

## 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 .....              | 20/12/2021 17:42 (SGT)            |
| Date of Accident .....                | 18/12/2021 17:15 (SGT)            |
| Exact Location of Accident .....      | Clementi Ave 5, Singapore         |
| Additional Location Information ..... | CARPARK BETWEEN BLK 345 & BLK 344 |
| Country/State of Loss .....           | Singapore                         |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLZ2950R |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                       |
|--------------------------------|-----------------------|
| Is company? .....              | No                    |
| Name Of Registered Owner ..... | SEET PHENG KUE        |
| NRIC No .....                  | S1622639D             |
| Email Address .....            | PKSEET@GMAIL.COM      |
| Mobile Phone No .....          | (Phone) +65-96231054  |
| Alternative Phone No .....     | (Office) +65-96231054 |

#### VEHICLE PARTICULARS

|  |                                   |
|--|-----------------------------------|
| Manufacturer .....   | Mazda                             |
| Model .....  | 6                                 |
| Variant .....  | MAZDA6 SEDAN 2.0 AT EXECUTIVE EU6 |
| 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 .....   | 2000                              |

#### INSURANCE COMPANY

|                                 |  |
|---------------------------------|--|
| Name of Insurance Company ..... | Auto & General Insurance (Singapore) Pte. Limited. |
| Type of Coverage .....          | Comprehensive                                      |
| Fleet Policy .....              | No   |
| Policy Number .....             | P10350525R001                                      |
| Cover Note Number .....         | -  |

#### DRIVER

|                      |                |
|----------------------|----------------|
| Name of Driver ..... | SEET PHENG KUE |
| NRIC No .....        | S1622639D      |

|  |                        |
|--|------------------------|
| Date Of Birth .....  | 01/03/1963             |
| Occupation .....   | Indoor                 |
| Date Of Driving Pass .....   | 18/02/2004             |
| Driving experience .....   | 17 YEARS AND 10 MONTHS |
| Gender .....   | Male                   |
| Mobile Number .....  | (Phone) +65-96231054   |
| Alt. Phone Number .....  | (Office) +65-96231054  |
| Email Address .....  | PKSEET@GMAIL.COM       |
| Address .....  | 82 STRATHMORE AVE      |
| Address complement .....   | #02-144                |
| Postcode .....   | 141082                 |
| 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 .....   | 4   |
| 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

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT T/20211218/7050

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |
| Was there any audio recorded? .....                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SH8326R |
| Vehicle Manufacturer .....        | -       |
| Vehicle Model .....               | -       |
| Vehicle Variant .....             | -       |
| Vehicle Colour .....              | -       |
| Vehicle Category .....            | Taxi    |

|   |   |
|---|---|
| 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) .....     | - |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SNC412M     |
| 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) .....     | -           |

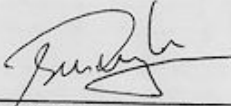
#### DETAILS OF OTHER VEHICLE PROPERTY 3

|   |            |
|---|------------|
| Vehicle Registration Number .....             | FBF7730A   |
| Vehicle Manufacturer .....                    | -          |
| Vehicle Model .....                           | -          |
| Vehicle Variant .....                         | -          |
| Vehicle Colour .....                          | -          |
| Vehicle Category .....                        | Motorcycle |
| 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

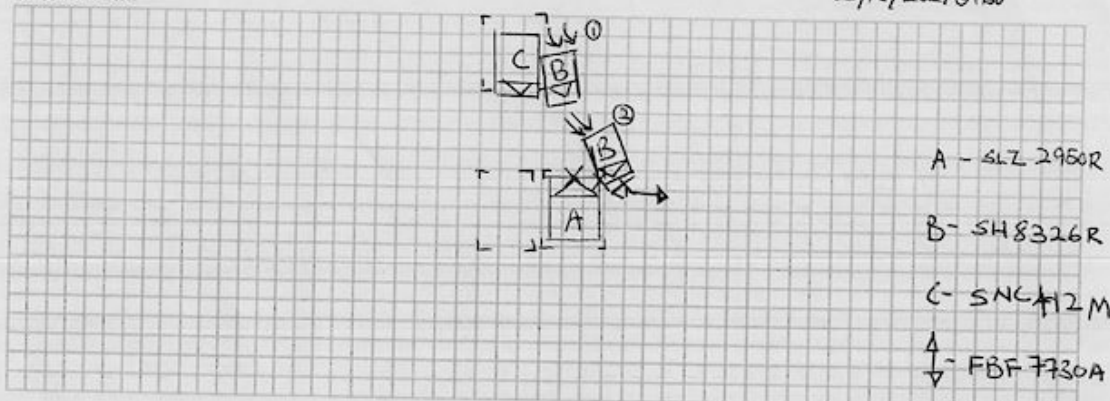
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  
20/12/2021 @ 186

## Sketch Plan



**Describe Circumstances of the Accident**

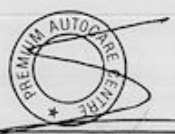
Please refer to the police report T/20211218/7050

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  
20/12/2021 @ 1130













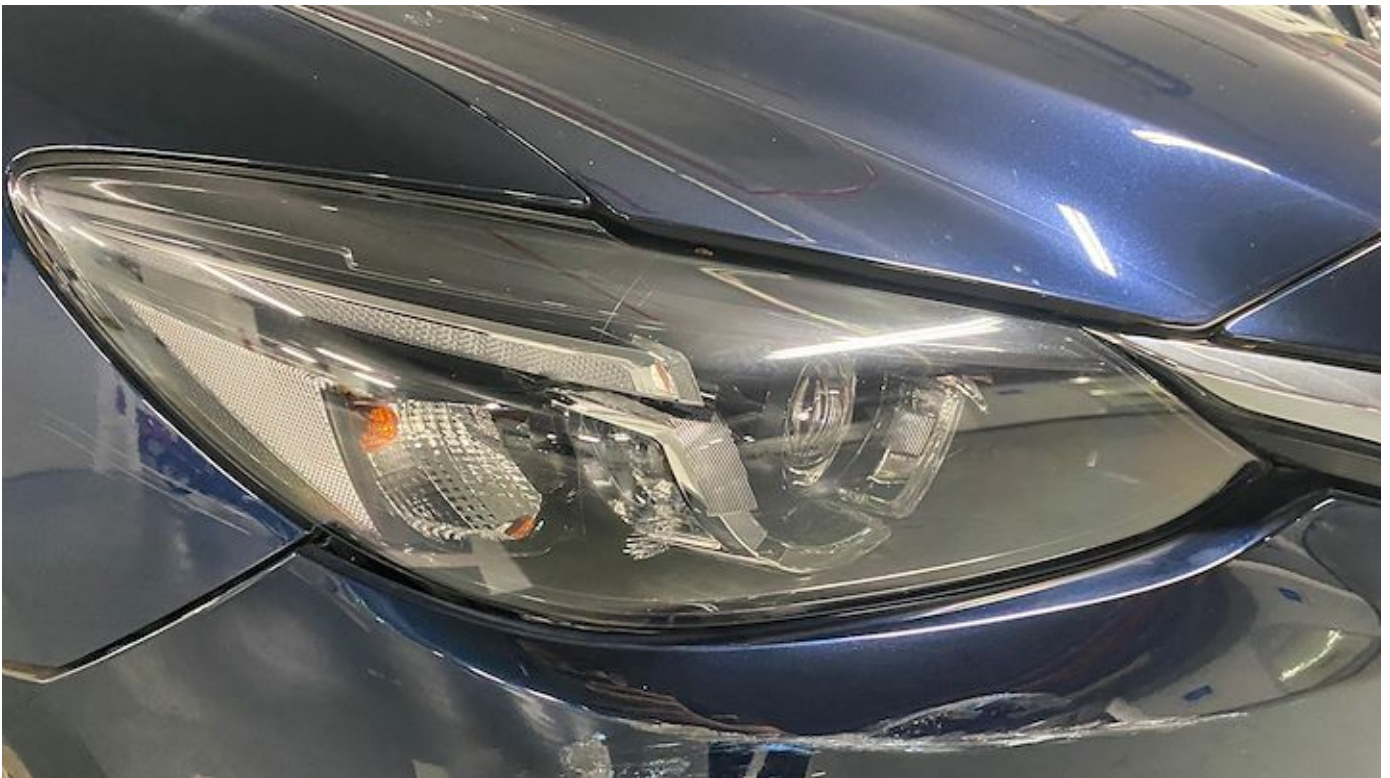





























**SINGAPORE  
POLICE FORCE**


T/20211218/7050

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

1 of 4

Report No. T/20211218/7050

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| Date/Time Report Made:<br>18/12/2021 20:35 | Vide Report No.:<br>D/20211218/0106 | Station Diary No.: |
|--|-------------------------------------|--------------------|

**Informant's Particulars**

|  |            |                              |   |  |                            |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>SEET PHENG KUE                     |            |                              | Address:<br>82 STRATHMORE AVENUE #02-144 SINGAPORE 141082 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1622639D                 |            |                              | Contact No.:<br>Home/Office: Mobile: 96231054             |  |                            |
| Nationality:<br>SINGAPORE CITIZEN                        |            |                              | Email:<br>PKSEET@GMAIL.COM                                |  |                            |
| Sex:<br>Male   | Age:<br>58 | Date of Birth:<br>01/03/1963 | Type of Informant:<br>Vehicle Owner                       |  |                            |
| Race:<br>Chinese   |            |                              | Language:<br>English                                      |  | Institution / School Name: |
| Occupation:<br>Managing director/Chief executive officer |            |                              | Driving Licence Information:<br>Class: Date of Expiry:    |  |                            |

**General Information of the Accident**

|   |                                  |                                    |  |                               |
|---|----------------------------------|------------------------------------|--|-------------------------------|
| Type of Accident:   | Non-Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>18/12/2021 17:15 | Type of Location:<br>Car Park |
| Location:<br><br>CLEMENTI AVENUE 5                            |                                  |                                    |  |                               |
| Weather:<br>Clear   |                                  | Road Surface:<br>Dry               | Road Speed Limit:                          |                               |
| Traffic Flow:<br>Two Way                                      |                                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light                   |                               |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                                  |                                    | Anyone conveyed by ambulance:<br>No        |                               |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make   | Model   | Color | Conditio         | No of |
|-------------|------------|--------|---------|-------|------------------|-------|
| FBF7730A    | Motorcycle |        |         |       |                  | 0     |
| SLZ2950R    | Car        | MAZDA  | 6       | Blue  | Slightly Damaged | 1     |
| SNC412M     | Car        | TOYOTA | Alphard | Black | Slightly Damaged | 0     |





**SINGAPORE  
POLICE FORCE**



T/20211218/7050

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

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Report No. T/20211218/7050

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |              |            |             |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                                    | Insurance No | Effective  | Expiry Date |
| SLZ2950R                     | AUTO & GENERAL INSURANCE<br>(SINGAPORE) PTE. LIMITED | P10350525R01 | 27/04/2021 | 26/04/2022  |

| Details of Person Involved        |                |     |                                   |                                   |
|-----------------------------------|----------------|-----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                |     |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                |     | Use of Pedestrian Crossing: NA    |                                   |
| Vehicle Owner                     |                |     |                                   |                                   |
| Name                              | RAYSON         |     | ID No.                            | SNC412M                           |
| Related Vehicle                   | SNC412M (Car)  |     | Contact No.                       | 90025762                          |
| Hospital/Clinic                   | NIL            |     | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL            |     | Date                              | NIL                               |
| No. of Days granted Medical Leave |                | NIL | Degree of                         | NIL                               |
| Vehicle Owner                     |                |     |                                   |                                   |
| Name                              | SEET PHENG KUE |     | ID No.                            | S1622639D                         |
| Related Vehicle                   | NIL            |     | Contact No.                       | 96231054                          |
| Hospital/Clinic                   | NIL            |     | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL            |     | Date                              | NIL                               |
| No. of Days granted Medical Leave |                | NIL | Degree of                         | NIL                               |

## Brief Details.

My car is SLZ2950R. Another vehicle involved is SNC412M.

Video footage is from SNC412M, and is handled over to attending TP. Please check video and pictures from Report Number above.

Accident happened in car park between Blk 345 and Blk344, Clementi Avenue 5

Taxi SH8326R is the hit and run vehicle.

The taxi first reversed into car SNC412M and then drove forward and hit my car SLZ2950R and knocked over a motor cycle FBF7730A. The taxi then attempted to reverse park into an empty parking lot and before being fully parked decided to drive off.



**SINGAPORE  
POLICE FORCE**



T/20211218/7050

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20211218/7050

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20211218/7050

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

4 of 4

Report No. T/20211218/7050

**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:

NP168

Signature Of Informant:

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

Date/Time:  
18/12/2021 20:35

Classification Of Case: