

# 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 ..... 05/08/2021 10:36 (SGT)  
Date of Accident ..... 23/07/2021 12:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... VICOM INSPECTION CENTRE (KAKI BUKIT) 23 KAKI BUKIT AVE  
4 (415933)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... C001377453

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SWIFT GARAGE PTE LTD  
Company Reg No ..... 201427028C  
Email Address ..... JOHNSONPEH@SWIFTGARAGE.COM.SG  
Mobile Phone No ..... (Phone) +65-88222221  
Alternative Phone No ..... (Office) +65-68467920

### VEHICLE PARTICULARS

Manufacturer ..... Maserati  
Model ..... GHIBLI HYBRID  
Variant ..... -  
Exact purpose for which vehicle was being used at time of  
accident ..... -  
Are you claiming under your own insurance policy for repair to  
your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motor trade  
Transmission ..... Auto  
CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5093744921-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PEH ENG CHEN

NRIC No .....	S7717535J
Date Of Birth .....	21/06/1977
Occupation .....	Indoor
Date Of Driving Pass .....	20/06/1998
Driving experience .....	23 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91299999
Alt. Phone Number .....	-
Email Address .....	JOHNSONPEH@SWIFTGARAGE.COM.SG
Address .....	259 PUNGGOL SEVENTEENTH AVENUE
Address complement .....	-
Postcode .....	829710
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	Video from IDAC as accident was captured at VICOM Inspection Centre (Kaki Bukit)
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBA5601D
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.
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 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.

**Sketch Plan**

A = ZAMAS57 (001377453)  
B = GBA5601D

**Describe Circumstances of the Accident**

— refer to police report. —

**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

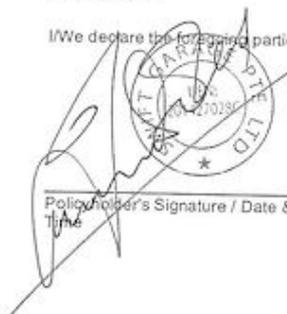
Witnessed by Reporting Centre Personnel

Describe Circumstances Of the Accident (Continue)

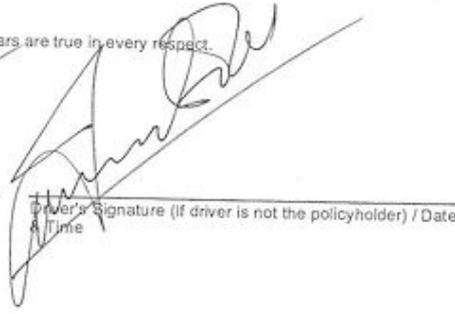
— refer to police report.

**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



Witnessed by Reporting Centre Personnel













**SINGAPORE  
POLICE FORCE**



T/20210730/7021

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

1 of 3

Report No. T/20210730/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/07/2021 17:32		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PEH ENG CHEN			Address: 259 PONGGOL SEVENTEENTH AVENUE SINGAPORE 829710		
ID Type / ID No.: NRIC NO / S7717535J			Contact No.:		Mobile: 91299999
Nationality: SINGAPORE CITIZEN			Email: johnsonpeh@swiftgarage.com.sg		
Sex: Male	Age: 44	Date of Birth: 21/06/1977	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/07/2021 12:25	Type of Location: Vicom Inspection Centre
Location:  KAKI BUKIT AVENUE 4				
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	Conditio	No of
C001377453 (Not Accurate)	Car	MASERATI	GHIBLI HYBRID	White	Seriously Damaged	0
GBA5601D	Lorry	TOYOTA	DYNA	Silver		0



**SINGAPORE  
POLICE FORCE**



T/20210730/7021

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

2 of 3

Report No. T/20210730/7021

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	PEH ENG CHEN	ID No.	S7717535J
Related Vehicle	NIL	Contact No.	91299999
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I am filing this report due to a hit and run accident fall on the 23/07/2021, 12.25pm @ VICOM Inspection Centre (Kaki Bukit) 23 Kaki Bukit Ave 4 Singapore 415933. My vehicle was stationary parked outside . When i return for collection, my vehicle front right portion was damaged.

As per footages retrieve by IDAC my vehicle was damage by a lorry GBA5601D

This is a new car. Initially i thought i had to be liable for the damages thus i send it to the workshop. Turn out footages were captured on the hit and run.

I am writing this report to file claim on the other party insurance.

I could not key in the full chassis for the new vehicle cause is not registered yet.

Kindly take note chassis no is ZAMAS57C001377453.



**SINGAPORE  
POLICE FORCE**

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



T/20210730/7021

3 of 3

Report No. T/20210730/7021

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NEO ZHI YUAN  
Contact No.: 65476079

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:  
30/07/2021 17:32

Classification Of Case: