SC1G217M0005 / CHENG HOE MOTOR PTE LTD[768761] ENTRY DATE & TIME: 22/07/2021 18:22 (SGT) SUBMITTED BY: CHIONG BENG CHOON VERSION: 1 (22/07/2021 18:22 (SGT))

# **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 22/07/2021 18:22 (SGT) Date of Accident 18/07/2021 12:33 (SGT) Exact Location of Accident Singapore Additional Location Information PENSHURST PLACE Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SCQ9780Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LER ZHI KANG (LU ZHIKANG) NRIC No. SXXXX101I

Email Address daveler@singnet.com.sq Mobile Phone No (Phone) +65-98534199

Alternative Phone No +65-98534199

VEHICLE PARTICULARS

Manufacturer

Model A5 SPORTBACK 2.0 TFSI S TRONIC (110 KW)

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 1984

**INSURANCE COMPANY** 

Name of Insurance Company India International Insurance Pte Ltd

Type of Coverage Comprehensive

Fleet Policy

Policy Number D21MPC0003035 Cover Note Number 26/04/21 - 20/04/22

DRIVER

Name of Driver LER ZHI KANG (LU ZHIKANG)

NRIC No. SXXXX101I Date Of Birth 23/10/1982 Occupation Indoor Date Of Driving Pass 19/12/2001 Driving experience 19 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-98534199 Alt. Phone Number +65-98534199 Email Address daveler@singnet.com.sg Address 164 CANBERRA DRIVE #08-55 Address complement Postcode 768001 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT (REPAIR BY OTHER WORKSHOP) ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SFN911B Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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

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SKET	CH	D1	ΛN
SINC	011		A-11.4

1. VEHICLE NO .: SCQ 97807

2.INSURER CO: India

3.ACCIDENT DATE & TIME: 18 7 21 12:33 pm

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
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- Information provided must be as <u>truthful</u> and <u>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.
- 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.
- 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)

Lunderstand, 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 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;
- (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' 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

( 13 ) ong 22 7 21 Witnessed by Reporting Centre Personnel

Sketch Plan

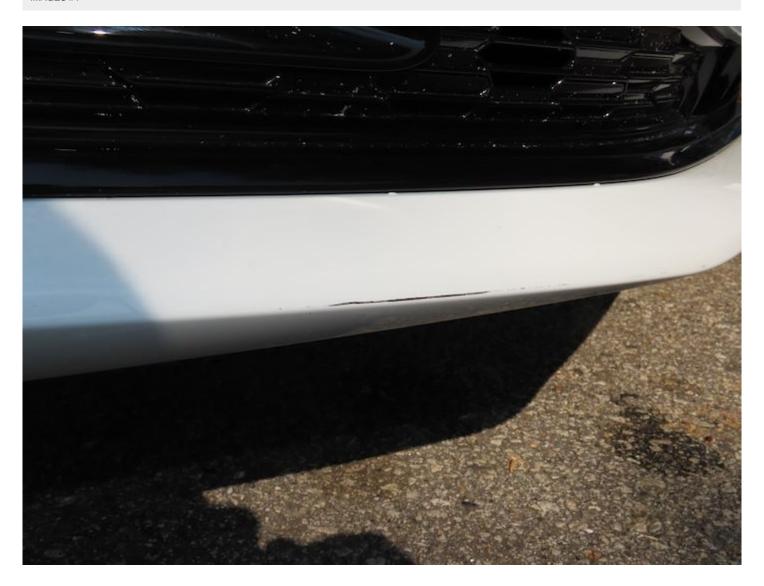
PLEASE
TURN
OVER

Sketch Plan		
	Penshurst Place	
		n: 5CQ 97807
	X S S A	B: SFN 911B
ESCRIBE CIRCUMSTANC		
Ins: India	Veh No: SCQ 97	804 DOA: 18/7/24 12.33 po
O. C. Pares	Report.	
reter lonce	Keport.	
		ame for you to submit an Own Damage Claim
	comprehensive policy. Please check with	h your policy for more information.
ECLARATION	articulars are true in every respect.	
we declare the foregoing p	arriculary are true in every respecti	
Von		(YS) and 22/7/21
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name: NRIC/FIN No.:
()	Date & Time: Claim Own Policy ( ) Claim Third Part Claim OD/TP at other workshop (	























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210722/7014

## REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 22/07/2021 13:03		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: LER ZHI KANG			Address: 164 CANBERRA DRIVE #08-55 SINGAPORE 76800		
2.1	/ ID No.: D / S82351	011	Contact No.: Home/Office:	Mobile: 98534199	
Nationality: SINGAPORE CITIZEN		EN	Email: daveler@singnet.com.sg		
Sex: Male	Age: 38	Date of Birth: 23/10/1982	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Sales and marketing manager		g manager	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/07/2021 12:34	Type of Location: Straight Road
Location: Penshurst Pla	ace			
Weather:		Road Surface: Dry	F	Road Speed Limit:
Sunny				
Sunny Traffic Flow: Two Way		Traffic Control: Not Controlled	13/	Fraffic Volume:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SCQ9780Y	Car	AUDI	A5	White	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SCQ9780Y	India International Insurance				





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210722/7014

## CONTINUATION OF REPORT

Details of Perso					-	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA			
Vehicle Owner				00.104		
Name	LER ZHI KANG		ID No		S8235101I	
Related Vehicle	SCQ9780Y (Car)			Conta	ct No.	98534199
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	NIL	

## Brief Details.

Vehicle SFN911B was captured on my car video camera to have brushed against my front bumper while parking into the lot.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210722/7014

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2021 13:03
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

Authentication Stamp