

# 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 ..... 24/01/2022 12:43 (SGT)  
Date of Accident ..... 23/01/2022 08:30 (SGT)  
Exact Location of Accident ..... 234 Bukit Panjang Ring Rd, Block 234, Singapore 670234  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLF6215J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOH LAY AI, JENNA (XU LIHI)  
NRIC No ..... SXXXX256D  
Email Address ..... eugene546.ek@gmail.com  
Mobile Phone No ..... (Phone) +65-94768018  
Alternative Phone No ..... +65-92255828

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
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 ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00162302100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SLF6215J  
Passport No/FIN ..... SXXXX546J

Date Of Birth .....	12/04/1980
Occupation .....	Indoor
Date Of Driving Pass .....	22/06/2001
Driving experience .....	20 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92255828
Alt. Phone Number .....	-
Email Address .....	eugene546.ek@gmail.com
Address .....	BLK 541 BUKIT PANJANG RIAGROAD #04-869
Address complement .....	-
Postcode .....	670541
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220123/2036

#### 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 .....	XE7035T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ALOYSIUS WONG YU FENG)
NRIC No .....	-1

Contact Number .....	(Phone) +65-98890516
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	HASRY
Phone .....	(Phone) +65-83048860
Email .....	-

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

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. 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' 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

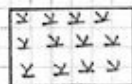
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan BIK 234 BUKIT PANDAN RANG RORO CARPARK

A: SLF 6215J

B: XE 7035T



**Describe Circumstances of the Accident**

Please refer to the police report (T/20220123/2036)

## Declaration

We declare the foregoing particulars are true in every respect.

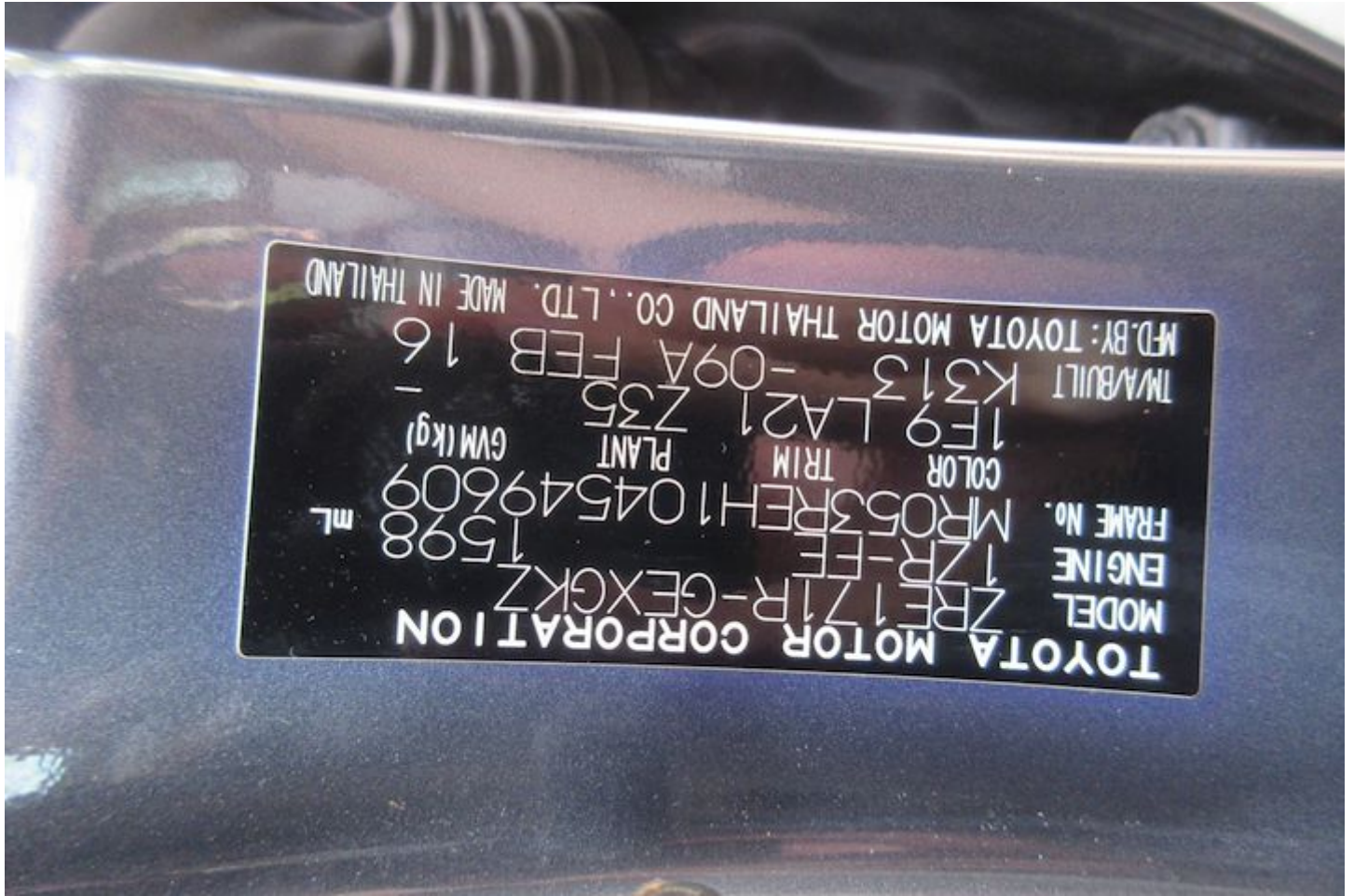
Policyholder's Signature / Date &  
Time

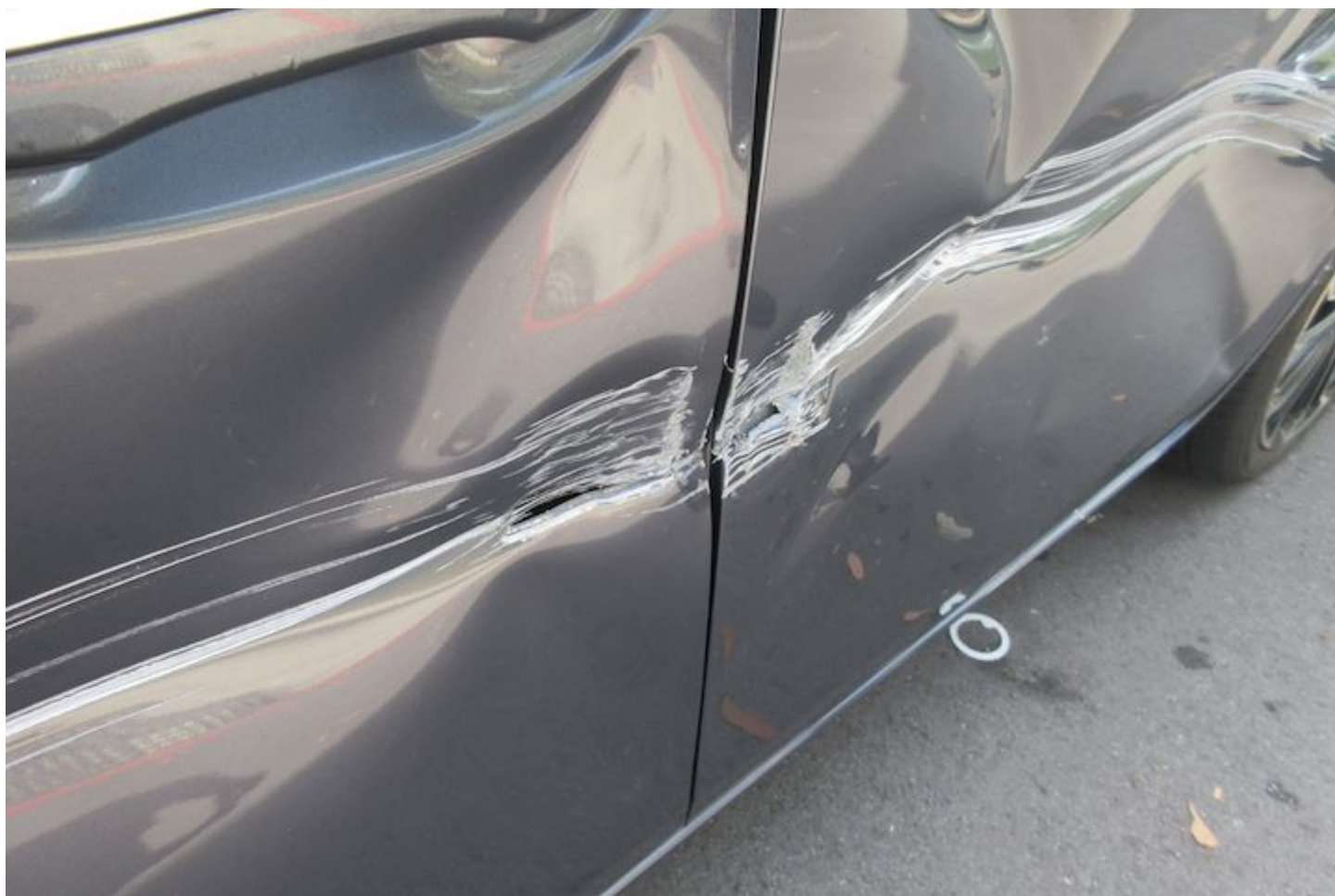
Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel











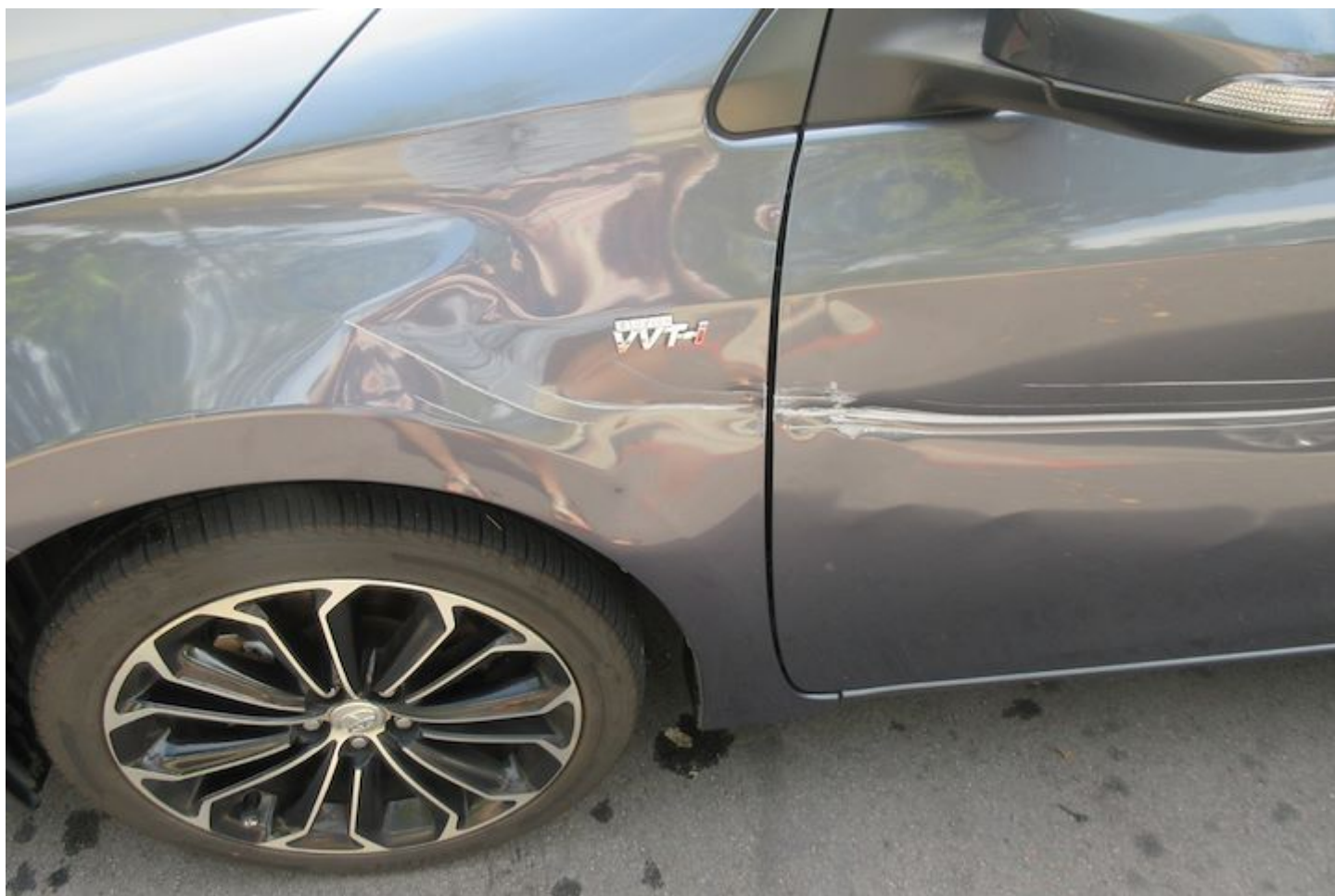
















**SINGAPORE  
POLICE FORCE**



T/20220123/2036

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20220123/2036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/01/2022 13:15		Vide Report No.:		Station Diary No.: 59
<b>Informant's Particulars</b>				
Name of Informant: KOH HOCK JIN EUGENE		Address: 541 BUKIT PANJANG RING ROAD #04-869 SINGAPORE 670541		
ID Type / ID No.: NRIC NO / S8010546J		Contact No.: Home/Office:		Mobile: 92255828
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 41	Date of Birth: 12/04/1980	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: WAREHOUSE ASSISTANT		Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/01/2022 08:30	Type of Location: Car Park
Location:  BUKIT PANJANG RING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF6215J	Car				Seriously Damaged	0
XE7035T	RECYCLING TRUCK				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE  
POLICE FORCE



T/20220123/2036

Police Station Of Origin:  
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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20220123/2036

CONTINUATION OF REPORT

Driver			
Name	KOH HOCK JIN EUGENE		ID No. S8010546J
Related Vehicle	NIL		Contact No. 92255828
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ALOYSIUS WONG YU FENG		ID No. S9316887I
Related Vehicle	NIL		Contact No. 98890516
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 23rd Jan 2022 at about 0830hrs, I had parked my vehicle (SLF6215J) at carpark CKBJ10 at Parking Lot No. 5 and everything was intact. About 45mins later, I came back to my vehicle and discovered that my vehicle had been grazed, badly scratched with deep dents on the left side of my whole vehicle. An eye witness namely Hasry HP: 83048860 then saw me and approached me to inform that he had saw a Blue Recycling Truck bearing company name ALBA W&H Smartcity Pte Ltd had cause the damages when the vehicle had turn left to exit the carpark.

I contacted town council namely Fiona to which she had contacted the company. The company's operation executive namely Kartik given me the driver's contact number to which had contacted him and was given the vehicle number XE7035T. I was then advise to lodge traffic police report.



SINGAPORE  
POLICE FORCE



T/20220123/2036

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Tel No: 1800-8929999

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Report No. T/20220123/2036

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 3 AUSTIN TAN RI QUAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/01/2022 13:15

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

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE