

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 19/01/2022 15:05 (SGT)
Date of Accident 17/01/2022 16:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information 11 KRANJI LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY7307J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH LEE CHEN
NRIC No SXXXX658D
Email Address JANE@METALOSG.COM
Mobile Phone No (Phone) +65-92999754
Alternative Phone No (Office) +65-92999754

VEHICLE PARTICULARS

Manufacturer Mercedes
Model GLC300
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 1991

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00059082100
Cover Note Number -

DRIVER

Name of Driver KOH LEE CHEN
NRIC No SXXXX658D

Date Of Birth	31/08/1978
Occupation	Indoor
Date Of Driving Pass	26/08/2008
Driving experience	13 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92999754
Alt. Phone Number	(Office) +65-92999754
Email Address	JANE@METALOSG.COM
Address	BLK 136C HILLVIEW AVENUE
Address complement	#01-01
Postcode	669608
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	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO:T/20220119/2031

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG5530T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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")

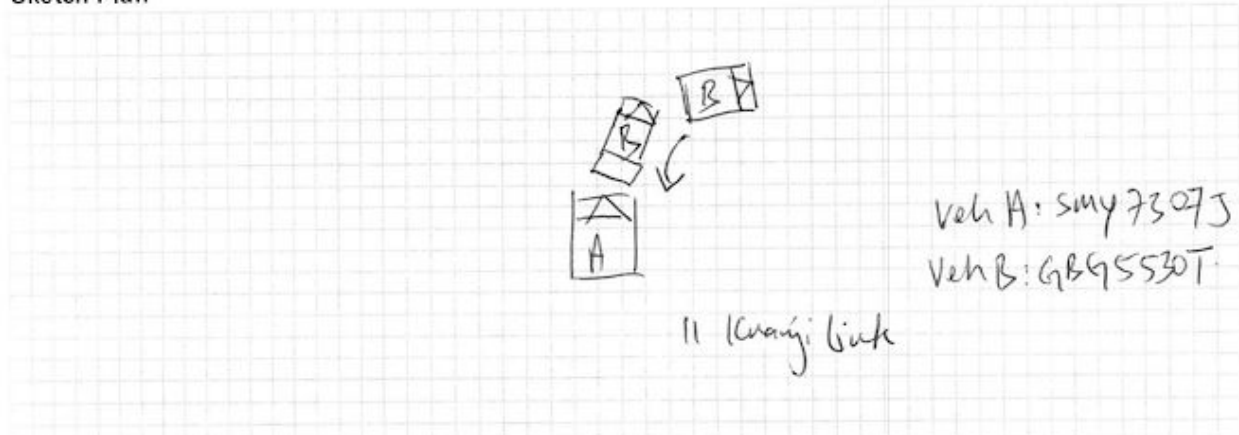
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Sketch Plan

Declaration

Policyholder's Signature / Date &
Time

Witnessed by Reporting Centre
Personnel






















**SINGAPORE
POLICE FORCE**


T/20220119/2031

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Report No. T/20220119/2031

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2022 13:00	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: KOH LEE CHEN	Address: BLK 136C HILLVIEW AVENUE #01-01 SINGAPORE 669608		
ID Type / ID No.: NRIC NO / S7871658D	Contact No.: Home/Office: Mobile: 92999754		
Nationality: SINGAPORE CITIZEN	Email: jane@metalosg.com		
Sex: Female	Age: 43	Date of Birth: 31/08/1978	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Managing director/Chief executive officer	Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/01/2022 16:40	Type of Location: Straight Road
Location: TUAS SOUTH AVENUE 3 11 Kranji Link.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBG5530T	Lorry	TOYOTA	DYNA 150 5MT	Silver		0
SMY7307J	Car	MERCEDES BENZ	GLC300 COUPE PREMIUM PLUS M-HYBRID	Red	Slightly Damaged	0


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Report No. T/20220119/2031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY7307J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000590 82100	23/03/2021	22/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH LEE CHEN	ID No.	S7871658D
Related Vehicle	SMY7307J (Car)	Contact No.	929997
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 18/01/2022 at around 1400hrs, at 136C Hillview Avenue, i discovered that my car bearing SMY7307J had some dents on the front bumper. I then recalled to have park my car at one of my client's yard a day ago. Henceforth, i requested for a CCTV footage from my client. I then discovered the following event.

From the time stamp given to me on the CCTV footage, it shows that on the 17/01/2022 at around 1640hrs, a silver pick up lorry bearing GBG5530T, hit and run onto my parked car. As the vehicle was reversing, it hit onto my car which was parked in the yard. Henceforth, caused damaged (dent) to my car's front bumper. The driver of the said lorry did not leave any note behind to claim accountability and subsequently drove off.



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SINGAPORE 650370
Tel No: 1800-5679999



T/20220119/2031

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Report No. T/20220119/2031

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
J /
Sgt 2 TENGKU MUHAMMAD
ALFIAN BIN TENGKU AZMI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No: 65476145

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
19/01/2022 13:00

Classification Of Case: