

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 28/01/2022 11:55 (SGT)
Date of Accident 27/01/2022 14:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information LOYANG POINT LEVEL 2 CARPARK AT PASIR RIS STREET 21
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJB5290S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH TECK WEE
NRIC No SXXXX139E
Email Address edmus90@gmail.com
Mobile Phone No (Phone) +65-96187853
Alternative Phone No +65-96187853

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 DMPCSNA00188962102
Cover Note Number -

DRIVER

Name of Driver GOH YONG HOCK
NRIC No SXXXX282C

Date Of Birth	08/10/1990
Occupation	Outdoor
Date Of Driving Pass	11/05/2016
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83233698
Alt. Phone Number	-
Email Address	edmus90@gmail.com
Address	BLK 939 TAMPINES AVENUE 5
Address complement	#08-169
Postcode	520939
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220128/2009

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	SLD410L
Vehicle Manufacturer	Mazda
Vehicle Model	3
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)	-

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

A = SJB 5290 S

B = SLD 410 L

Loyang Point Level 2 Carpark
at Pasir Ris St 21.




Describe Circumstances of the Accident

— Pls refer to the police report: T/20220128/2009 —


Declaration

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

Policyholder's Signature / Date &
Time

 28/1/22

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

 28/01/2022

Witnessed by Reporting Centre
Personnel





















SINGAPORE POLICE FORCE



T/20220128/2009

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20220128/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2022 02:03	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: GOH YONG HOCK			Address: APT BLK 939 TAMPINES AVENUE 5 #08-169 SINGAPORE 520939		
ID Type / ID No.: NRIC NO / S9037282C			Contact No.: Home/Office: Mobile: 97708118		
Nationality: SINGAPORE CITIZEN			Email: edmus90@gmail.com		
Sex: Male	Age: 31	Date of Birth: 08/10/1990	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES EXECUTIVE MANAGER			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: 27/01/2022 14:30	Type of Location: Car Park
Location: PASIR RIS STREET 21				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 10 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
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
SJB5290S	Car	TOYOTA	Altis	Silver	Slightly Damaged	0
SLD410L	Car	MAZDA	MAZDA 3	Blue		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20220128/2009

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20220128/2009

CONTINUATION OF REPORT

Vehicle Owner			
Name	GOH YONG HOCK	ID No.	S9037282C
Related Vehicle	SJB5290S (Car)	Contact No.	97708118
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 27/01/2022 I was at Loyang Point level 2 carpark located at Pasir Ris St 21. At about 2.30 PM I realized that there was damage to my front right bumper. There were scratches on the headlight and bumper, the bumper was also slightly dislodge and had a dent.

At about 7.30 PM I reviewed my in car cam video footage and I saw that there was a blue Mazda 3 car who had parked in and left the parking lot. The car was parked in at 12.20PM and left the parking lot at 12.58PM, where the car was seen to have grazed my car, which resulted in the damages as stated.

There were no notes from the other driver. I wish to state that there was no witnesses who came forward and that I am sure the carpark's CCTV would have captured the driver's vehicle clearly. I wish to state I have video evidence of the incident.

I am lodging this report for investigation purposes.



SINGAPORE POLICE FORCE



T/20220128/2009

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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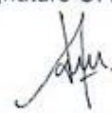

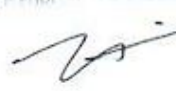
Report No. T/20220128/2009

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 G / SGT 2 HO QI ZHI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2022 02:03
Officer In Charge Of Case: TP / HRT / SC (NS) NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168   SIGNATURE	