

# 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 ..... 04/01/2022 17:13 (SGT)  
Date of Accident ..... 01/01/2022 13:30 (SGT)  
Exact Location of Accident ..... 515 Serangoon North Ave 4, Singapore 550515  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG2376Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WANG KANGWEI  
NRIC No ..... SXXXX790J  
Email Address ..... Letitiatan.lt@gmail.com  
Mobile Phone No ..... (Phone) +65-98275276  
Alternative Phone No ..... +65-98275276

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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 ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MQ003995  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WANG KANGWEI  
NRIC No ..... SXXXX790J

Date Of Birth .....	29/06/1983
Occupation .....	Outdoor
Date Of Driving Pass .....	14/01/2015
Driving experience .....	7 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98275276
Alt. Phone Number .....	+65-98275276
Email Address .....	Letitiatan.lt@gmail.com
Address .....	BLK 515 SERANGOON NORTH AVE 4
Address complement .....	#02-260
Postcode .....	550515
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 .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220101/2082

#### 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

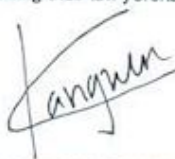
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

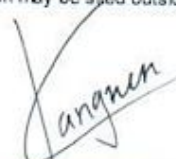
**SKETCH PLAN****IMPORTANT NOTICE**


1. Please report correctly the details of the accident to speed up the claims process.
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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.

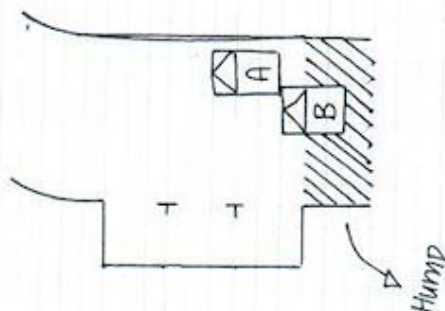
  
 Policyholder's Signature / Date & Time

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

 04/01/22  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

BLK 515 SERANGOON NORTH  
 AVE 4 CARPARK



A - SLG2376G  
 B - Unknown

Describe Circumstances of the Accident

Refer to police report

7/2022 01/01/2082

Declaration

We declare the foregoing particulars are true in every respect.

Kangnen  
Policyholder's Signature / Date & Time

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

sfyur 04/01/22  
Witnessed by Reporting Centre Personnel




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999



T/20220101/2062

2 of 3

Report No: T/20220101/2062

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
<b>Driver</b>		Use of Pedestrian Crossing: NA	
Name	WANG KANGWEI	ID No.	S8319790J
Related Vehicle	NIL	Contact No.	98275276
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 01/01/2022 at about 0400hrs, I parked my vehicle bearing SLG2376Z at the open carpark in front of Blk 515 Serangoon North Avenue 4, everything was intact.

On 01/01/2022 at about 1330hrs, I went to the car park to retrieve my vehicle bearing SLG2376Z which was parked at the car park. I realized that that my vehicle's rear windscreen and the left tail light was shattered and damaged respectively. I would like to state that I have an in-car camera in the vehicle however it will only record if the car is in motion. I am not sure if there are any CCTVs footages that may captured the incident. I believed that it could be a hit and run accident.


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Sketch Plan  
Informant







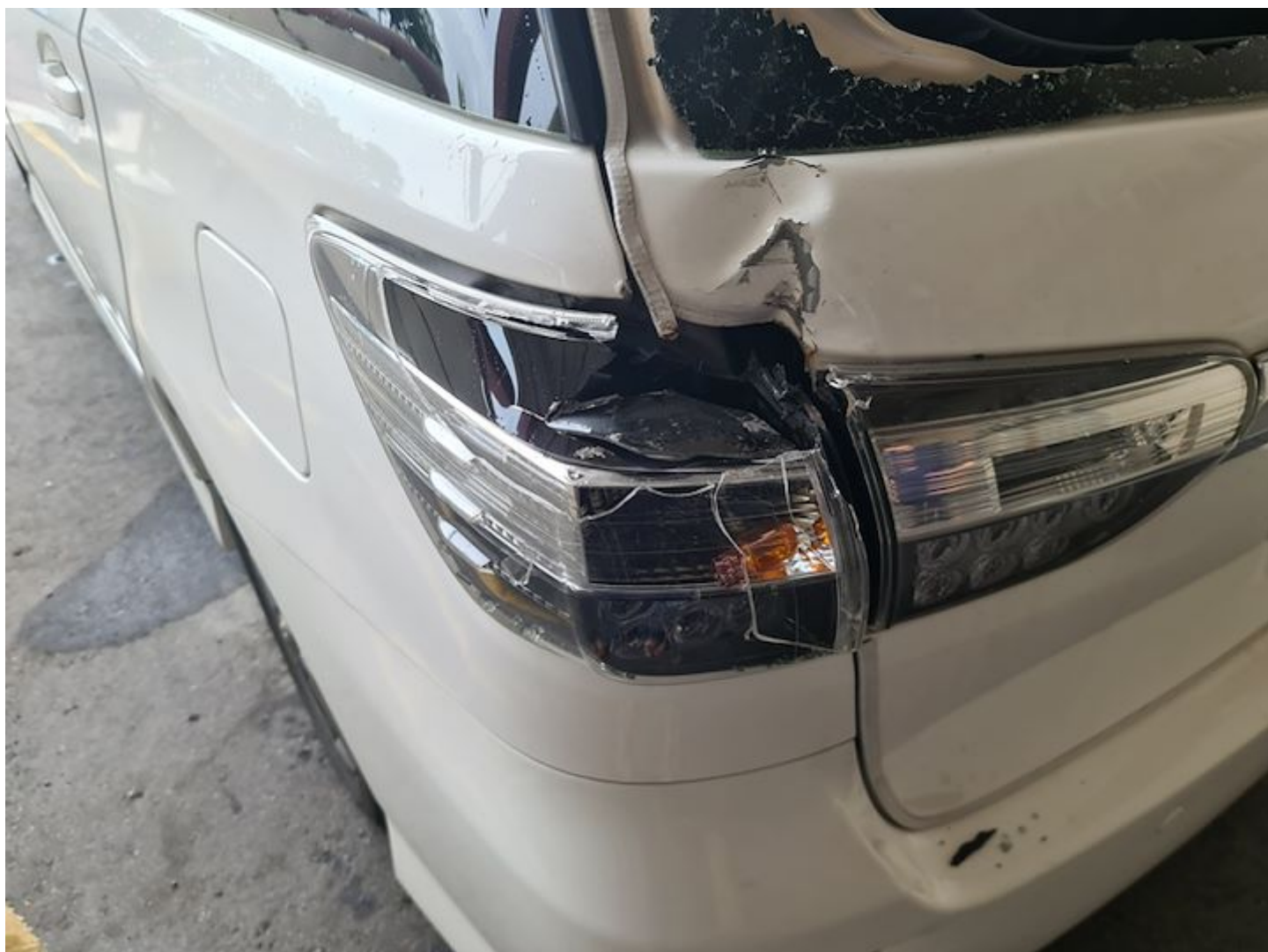




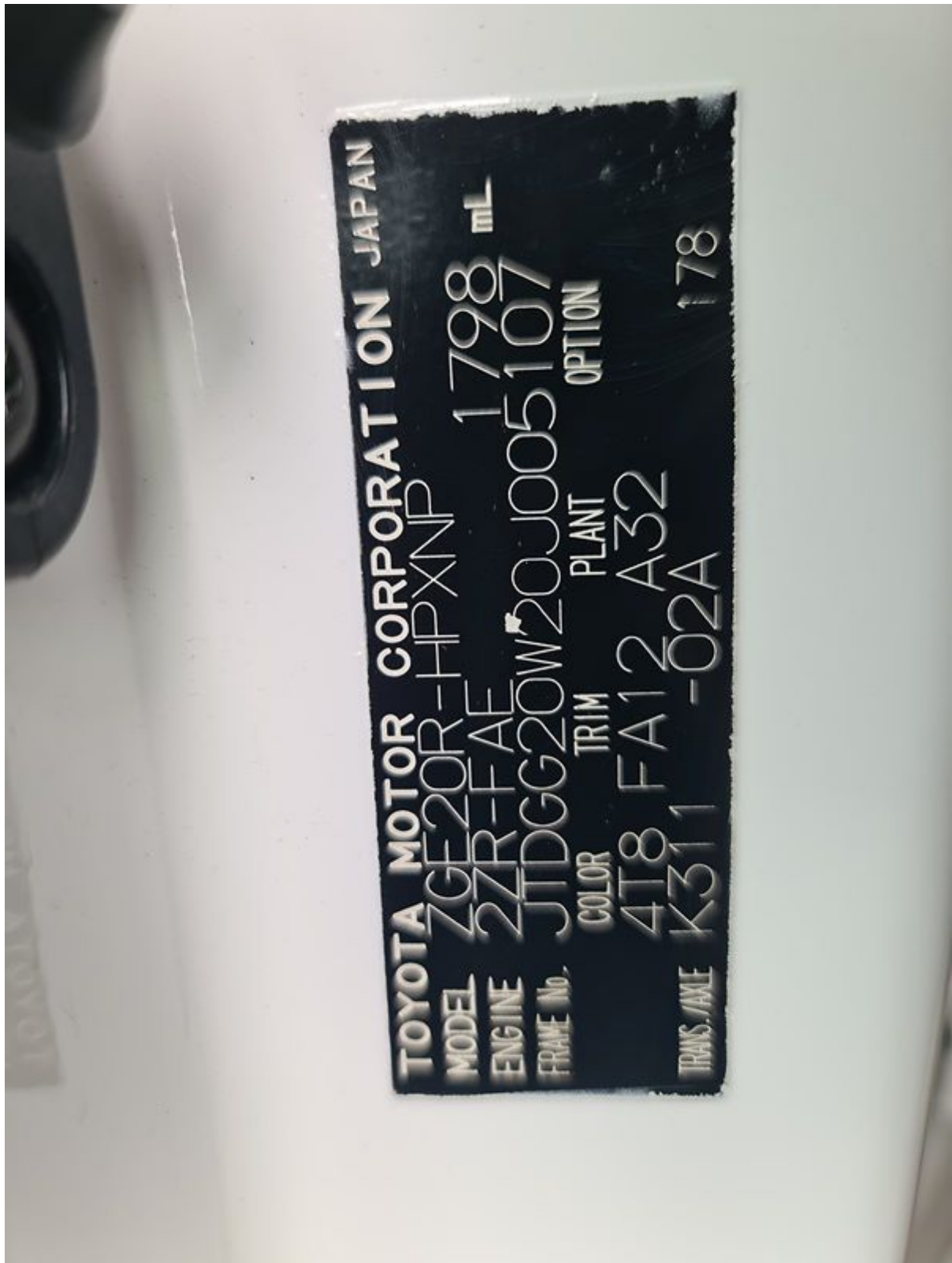


















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T/20220101/2082

1 of 3

Report No. T/20220101/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
01/01/2022 17:50

Vide Report No.:

Station Diary No.:  
89

**Informant's Particulars**

Name of Informant: WANG KANGWEI		Address: APT BLK 515 SERANGOON NORTH AVENUE 4 #02-260 SINGAPORE 550515	
ID Type / ID No.: NRIC NO / S8319790J		Contact No.: Home/Office: Mobile: 98275276	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 29/06/1983	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Carpenter		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: 01/01/2022 13:30	Type of Location: Car Park
Location: SERANGOON NORTH AVENUE 4				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume:		
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
SLG2376Z	Car	TOYOTA	WISH 1.8 CVT	White	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG2376Z	TOKIO MARINE INSURANCE SINGAPORE LTD.	MQ003995	26/09/2021	25/09/2022




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T/20220101/2062

2 of 3

Report No: T/20220101/2062

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
<b>Driver</b>		Use of Pedestrian Crossing: NA	
Name	WANG KANGWEI	ID No.	S8319790J
Related Vehicle	NIL	Contact No.	98275276
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.**

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Sketch Plan  
Informant



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T/20220101/2062

3 of 3  
Report No. T/20220101/2062

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/ Sgt 2 CHAN JIE JUN, CYRUS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2022 17:50
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:  SN (s):
Authentication Stamp NP168  Signature:  Singapore Police Force	