SN0921CA0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/12/2021 17:33 (SGT) SUBMITTED BY: Renee VERSION: 1 (10/12/2021 17:33 (SGT))

# **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.

- 4. The issue and acceptance of this is form by instrained 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 10/12/2021 17:33 (SGT) Date of Accident 01/12/2021 17:30 (SGT) Exact Location of Accident Singapore Additional Location Information KENSINGTON PARK ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJF241B

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GOH SWEE GEK** NRIC No SXXXX278E Email Address shawngoh1@gmail.com Mobile Phone No (Phone) +65-91478688 Alternative Phone No +65-91478688

#### VEHICLE PARTICULARS

Manufacturer Subaru Model **Impreza** 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 Manual CC 1597

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00059652100 Cover Note Number

### DRIVER

Name of Driver **GOH SHAWN** NRIC No TXXXX678A

Date Of Birth 09/04/2000 Occupation Outdoor Date Of Driving Pass 09/03/2020 Driving experience 1 YEAR AND 9 MONTHS Gender Mobile Number (Phone) +65-86606288 Alt. Phone Number Email Address shawngoh1@gmail.com Address **BLK 29 FERNVALE ROAD** Address complement #10-36 Postcode 797416 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Side Swipe 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Punggol Neighbourhood Police Centre Police Station Phone No (Phone) +65-18006049999 Alt. Police Station Phone No (Fax) +65-64468015 Police Station Address Blk 21A Tebing Lane Singapore 828837 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE POLICE REPORT: T/20211209/2007 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 UNKNOWN Vehicle Manufacturer Vehicle Model

Taxi

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)				_

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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' 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 &

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

Witnessed by Reporting Centre

Sketch Plan

As per attached.

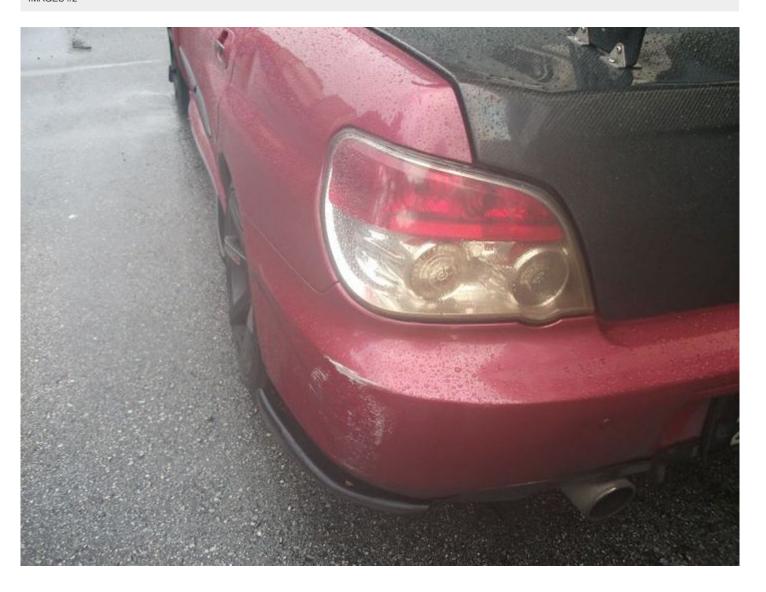


# 中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

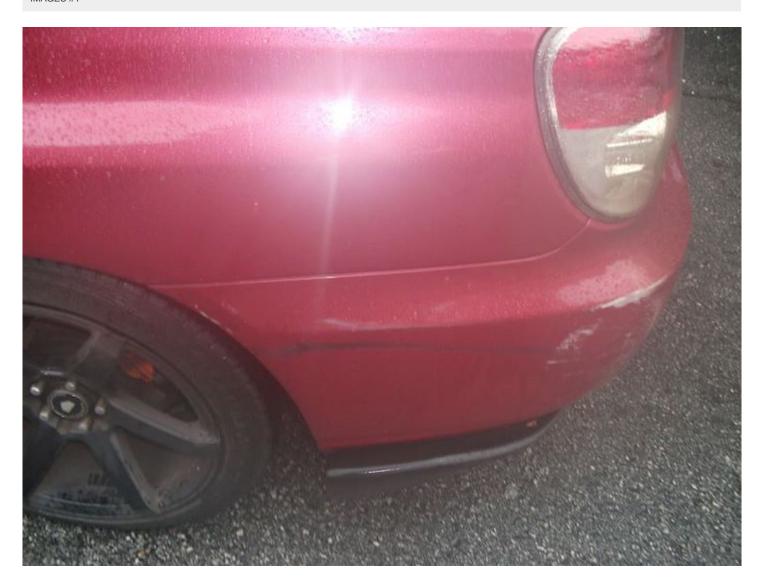
2 Anson Road #15-00 Springlesf Tower Singapore 079909 Tel: 6389 6111 Fax: 6222 1033 Website: www.sg.crisiping.com Co. Reg. No. 200208384E

DETA	AIL OF ACCIDENT
PLEASE EXPLAIN CLEARLY THE CIRCUMSTANCS UN SKETCH:	NDER WHICH THE ACCIDENT TOOK PLACE.  WAS STOOM TOOK PLACE.  Kensington Park Road
As per Police Reg	port. T/20211209/2007
DATA PR In accordance with the Personal Data Protection Act 200 personal data (whether contained in the Claim Form or its affiliates and service providers (within or outside Sing provide advice and information relating to the claim to	On with this matter should be forwarded to the Company without delay.  RIVACY STATEMENT  12, I consent to the collection, use, disclosure of and/or process of my otherwise obtained) by China Taiping Insurance (Singapore) Pte Ltd, gapore), for the purpose relating to the evaluation of the claim and to be me by Short Message Service (SMS), Multimedia Messaging Service ion of my telephone or mobile number in the Singapore's Do Not Call statement.
Signature of Claimant  Name: NRIC/FIN/Passport No  9 /12 / 2021  Date Ins	sured Signature Driver Signature
FOR O	DFFICE USE ONLY
NAMED DRIVERS:- a. b. c. d ENDORSEMENTS:- a. b. c.	EXCESS:- a. Section I :- Section II :-







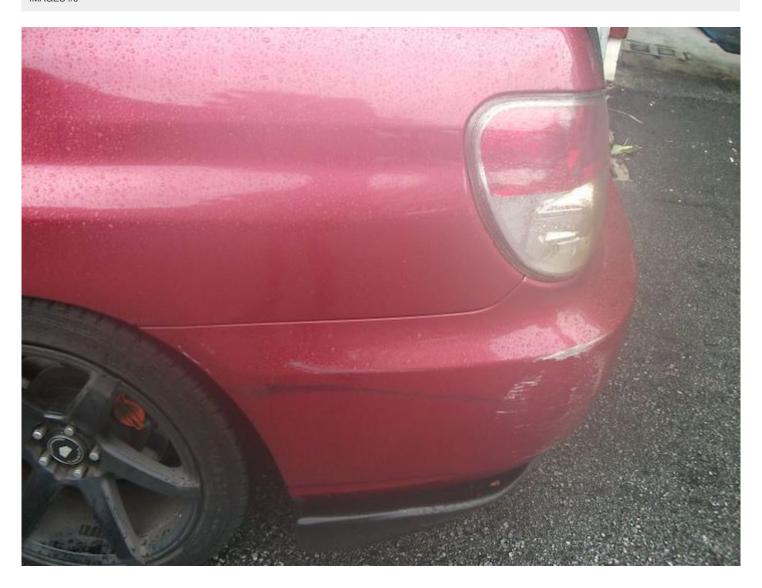




















Police Station Of Origin:

Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

Report No. T/20211209/2007

REPORT OF	A TRAFFIC	ACCIDENT	Vide Report No.:	Station Diary No.:		
Date/Time Report Made: 09/12/2021 03:31			Vide Report No	14		
Informar	nt's Particu	lars				
Name of	Informant:		Address: APT BLK 29 FERNVALE ROA	AD #10-36 SINGAPORE 797416		
GOH SHAWN ID Type / ID No.: NRIC NO / T0011678A			Contact No.: Home/Office:	Mobile: 86606288		
Nationali			Email:			
Sex	Age:	Date of Birth: 09/04/2000	Type of Informant: Driver	Cohasi Nama		
Male	21	00/0-1/2000	Language:	Institution / School Name:		
Race: Chinese Occupation: VALET						
			Driving Licence Information: Class: 3	Date of Expiry:		

Seneral Information of the Accident  Non-Injury  Type of Hit and Run		Drink Drive:	Date/Time of Accident:	Type of Location exit of round		
Accident:	Hit and Run	d Run No 01/12/202		21 17:30 about		
KENSINGTO	N PARK ROAD					
		Road Surface:		Road Speed Limit:		
100 St. 55 Co. 17 CO.		Road Surface: Dry				
Weather: Clear Traffic Flow:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Road Speed Limit: Traffic Volume: Heavy		
Clear		Dry		Traffic Volume:		

Details of V	ehicle Invo	ived	To your or	Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	Color	-	110 07 1 0000 3
SJE241B Car S		OUDADII	IMPREZA	Grey	Slightly	1
	SUBARU	5MT	Cicy	Damaged		





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20211209/2007

CONTINUATION OF REPORT

#### Brief Details.

On the 01/12/2021 at about 5.30pm while I was driving my vehicle SJE241B I was going through Kesington Park Road round about and when I was about to exit towards Farleigh Ave I felt an impact from the rear left portion of my vehicle. I then took a look and noticed a blue taxi with unknown plate number which has collided into my vehicle. I then proceeded to stop at the side after further down as it was congested. I noticed the taxi followed me thinking that the driver will stop. However I then noticed the driver drove past and did not stop.

On the 07/12/2021 when I sent my vehicle for repair the workshop advised me to lodge a police report as it was a hit and run. On the 09/12/2021 I proceeded to lodge a report. That is all.





3 of 3

Report No. T/20211209/2007

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature of Officer Recording The Report F / Sr Staff Sgt RAIDY FARIZ B AHMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2021 03:31
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168 SIMBAPOPE POLICE FORCE	SN 158