# **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 23/08/2021 17:01 (SGT) Date of Accident 20/08/2021 02:00 (SGT) Exact Location of Accident Townshend Rd, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Lexus

2000

Vehicle Registration Number SDD2277L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIEN SHEONG CHYE NRIC No. SXXXX148I Email Address SHAWN7530@HOTMAIL.COM Mobile Phone No (Phone) +65-96351277 Alternative Phone No +65-96351277

VEHICLE PARTICULARS

Manufacturer

Model Es250 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 Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D20MTPV01016163 Cover Note Number

DRIVER

CC

Name of Driver LIEN SHEONG CHYE NRIC No. SXXXX148I

Date Of Birth 01/04/1957 Occupation Indoor Date Of Driving Pass 10/07/2002 Driving experience 19 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96351277 Alt. Phone Number +65-96351277 Email Address SHAWN7530@HOTMAIL.COM Address 27 LORONG SALLEH Address complement Postcode 416783 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 Collision - Head to Rear 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Eunos Neighbourhood Police Post Police Station Phone No (Phone) +65-18004439999 Alt. Police Station Phone No (Fax) +65-62444376 Police Station Address Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210820/2097 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 SI N97M Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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)				_

	ribe Circumsta	nnces of the Accident
		V

## Declaration

IWe 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

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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' 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 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

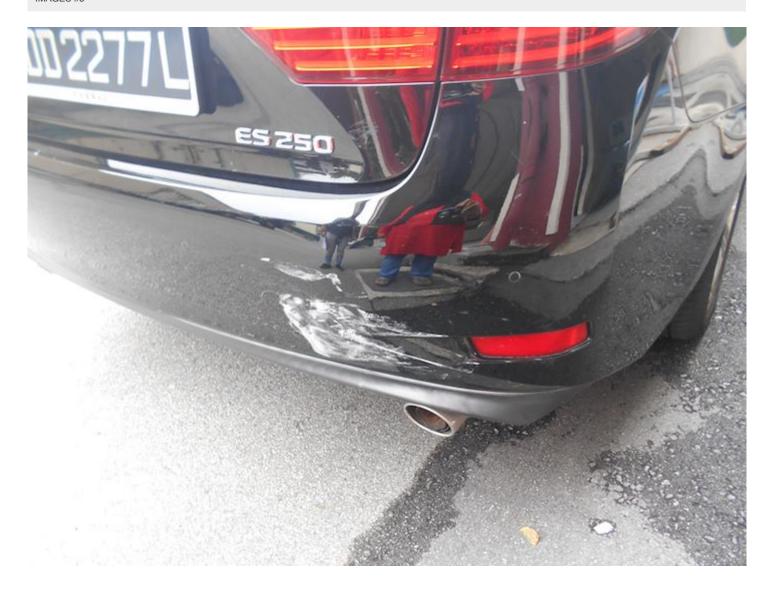
Witnessed by Reporting Centre Personnel

Sketch Plan

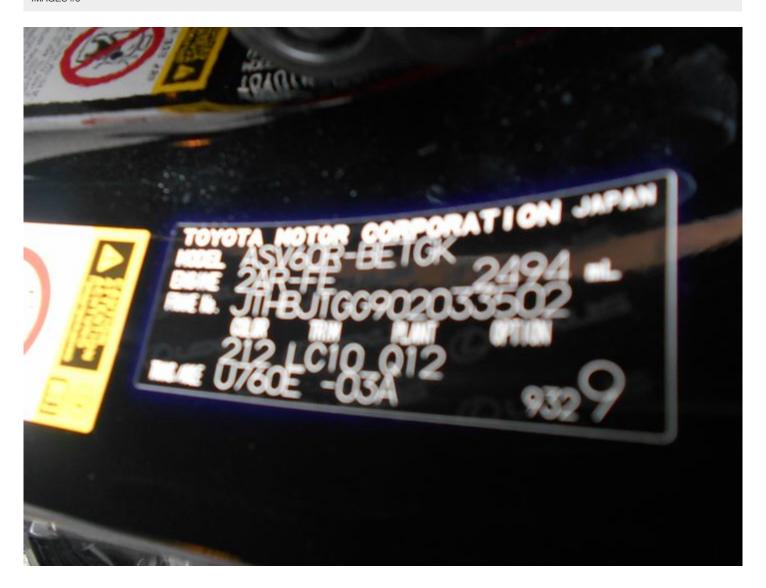
Townshind Road

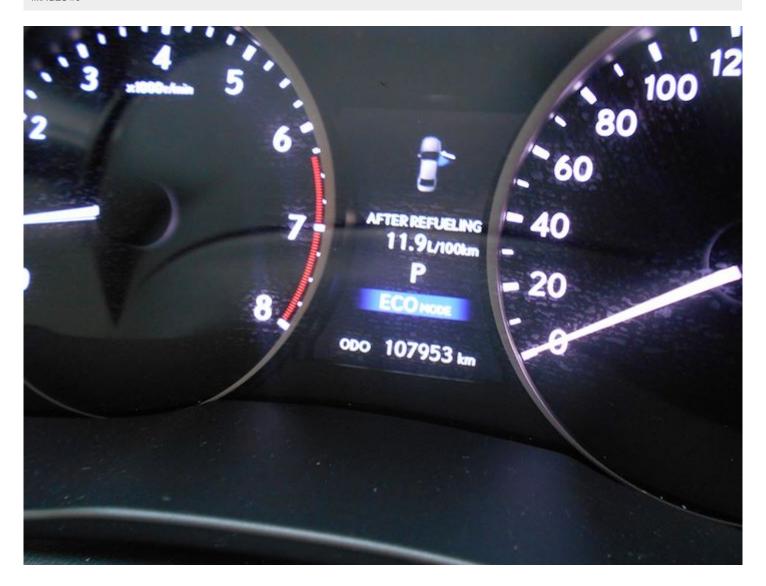
















Date of Expiry:

1 of 3

Report No. T/20210820/2097

SINGAPORE POLICE FORCE

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Retiree

Date/Time Report Made: 20/08/2021 18:22		Vide Report No.:	Station Diary No.: 25		
Informa	nt's Partici	ulars			
	f Informant: REONG CH		Address: 27 LORONG SALLEH	SINGAPORE 416783	
ID Type / ID No.: NRIC NO / S1226148I			Contact No.: Home/Office:	Mobile: 96351277	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 64 01/04/1957		Type of Informant: Vehicle Owner			
Race: Chinese		Language:	Institution / School Name:		
Occupa	Occupation:		Driving Licence Information:		

Class:

	mation of the Accide			_
Type of Accident:	THIT SOO RUD TOUVE TAGGORDE			Type of Location: Straight Road
Location: TOWNSHEN	D ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:	(37)	Traffic Control:		Traffic Volume:
	sion:			Anyone conveyed by

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDD2277L	Car					0
SLN94M	Car					0

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





2 of 3

Report No. T/20210820/2097

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

#### CONTINUATION OF REPORT

Vehicle Owner Name	LIEN SHEONG CH	YE		ID No		S1226148I
T tamo					700	
Related Vehicle	SDD2277L (Car)		Contact N		ct No.	96351277
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
		NIL	Degree o	f Injury	NIL	

On the 19/8/2021 at about 2330hrs, I parked my vehicle (SDD2277L, vehicle A) along Townshend Road and I went to look for a friend in a restaurant.

On the 20/8/2021 at about 0200hrs, a waiter informed me that my car was involved in a hit and run. He mentioned that a car (SLN94M, vehicle B) had hit onto the rear portion of my vehicle and drove off. He also provided vehicle B's registration plate number. I went to take a look and discovered that my vehicle's rear portion was damaged. It had dents and scratches on the rear portion. The waiter also provided his name as a witness. The waiter also said that customers shouted at vehicle B but vehicle B drove away.

Witness particulars Name: Wai Chee Wai Contact: 86522991





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 3 of 3 Report No. T/20210820/2097

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: G / Sr Staff Sgt ONG YU XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/08/2021 18:22
Officer In Charge-Of-Case: TP / HRT / Sr Staff Sgt NEO ZHLYUAN FORCE Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	