

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	07/06/2021 16:40 (SGT)
Date of Accident	05/06/2021 11:35 (SGT)
Exact Location of Accident	685 Hougang Street 61, Singapore
Additional Location Information	LOT 14 OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8810A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH PEI CHEN
NRIC No	SXXXX939G
Email Address	smartoneauto@gmail.com
Mobile Phone No	(Phone) +65-91550515
Alternative Phone No	+65-91550515

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00109202103
Cover Note Number	-

DRIVER

Name of Driver	TOH PEI CHEN
NRIC No	SXXXX939G

Date Of Birth	17/11/1982
Occupation	Indoor
Date Of Driving Pass	05/01/2007
Driving experience	14 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91550515
Alt. Phone Number	+65-91550515
Email Address	smartoneauto@gmail.com
Address	BLK 926 HOUGANG STREET 91 #09-89
Address complement	-
Postcode	530926
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	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

PLEASE REFER TO POLICE REPORT T/20210606/2056

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	GQ5136L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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

IMPORTANT NOTICE

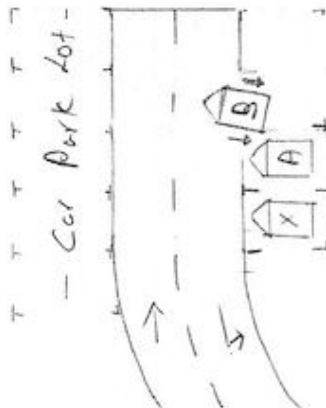
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

Tan
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SLP8810A

B = GQ 5136L

Lot 14 of the Open Space
Carpark of BLK 685
Hougang Street 61

Describe Circumstances of the Accident

Refer to Police Report

Police Report No. : T/20210606/2056

Declaration

We declare the foregoing particulars are true in every respect.

Tol
Policyholder's Signature / Date & Time

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

07/06/2021
Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20210606/2056

1 of 3

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

Report No. T/20210606/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2021 19:09	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: TOH PEI CHEN			Address: APT BLK 926 HOUGANG STREET 91 #09-89 SINGAPORE 530926		
ID Type / ID No.: NRIC NO / S8235939G			Contact No.: Home/Office: Mobile: 91550515		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 38	Date of Birth: 17/11/1982	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: RETAIL MANAGER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/06/2021 11:35	Type of Location: Car Park
Location: HOUGANG STREET 61				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GQ5136L		TOYOTA	DYNA 150 5MT	Silver	No Damage	0
SLP8810A		TOYOTA	SIENTA 1.5X A	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210606/2056

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

2 of 3

Report No. T/20210606/2056

CONTINUATION OF REPORT

Brief Details.

I am the vehicle owner of SLP8810A. I parked my vehicle at lot 14 of the opened space carpark of Blk 685 Hougang Street 61 on 03/06/2021 at about 1400hrs, everything was intact. As the vehicle is used for work purposes only, I seldom use it.

On 05/06/2021 at about 2300hrs, I went to my vehicle and discovered that there was a huge dent on the front right portion of the vehicle, along with some scratch marks. I made a check via the CCTV footage of my shop house located at blk 685 Hougang Street 61 as it was facing the car park. The video footage shown that a lorry bearing vehicle registration plate number GQ5136L had reversed and collided into the front right portion of my vehicle while making a 3-point turn on 05/06/2021 at 1135hrs. After colliding into my vehicle, the lorry proceeded to complete the 3-point turn and even parked into one of vacant lots as shown in my CCTV footage. The driver did not leave any notes on my vehicle.

I managed to get the lorry's vehicle registration plate number by zooming in using the CCTV footage from my shop house. No one was injured. This is the first time such an incident had happened.



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T/20210606/2056

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

3 of 3

Report No. T/20210606/2056

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 1 TAY YONG KIAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI STEPHANIE, CHEUNG TSZ YING

Contact No.: 96208032

SN 77

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

06/06/2021 19:09

Classification Of Case: