

# 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 ..... 18/10/2021 18:41 (SGT)  
Date of Accident ..... 17/10/2021 10:06 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... YISHUN RING RD BESIDE BLK 407  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SME5833A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... XIAO PENG  
NRIC No ..... SXXXX625E  
Email Address ..... xipo.xp@gmail.com  
Mobile Phone No ..... (Phone) +65-92978923  
Alternative Phone No ..... +65-92978923

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Freed  
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 ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNA00187642102  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... XIAO PENG  
NRIC No ..... SXXXX625E

Date Of Birth .....	01/01/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	03/01/2015
Driving experience .....	6 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92978923
Alt. Phone Number .....	+65-92978923
Email Address .....	xipo.xp@gmail.com
Address .....	BLK 776 YISHUN AVE 2
Address complement .....	#10-1595
Postcode .....	760776
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 .....	Collided into Parked Vehicle
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

PLS REFER TO THE POLICE REPORT:T/20211018/7003

#### 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 .....	THE VIDEO CAPTURED FROM OTHER VEH THAT PARKED OPPOSITE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBF5827T
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

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**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' lawyers/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

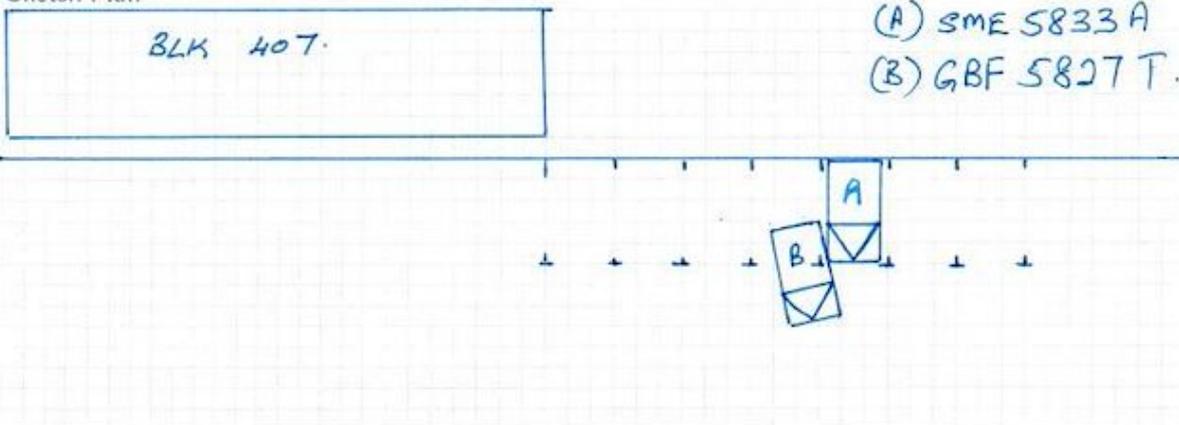
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Xiao Puy  
 Policyholder's Signature / Date & Time

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

lyn 18/10/21  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



(A) SME 5833 A  
 (B) GBF 5827 T.

Describe Circumstances of the Accident

Pls refer to Police Report  
No : T/20211018/7003

Declaration

We declare the foregoing particulars are true in every respect.

Xiao Peng  
Policyholder's Signature / Date & Time

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

[Signature] 18/10/21  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20211018/7003

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

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Report No. T/20211018/7003

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME5833A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0018764 2102	05/10/2021	04/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	XIAO PENG	ID No.	S8755625E
Related Vehicle	NIL	Contact No.	92978923
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.

Date 17/10/2021.

My car SME5833A was properly parked at parking lot 439 at Y49 (Surface Car Park) - Blk 401/414 Yishun Ring Road/avenue 6.

I went to the playground nearby with my family.

When I came back to the car at 10:18am, only to see my car badly damaged on the front.

A witness told me that about 15min ago, there was a big black color van hit my car and drove away without stopping.

I checked my car, there was no notes or anything left on my car.

I called 999 and Traffic Police Officer came for investigation.

I managed to get a video footage from a car which was parked opposite at the time. The video footage clearly showed what happened.

The video footage time stamped at 10:06am, which is tally with what the witness told us.

The car plate of the black van is GBF5827T.

According to the video footage:

10:06:29am: My car's front bumper was in good shape and condition before the black van reversed into the parking lot beside me.

10:06:44am: The black van hit my bumper from the side when he was turning out of the parking lot.

10:06:45am: My bumper was ripped off and deformed badly when the van left from the camera view, and you can see some parts on my car dangling from 10:06:45 - 10:06:50am.

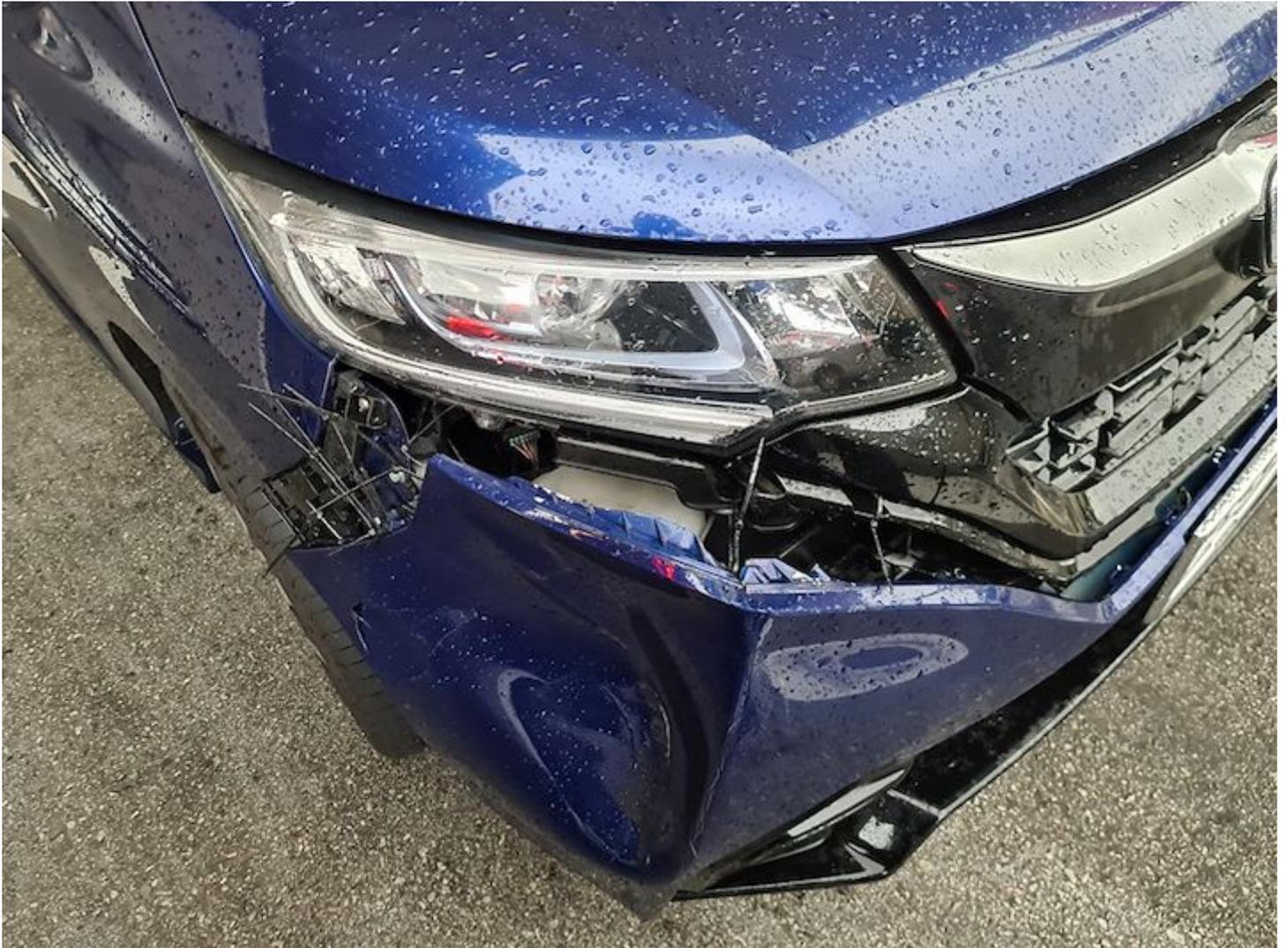






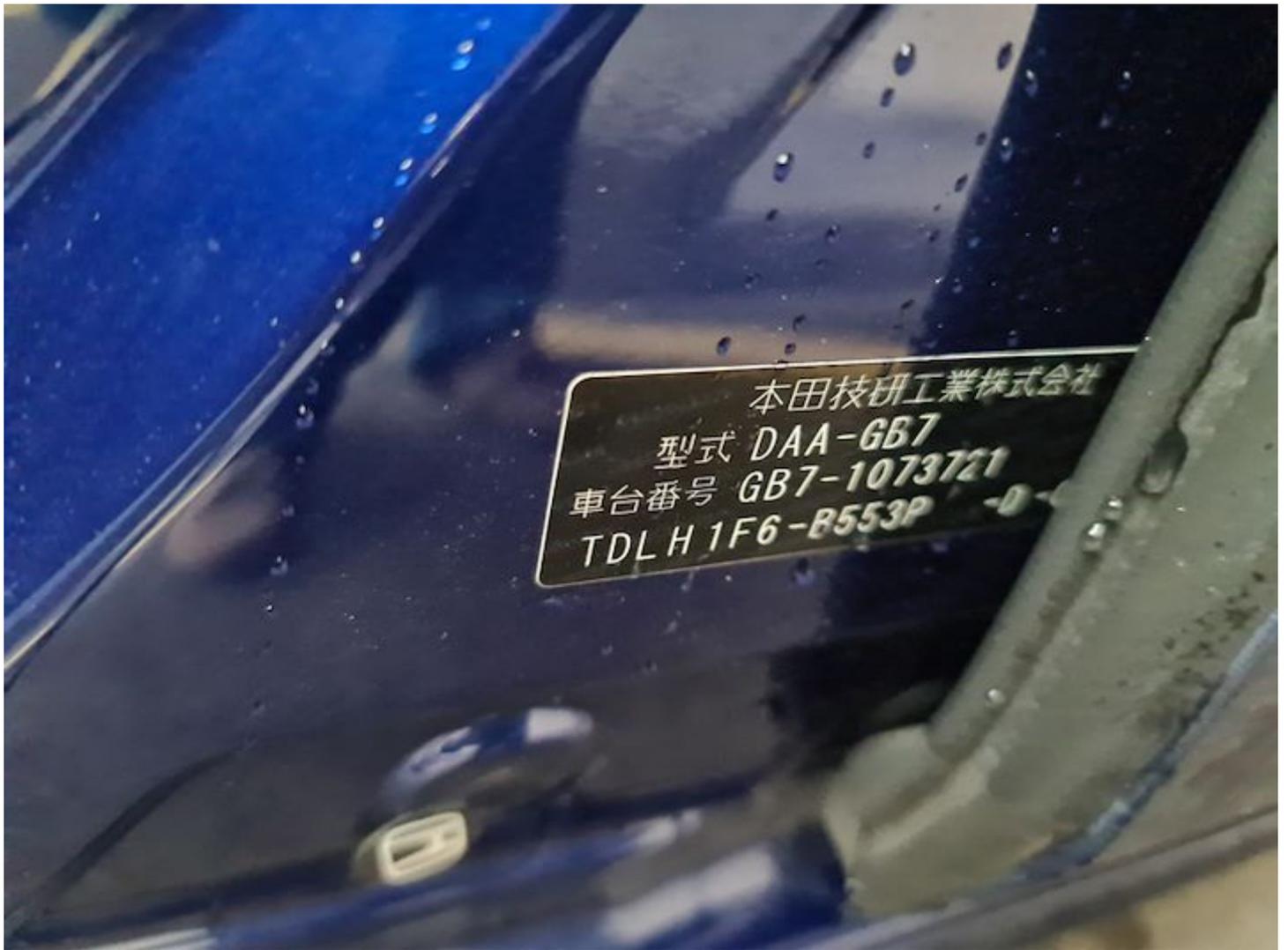


















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Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	XIAO PENG	ID No.	S8755625E
Related Vehicle	NIL	Contact No.	92978923
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

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T/20211018/7003

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Report No. T/20211018/7003

**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 /  
SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476214  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
18/10/2021 09:44

Classification Of Case: