

# 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 .....	17/09/2021 11:46 (SGT)
Date of Accident .....	11/02/2021 14:15 (SGT)
Exact Location of Accident .....	Tampines Street 83, Singapore
Additional Location Information .....	OPEN CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBL9863E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SIMON HENG CHOY HIANG
NRIC No .....	SXXXX800G
Email Address .....	SIMONHENG2002@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-96705930
Alternative Phone No .....	(Home) +65-96703760

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	A190
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 .....	1997

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	0084851424
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SIMON HENG CHOY HIANG
NRIC No .....	SXXXX800G

Date Of Birth .....	09/11/1955
Occupation .....	Indoor
Date Of Driving Pass .....	27/03/1979
Driving experience .....	41 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96705930
Alt. Phone Number .....	(Home) +65-96703760
Email Address .....	SIMONHENG2002@HOTMAIL.COM
Address .....	BLK 837 TAMPINES ST 83 #10-78
Address complement .....	-
Postcode .....	520837
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 vehicle 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 .....	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

AS PER POLICE REPORT NO. T/20210211/7031.

#### 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 .....	SLV7500U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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) ..... -

WITNESS DETAILS

WITNESS 1

Name ..... KAMIS  
Phone ..... -  
Email ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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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.
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' 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")

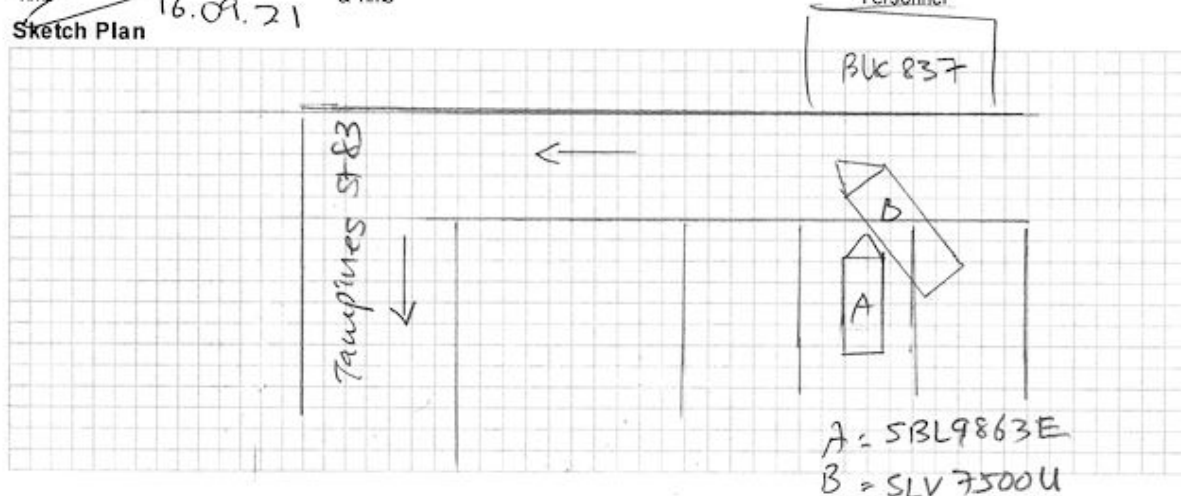
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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  
  
 16.09.21  
**Sketch Plan**

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

Witnessed by Reporting Centre Personnel  

As per Police Report No. T/202102117031.

We declare the foregoing particulars are true in every respect.

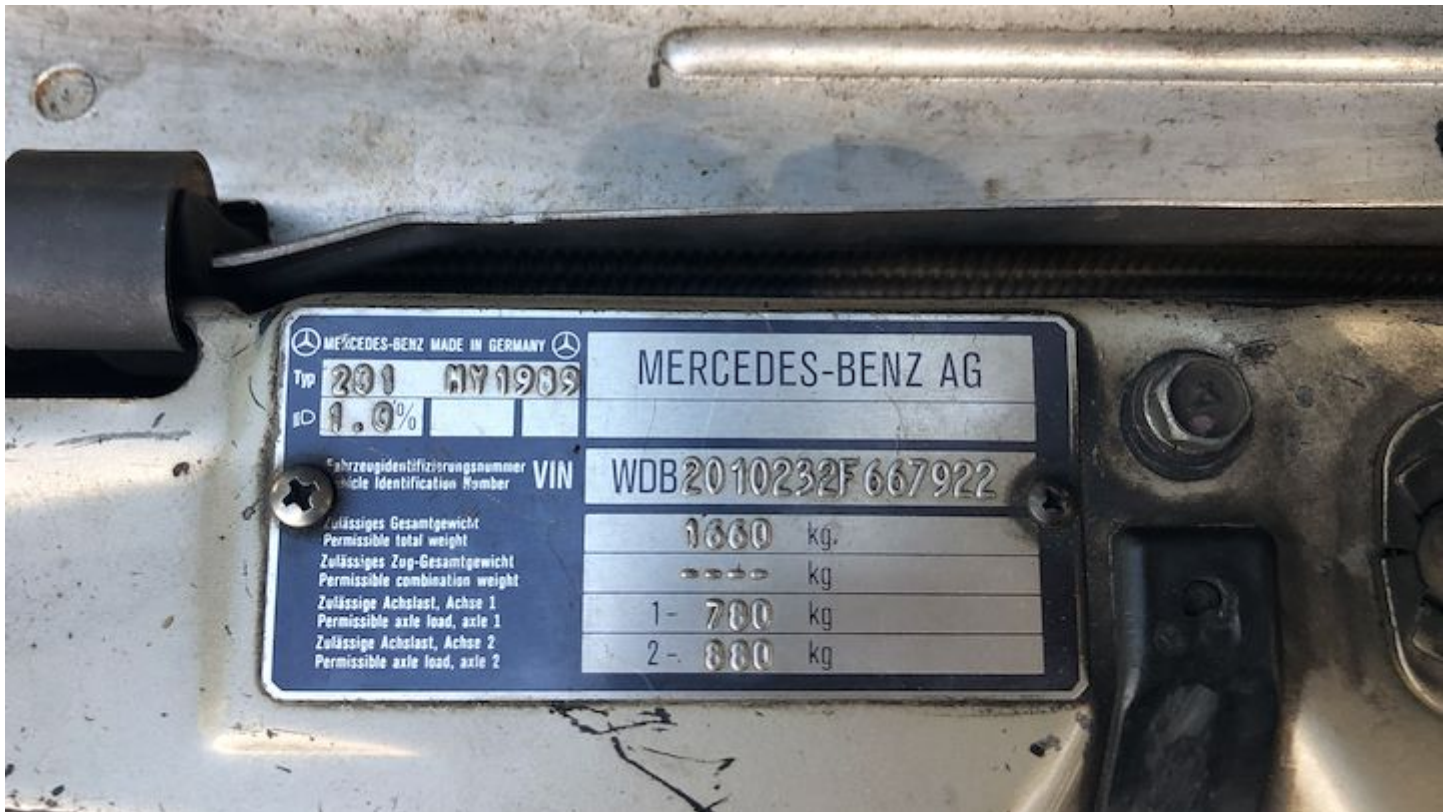
Policyholder's Signature / Date & Time 16.09.21

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



Witnessed by Reporting Centre  
Personnel

















**SINGAPORE  
POLICE FORCE**



T/20210211/7031

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

Report No. T/20210211/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/02/2021 15:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MARK HENG SHU XUN			Address: 837 TAMPINES STREET 83 #10-78 SINGAPORE 520837		
ID Type / ID No.: NRIC NO / S9019378C			Contact No.: Home/Office: Mobile: 96703760		
Nationality: SINGAPORE CITIZEN			Email: MARKHSX@HOTMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 26/05/1990	Type of Informant: Son of owner of vehicle		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			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: 11/02/2021 14:15	Type of Location: Car Park
Location:  TAMPINES STREET 83				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 15 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SBL9863E	Car	MERCEDES BENZ	190 (W201)	Gold	Slightly Damaged	0
SLV7500U	Car		-	Black		1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
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T/20210211/7031

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

Report No. T/20210211/7031

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBL9863E	NTUC Income Insurance Co-Operative Limited	0084851424-16	01/09/2020	31/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SIMON HENG CHOY HIANG		ID No. S1130800G
Related Vehicle	SBL9863E (Car)		Contact No. 96705930
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Son of owner of vehicle			
Name	MARK HENG SHU XUN		ID No. S9019378C
Related Vehicle	NIL		Contact No. 96703760
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.

At around 2:15pm on Thu 11 Feb 2021, another vehicle struck the front-right corner of my family's car (licence plate number: SBL9863E) while it was parked in our residential carpark (behind Block 835, Tampines Street 83). The driver immediately fled the scene without leaving any information or contact details (i.e. hit and run). Our neighbour (Mr Kamis, who has agreed to testify if necessary) witnessed the incident and shared that the vehicle that struck our family car was a black car (possibly a BMW) with licence plate number SLV7500U.

I have two photos exceeding 2MB, one of our family car in the parking lot (untouched following the incident) and the other of the portion damaged by the other vehicle (front-right corner).

My family wishes to seek reparation from the driver involved, and is agreeable to negotiate any settlement with them separately. However, given that the driver had not left any contact details and fled the scene, we have decided to file a traffic accident report with the



**SINGAPORE  
POLICE FORCE**



T/20210211/7031

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

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Report No. T/20210211/7031

**CONTINUATION OF REPORT**

police. We would like to seek your advice on this matter, please.

Thank you for your assistance in this situation in advance!





**SINGAPORE  
POLICE FORCE**

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



T/20210211/7031

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Report No. T/20210211/7031

**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 /  
KALESWARI PALANI  
Contact No.: 65476902

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:  
11/02/2021 15:28

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 4883  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/08129/2021  
Date : 6 April 2021

Mark Heng Shu Xun  
Blk 837 Tampines St 83  
#10-78  
Singapore 520837

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SBL9863E AND SLV7500U ALONG TAMPINES STREET 83 ON 11/02/2021 AT ABOUT 1415 HRS**

I refer to the above accident.

1. Please be informed that we have completed our investigations which revealed that the driver of SLV7500U had committed the following offence:
  - (i) Careless Driving under Section Sec 65(1)(a) of the RTA Cap 276 P/U Sec 65(5)(a) of the RTA.

Action has been initiated against the driver for the said offence.

2. If you have any clarification, you may contact the Investigation Officer, SI Kaleswari D/O Palani at office number: 6547 6902.
3. Thank you.

Yours faithfully,

**HEAD INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.