## **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 17/01/2022 16:50 (SGT) Date of Accident 17/01/2022 10:30 (SGT) Exact Location of Accident Singapore Additional Location Information MSCP OF BLK 320 SHUNFU ROAD MARKET Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Porsche

Vehicle Registration Number SJZ8699B

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEN WEIWEN, KELVIN NRIC No. SXXXX489E Email Address zoomautowerks@gmail.com Mobile Phone No (Phone) +65-98586295 Alternative Phone No +65-98586295

### VEHICLE PARTICULARS

Manufacturer

Model Panamera 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 3605

### **INSURANCE COMPANY**

Name of Insurance Company FWD Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number PNPV2020-00008911-01 Cover Note Number

### DRIVER

Name of Driver CHEN WEIWEN, KELVIN NRIC No. SXXXX489E

Date Of Birth 15/11/1983 Occupation Indoor Date Of Driving Pass 24/03/2007 Driving experience 14 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98586295 Alt. Phone Number +65-98586295 Email Address zoomautowerks@gmail.com Address 102 JALAN SIMPANG BEDOK Address complement Postcode 488221 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 Was anybody injured in the Accident? Nο 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bishan Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005529999 Alt. Police Station Phone No (Fax) +65-65561905 Police Station Address 20 Bishan Street 23 Singapore 579757 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20220117/2038 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 WITH WORKSHOP Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLN5425J

Honda

Jazz

# Accident report SN09221H000B

Vehicle Registration Number

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	_
<u> </u>	_
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.
- 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' 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.

Policyholderys Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

renicle 4: 27586908.

Vehicle B: SLN5425J

MSCP of BIK 300 Shuntu Road

Describe Circumstances of the Accident	
- Refer to Police Report T/20220117/2038.	9
T/2022 0117/2038:	
1 / 3004 011 / 3405	
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	1
	/
	Material Parties
	14
	1
1	
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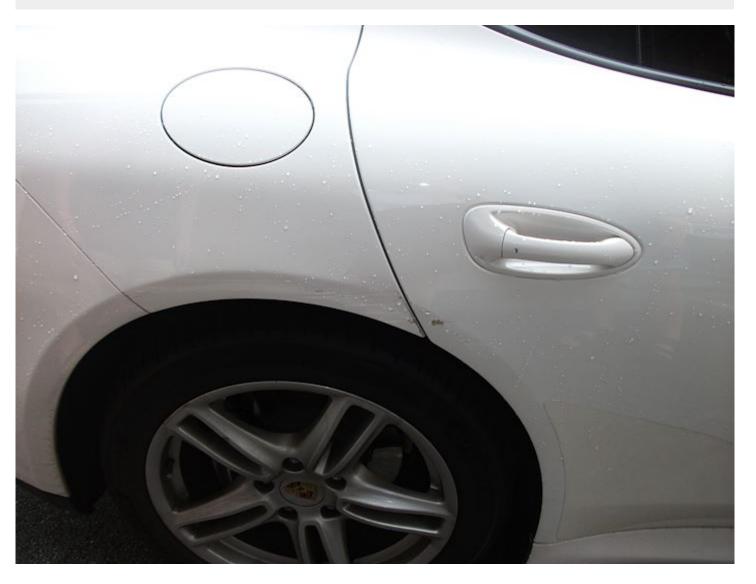
### Declaration

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

Policyholder's Signature / Date & Time

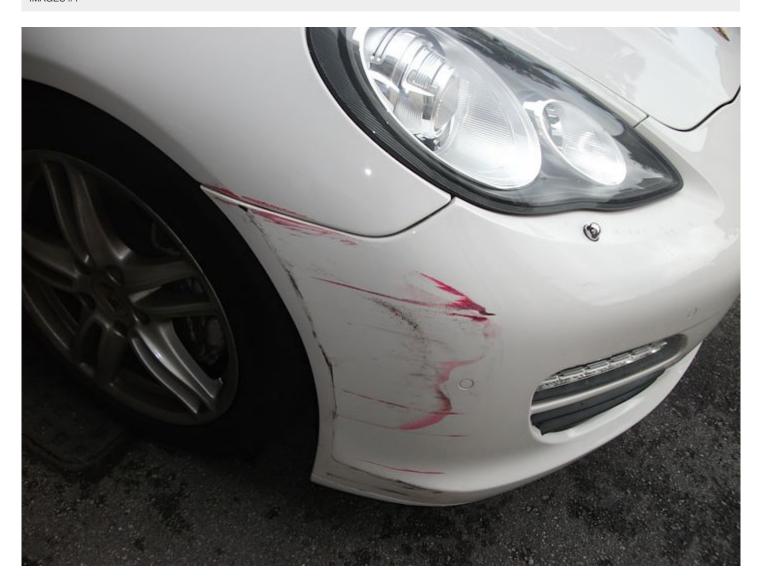
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

















Date of Expiry:

Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

DOCTOR

Report No. T/20220117/2038

### REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made:

Station Diary No.: Vide Report No .: 17/01/2022 12:14 Informant's Particulars Address: Name of Informant: 102 JALAN SIMPANG BEDOK SINGAPORE 488221 CHEN WEIWEN, KELVIN Contact No.: ID Type / ID No .: Mobile: 98586295 NRIC NO / S8335489E Home/Office: Email: Nationality: SINGAPORE CITIZEN Date of Birth: Type of Informant: Sex: Age: Driver 15/11/1983 Male 38 Language: Institution / School Name: Race: Chinese English Driving Licence Information: Occupation:

Class: 3

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/01/2022 10:30	Type of Location Car Park	
SHUNFU RO	AD	Road Surface:	F	Road Speed Limit	
Clear Traffic Flow:	ic Flow: Traf		103	Traffic Volume: Light	
Two Way	sion:		L.	Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ8699B	Car	PORSCHE	PANAMERA	White	Seriously Damaged	0
SLN5425J	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Red	Slightly Damaged	0

Details of V	ehicle Insurance	track of the Later to the world		NEW MARKET
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20220117/2038

2 of 4

Report No. T/20220117/2038

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

### CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ8699B	FWD Singapore Pte. Ltd	PNPV2020- 00008911-01	12/10/2021	11/10/2022

Details of Perso	AND RESIDENCE OF THE PARTY OF T	1000	17 July 194	STATE		Control of the Control	
Any Pedestrian Ir			1		-		
No. of Pedestrian	s Injured: NIL		Use of Per	THE RESERVE OF THE PARTY OF THE	CONTRACTOR OF THE	The second secon	
Driver	Water Committee						
Name	CHEN WEIWEN, KELVIN			ID No.		S8335489E	
Related Vehicle	SJZ8699B (Car)			Contact No.		98586295	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	ischarge NIL				
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL		
		A Samuel		SHOPPING	No. Comp.		
Name	Unknown		ID No	•	NIL		
Related Vehicle	SLN5425J (Car)		Contact No.		NIL		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL		

### Brief Details.

On 17/01/2022 at about 1025hrs, I parked my vehicle (SJZ8699B) at level 2 of the MSCP of B/320 Shunfu Rd Market directly opposite lot number 11, as I went there to have my breakfast.

Subsequently, at about 1040hrs on the same day, I went back to my vehicle and discovered some scratches and dents on the front right-side area of my vehicle until the rear wheel frame area. There was no note left behind for me indicating that someone had collided onto my vehicle as well. As such, I went to look at my installed camera inside my vehicle facing the front.

The footage shows that at about 1032hrs, another vehicle (SLN5425J) side swiped my vehicle's right side. There were paints being exchanged between both vehicles that can be seen clearly. The video also showed the driver coming out of her vehicle and took a quick glance at my vehicle before leaving the location. I do not know who the driver was and had no dispute with anyone recently. This was a hit and run incident and thus no one was injured. I am lodging this report for Traffic Police follow up actions.



T/20220117/2038

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

Report No. T/20220117/2038

CONTINUATION OF REPORT

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-	SIGNATUR





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757

Report No. T/20220117/2038

CONTINUATION OF REPORT

### Sketch Plan

Tel No: 1800-5529999

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 E / Sgt 2 LINUS OW JUN KAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2022 12:14
Officer In Charge Of Case: TP / HRT / Sil Spaff Cot IR MAN BIN MOHAMAD SAID Control Co	Classification Of Case:
Authentication Stamp NP 68 SIGNATURE	