

# 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 .....	14/10/2021 17:19 (SGT)
Date of Accident .....	13/10/2021 09:30 (SGT)
Exact Location of Accident .....	Empress Rd, Singapore
Additional Location Information .....	CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SW8888G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHIEN YUK CHUN DENNIS
NRIC No .....	SXXXX633G
Email Address .....	chienycd@gmail.com
Mobile Phone No .....	(Phone) +65-96186866
Alternative Phone No .....	+65-96186866

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E200
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1796

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00148882100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	CHIEN YUK CHUN DENNIS
NRIC No .....	SXXXX633G

Date Of Birth .....	13/10/1960
Occupation .....	Indoor
Date Of Driving Pass .....	23/11/1978
Driving experience .....	42 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96186866
Alt. Phone Number .....	+65-96186866
Email Address .....	chienycd@gmail.com
Address .....	19, TAMAN SERASI #08-21
Address complement .....	-
Postcode .....	257723
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 .....	Bukit Timah Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004629999
Alt. Police Station Phone No .....	(Fax) +65-64628933
Police Station Address .....	1 Duke Road Singapore 268914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201013/2060

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown

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**

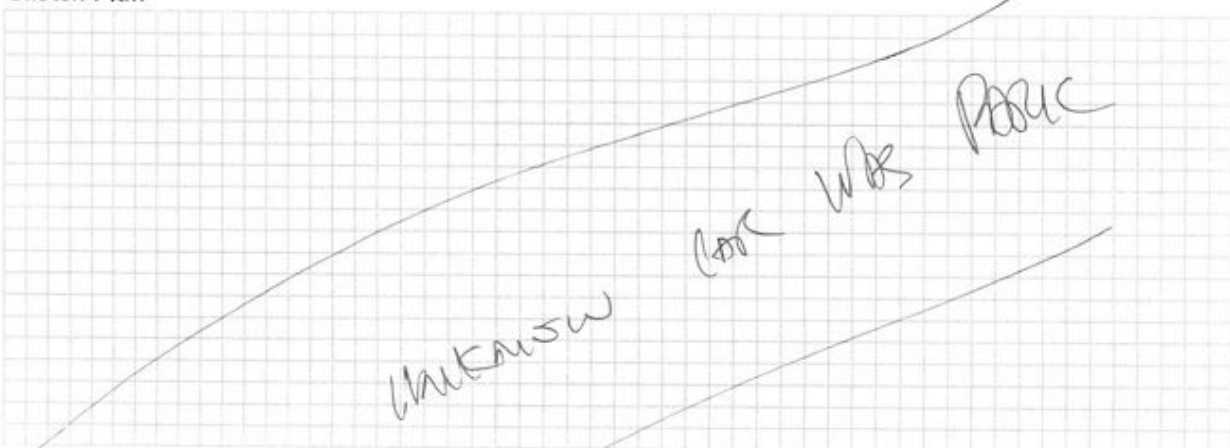
1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgement of this 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  
18.10.21  
15:18

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

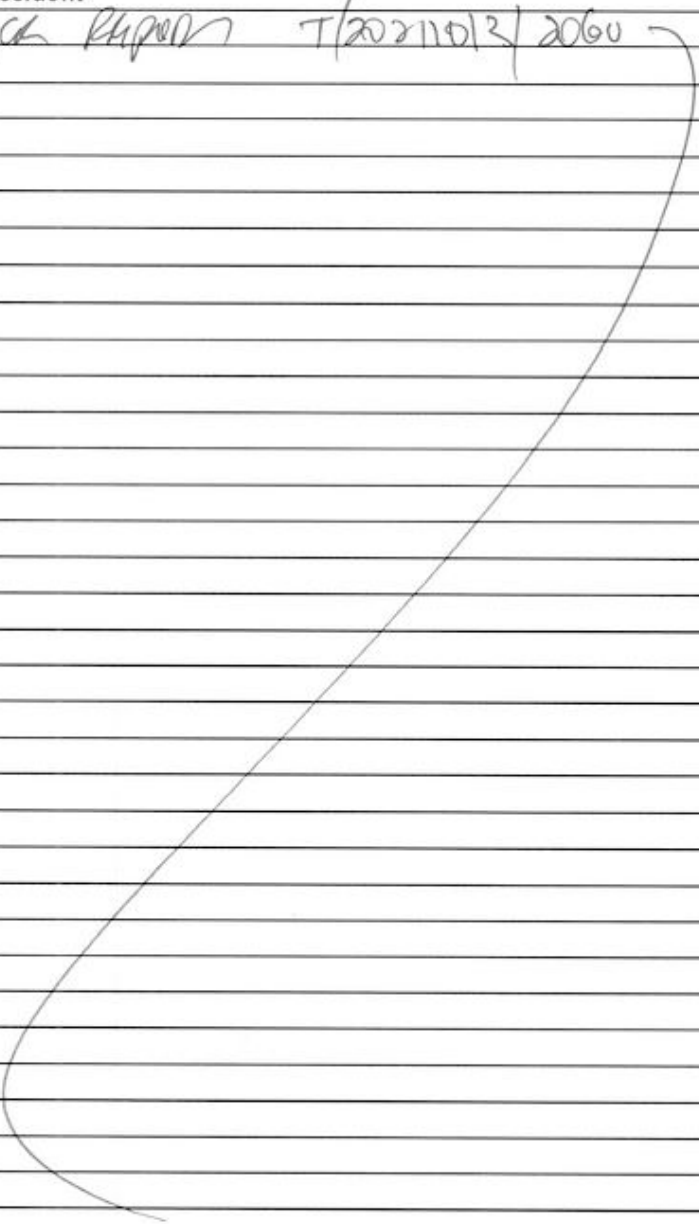
Witnessed by Reporting Centre Personnel

## **Sketch Plan**



## Describe Circumstances of the Accident

Refer to Police Report T/20211013/2060

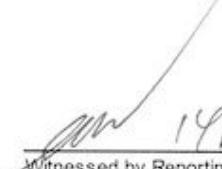


## Declaration

We declare the foregoing particulars are true in every respect.

 14.10.21  
Policyholder's Signature / Date &  
Time 15:18

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

 14/10/2021  
Witnessed by Reporting Centre  
Personnel











































**SINGAPORE  
POLICE FORCE**



T/20211013/2060

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

1 of 3

Report No. T/20211013/2060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/10/2021 15:29	Vide Report No.:	Station Diary No.: 19
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**Informant's Particulars**

Name of Informant: CHIEN YUK CHUN DENNIS			Address: 19 TAMAN SERASI #08-21 SINGAPORE 257723		
ID Type / ID No.: NRIC NO / S2181633G			Contact No.: Home/Office: Mobile: 96186866		
Nationality: SINGAPORE CITIZEN			Email: Chienycd@gmail.com		
Sex: Male	Age: 60	Date of Birth: 31/10/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/10/2021 09:30	Type of Location: Car Park
Location:  EMPRESS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
SW8888G	Car	MERCEDES BENZ	E200 KOMPRESS OR A	Blue	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SW8888G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001488 82100	07/08/2021	06/08/2022



**SINGAPORE  
POLICE FORCE**



T/20211013/2060

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Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20211013/2060

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHIEN YUK CHUN DENNIS	ID No.	S2181633G
Related Vehicle	SW8888G (Car)	Contact No.	96186866
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 13/10/2020 at about 0930hrs, I drove my car (SW8888G) to Empress Road Multi Storey Carpark (8A Empress Road) to send my domestic helper for a medical check up at the clinic located at 8 Empress Road.

Once I reach the carpark, I parked my car at deck 1A (lot 7) and followed my domestic helper to the clinic. When we left, I am not sure if there were any damages on my car.

Later at about 1110hrs, when I came back to my car after the check up, I saw that there were scratches and dents on the left side of my car, on both the front and rear passenger doors. I suspect that another vehicle which was parked beside my car must have hit my car and left the carpark.

I wish to state that there are multiple CCTV cameras at the carpark and I have taken photos of my cars damages. I also have a camera in my car. I have no suspect in mind.

No one was injured, no government properties were damaged. No police and no ambulance were at scene.

I am lodging this report for record and police investigation purposes.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20211013/2060

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Report No. T/20211013/2060

**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

E /

Sr Staff Sgt NADARAJAH S/O  
PONMUDI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/10/2021 15:29

Officer In Charge Of Case:

TP / HRT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476368



Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE