

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 Report	27/02/2020 20:48
Date Of Accident	27/02/2020 05:30
Exact Location Of Accident	85 SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ33U
-----------------------------	--------

Insured/Policyholder

Name Of Registered Owner	CHEOW YAN BENG
NRIC No	SXXXX369F
Email Address	CHEOW6191@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96880189
Alternative Phone No	OTHERS-96880189

Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN PDK CYP E5
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V00385
Cover Note Number	NA

Driver

Name of Driver	CHEOW YAM BENG
NRIC No	SXXXX369F
Date Of Birth	18/09/1979
Occupation	INDOOR
Date Of Driving Pass	13/03/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96880189
Fax Number	
Contact Number	OTHERS-96880189
Email Address	CHEOW6191@HOTMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	YES
Foreign Vehicle Registration Number	JQN3125 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	10 UBI AVEUE 3
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20200227/7019 LODGE AT 10 UBI AVEUE 3 ON THE 27/02/2020@1AM,I PARK MY VEHICLE AT A BACK ALLEY CAR PARK LOT.AT 5.30AM WHEN I COLLECT MY VEHICLE,IT WAS FOUND DAMAGED AT THE RIGHT FRONT FENDER.PHOTO 1:MY VEHICLE CONDITION PHOTO ,LOCATION:85 SIMS AVENUE,DIRECTLY BEHIND THE DURIAN STALL.AFTER ASKING THE PEOPLE AROUND AT THE LOCATION,THERE IS A LADY BY THE NAME OF (MISS LIN) WHO CLAIMED THAT SHE IS THE OWNER OF THE DURIAN STALL.MISS LIN ACKNOWLEDGE THAT IT WAS ONE OF HER DURIAN TRUCKS FROM HER COMPANY THAT HAVE ACCIDENTALLY CAUSED THE DAMAGES TO MY VEHICLE.SHE BROUGHT ME TO THE TRUCK THAT IS INVOLVED AND I TOOK THE VEHICLE PHOTOS.PHOTO 2:REGISTRATION PLATE OF THE TRUCK.PHOTO 3:THE PART OF THE TRUCK THAT CAUSED THE DAMAGE TO MY VEHICLE.NO ONE IS INJURED IN THIS INCIDENT.WE ARE IN CONTACT WITH MISS LIN,TO SEE THE POSSIBILITY FOR PRIVATE SETTLEMENT.WE HAVE INFORMED OUR INSURANCE COMPANY AND WE ARE BEING ADVISED TO MAKE A POLICE REPORT.THANK YOU.

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	JQN3125
Vehicle Make/Model/Colour	
Details Of Properties	NA
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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**.
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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

27/2/2020

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

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT**

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

85
SUNB AVE



A: 8GT33U
B: JQN3125

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

I/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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200227/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200227/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2020 14:21	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: CHEOW YAM BENG			Address: 101 MERGUI ROAD #05-04 SINGAPORE 219067		
ID Type / ID No.: NRIC NO / S7931369F			Contact No.: Home/Office: Mobile: 96880189		
Nationality: SINGAPORE CITIZEN			Email: cheow6191@hotmail.com		
Sex: Male	Age: 40	Date of Birth: 18/09/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: finance consultant			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 27/02/2020 05:30	Type of Location: BACK ALLEY CARPARK LOT
Location: SIMS AVENUE				
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
JQN3125	truck		unknown	Brown	Slightly Damaged	0
SGJ0033U	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200227/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20200227/7019

CONTINUATION OF REPORT

Driver			
Name	CHEOW YAM BENG	ID No.	S7931369F
Related Vehicle	SGJ0033U (Car)	Contact No.	96880189
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 27/02/2020@1am, I park my vehicle at a back alley car park lot.
At 5.30am when I collect my vehicle, it was found damaged at the right front fender.
Photo 1: My vehicle condition photo
Location: 85 Sims Avenue, directly behind the Durian stall

After asking the people around at the location, there is a lady by the name of (Miss Lin) who claimed that she is the owner of the Durian stall.

Miss Lin acknowledge that it was one of her durian trucks from her company that have accidentally caused the damages to my vehicle.

She brought me to the truck that is involved and i took the vehicle photos.

Photo 2: registration plate of the truck

Photo 3: the part of the truck that caused the damage to my vehicle

No one is injured in this incident.

We are in contact with Miss Lin, to see the possibility for private settlement.

We have informed our insurance company and we are being advised to make a police report.
thank you.



**SINGAPORE
POLICE FORCE**



T/20200227/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200227/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/02/2020 14:21

Classification Of Case: