV2018- 00010797-02	23/08/2020	22/08/2021	





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SINGAPORE 591501 2 of 3 Report No. T/20210530/2028

Tel No: 1800-4689999

CONTINUATION OF REPORT

### Brief Details.

On 30/05/2021 at around 1100hrs, I parked my vehicle bearing registration number: SFD3663A at the carpark located at Blk 271 Bukit Batok East Avenue 4, inside lot 387.

At around 1155hrs, I came back to my vehicle and noticed that was scratches and small dent on the front right bumper of my vehicle. A witness namely: Lee Wen Liang HP: 91894176 approached me and informed me, earlier he saw a white Mercedes vehicle bearing registration plate number SBA1000P hit onto my vehicle however he did not manage to video record the incident.

I wish to state that, my vehicle does not have any video cameras and I am lodging this police report for traffic police to investigate into this matter.





Police Station Of Origin:
Bukit Timeh NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999 CONTINUATION OF REPORT

3 of 3 Report No. T/20210530/2026

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 D / Sgt 1 HENG BOONCHAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2021 12:43
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032	Classification Of Case:
Authentication Stamp NP168 2 POLICE FORCE SIGNATURE	





Police Station Of Origin: Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

1 of 3 Report No. T/20210530/2026

REPORT	OF A TRAFFI	CACCIDENT				
	me Report I 021 12:43	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: ENG TING		Address: 36 ENG KONG TERRACE S	SINGAPORE 599009		
1000 HOURS & CO.	/ ID No.: O / S68028	88D	Contact No.: Home/Office;	Mobile: 90923663		
Nationality: SINGAPORE CITIZEN		EN .	Email:			
Sex: Male	Age: 53	Date of Birth: 08/01/1968	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupat	tion:	SER	Driving Licence Information:	Date of Evening		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/05/2021 11:55	Type of Location: Car Park
Location: BUKIT BATO Weather: Clear	K EAST AVENUE 4	Road Surface: Dry	· ·	Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Fraffic Volume: No Traffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFD3663A	Car	MERCEDES BENZ	E 250	Brown	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SFD3663A	FWD Singapore Pte. Ltd	PNPV2018- 00010797-02	23/08/2020	22/08/2021		