

# 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 ..... 20/10/2021 14:22 (SGT)  
Date of Accident ..... 19/10/2021 15:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER SERANGOON RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH2380E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHONG HUI EE  
NRIC No ..... S1730512C  
Email Address ..... chonghuiee.nelson@gmail.com  
Mobile Phone No ..... (Phone) +65-96637613  
Alternative Phone No ..... +65-96637613

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5084990844-05 DC  
Cover Note Number ..... 27/10/2021 - 26/10/2022

### DRIVER

Name of Driver ..... CHONG HUI EE  
NRIC No ..... S1730512C

Date Of Birth .....	16/07/1965
Occupation .....	Indoor
Date Of Driving Pass .....	06/09/1996
Driving experience .....	25 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-96637613
Alt. Phone Number .....	+65-96637613
Email Address .....	chonghuiee.nelson@gmail.com
Address .....	BLK 411 SERANGOON CENTRAL #03-379
Address complement .....	-
Postcode .....	550411
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 .....	Serangoon Neighbourhood Police Centre
Police Station Address .....	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	EMAIL TO INS CO
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SBU1888P
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) ..... -

**SKETCH PLAN**

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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' 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.

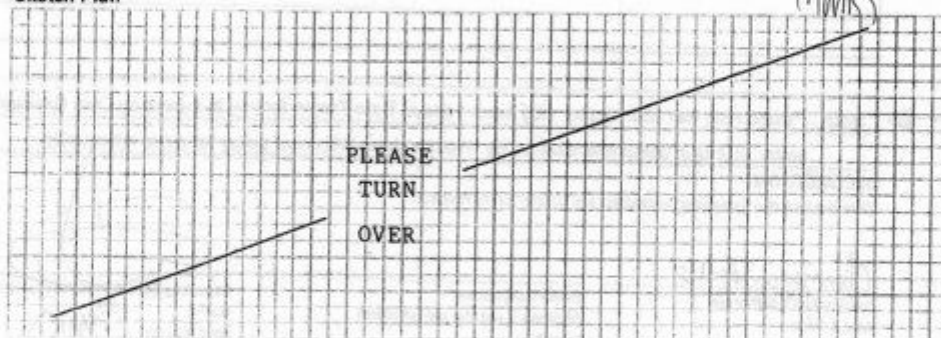
1. VEHICLE NO.: SLH2380E  
2. INSURER CO.: NTHC  
3. ACCIDENT DATE & TIME: 19/10/21 @ 1510

Policyholder's Signature / Date & Time  
Chong Hui Bee  
20/10/21

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

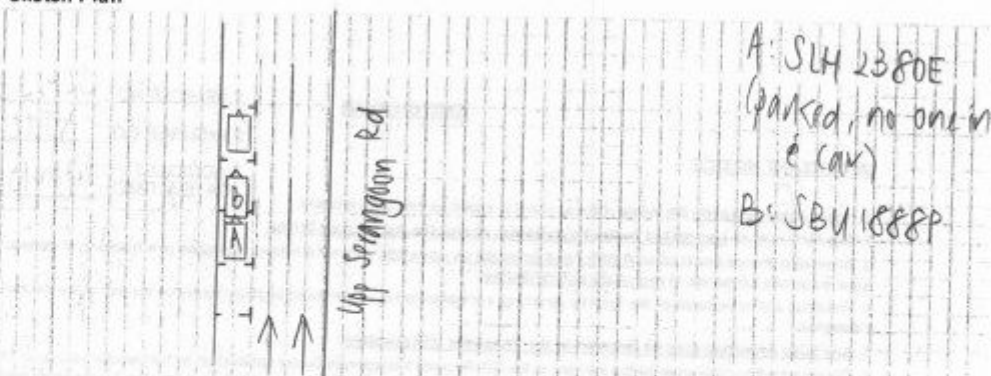
Witnessed by Reporting Centre Personnel  
(AMS)

**Sketch Plan**



PLEASE  
TURN  
OVER

### Sketch Plan

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Vehicle No: SLH 2380E (NTMC)  
Date & Time: 19/10/21 @ 1510 (clear/dry)  
Refer to police report no: T/2021/020/2026.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Chrysothrix { Berk.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No. \_\_\_\_\_

Reporting Only

( ) Claim Own Policy    ( ) Claim Third Party    ( ) Reporting Only  
(x) Claim OD/TP at other workshop ( )























**SINGAPORE  
POLICE FORCE**



T/20211020/2026

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20211020/2026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH2380E	NTUC Income Insurance Co-Operative Limited	5084990844-04	27/10/2020	26/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Male Subject		ID No.	NIL
Related Vehicle	SBU1888P (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury NIL	
Driver				
Name	CHONG HUI EE		ID No.	S1730512C
Related Vehicle	SLH2380E (Car)		Contact No.	96637613
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 19/10/21 at about 1459hrs, I had parked my vehicle (SLH2380E) at a the paralel parking lot outside "Wan Xin Ma La Xiang Guo" restaurant, location at 1006 Upper Serangoon Road S(534744). Before leaving the vehicle, nothing is amiss.

When I came back at about 1512hrs, I discovered there were damages on the front right of my vehicle. There were fresh dents and scratches and the fender is dislodged. Parking very near in front of me was a white Mercedes (SBU1888P). When male driver of the vehicle came back to retrieve his vehicle, I confronted him and asked if he had collided onto my vehicle earlier. At first, he denied. But after telling him that I have video footages, he admitted to have collided onto my vehicle.

I had then asked him for his particulars so that we can settle the damages privately. However, he refused to provide me and wanted to dirve off. When I was taking photographs of his car at the front, he had moved his car towards me 2 times. He had also winded down his window and rudely mentioned that his name is "Mr Seah" and the building nearby "Seah Construction" belongs to him. After which, he drove



**SINGAPORE  
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T/20211020/2026

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50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

CONTINUATION OF REPORT

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Report No. T/20211020/2026

off.

I state that I have video evidence of the accident.

That is all.



**SINGAPORE  
POLICE FORCE**



T/20211020/2026

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Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20211020/2026

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  
F /  
Staff Sgt LOW JIANGHAN,  
JEFFREY

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt NEO ZHI YUAN  
Contact No.: 65476079

Authentication Stamp  
NP158

Signature Of Informant:

*Chong Jui Ben*

Date/Time:  
20/10/2021 12:08

Classification Of Case:

