

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 07/02/2022 15:59 (SGT)
Date of Accident 28/01/2022 20:50 (SGT)
Exact Location of Accident 566 Pasir Ris Street 51, Singapore 510566
Additional Location Information #13-118 (MULTI STOREY CARPARK)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJD6247B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VICTORIA HOO PIN XIAN
NRIC No SXXXX756H
Email Address HOOVICTORIA@GMAIL.COM
Mobile Phone No (Phone) +65-91780234
Alternative Phone No +65-91780234

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 1595

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMPCSNW00138772100
Cover Note Number -

DRIVER

Name of Driver VICTORIA HOO PIN XIAN
NRIC No SXXXX756H

Date Of Birth	22/08/1990
Occupation	Indoor
Date Of Driving Pass	23/04/2012
Driving experience	9 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91780234
Alt. Phone Number	+65-91780234
Email Address	HOOVICTORIA@GMAIL.COM
Address	BLK 566 PASIR RIS STREET 51
Address complement	#13-118
Postcode	510566
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : G/20220128/7088

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK6363A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

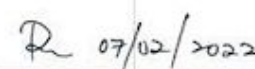
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

No Sketch Available

Describe Circumstances of the Accident

— Pls refer to the police report: # G/20220128/7088. —

Declaration

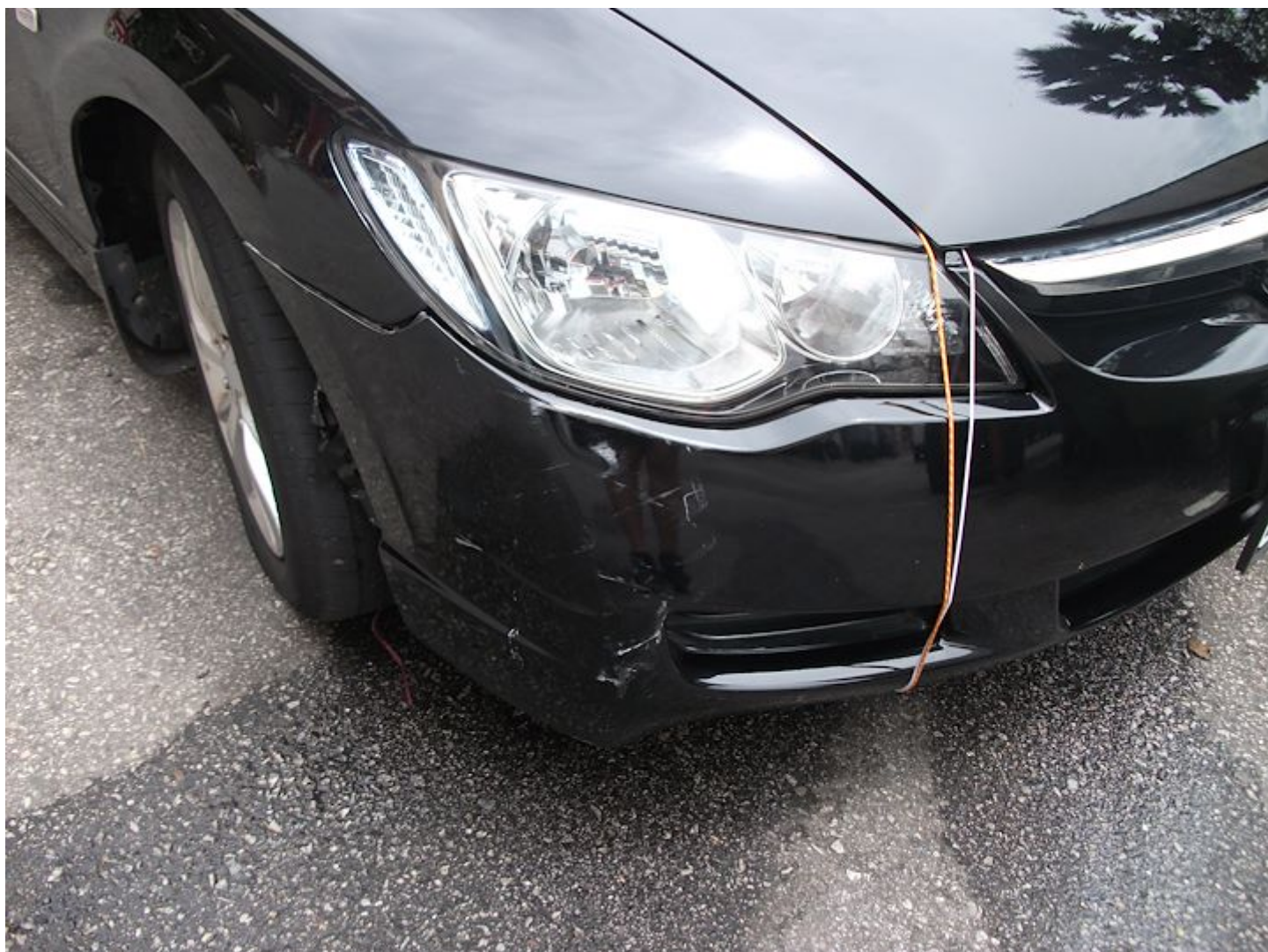
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

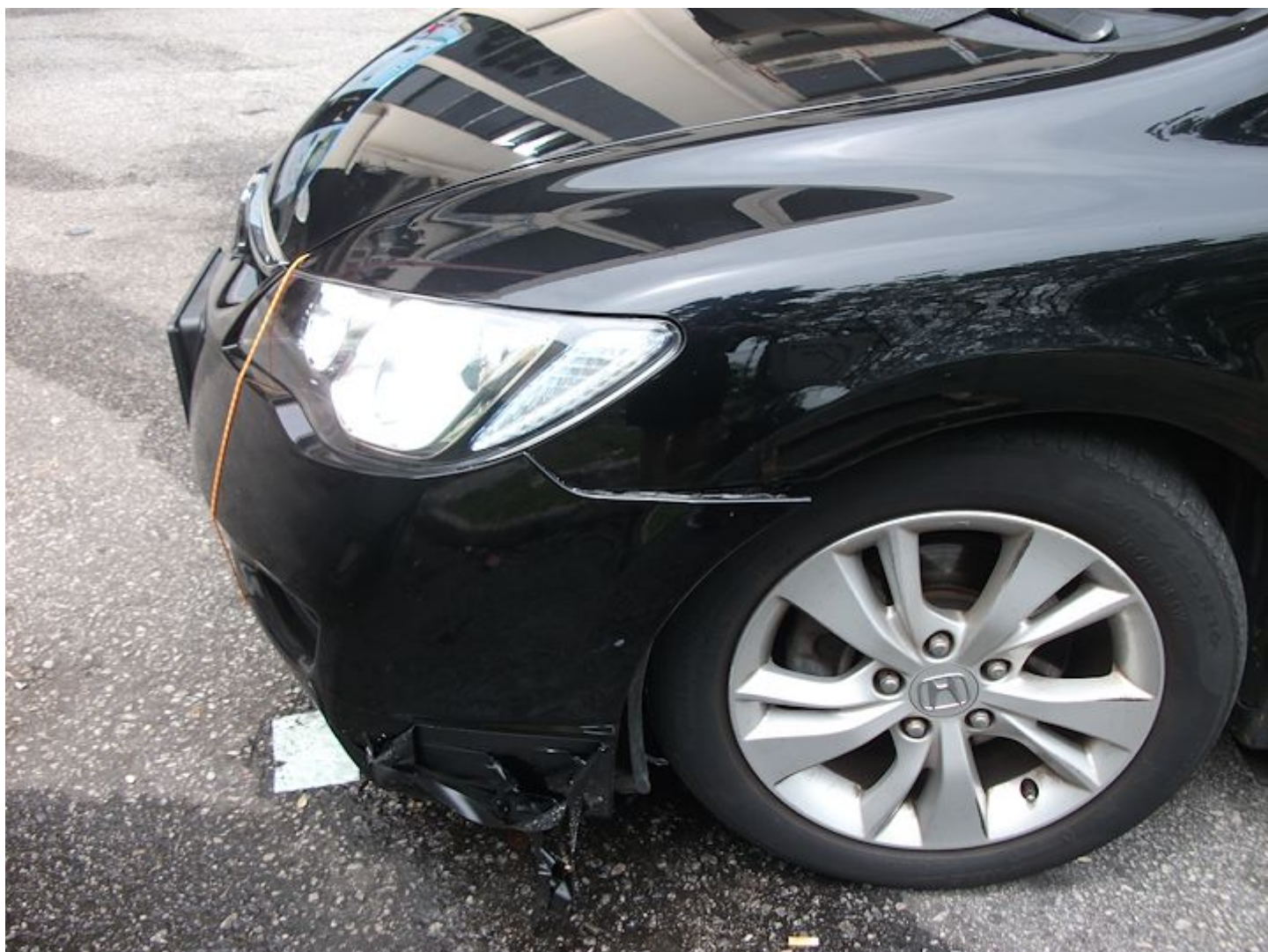
Driver's Signature (If driver is not the policyholder) / Date & Time 7 Feb 2022

Witnessed by Reporting Centre
Personnel







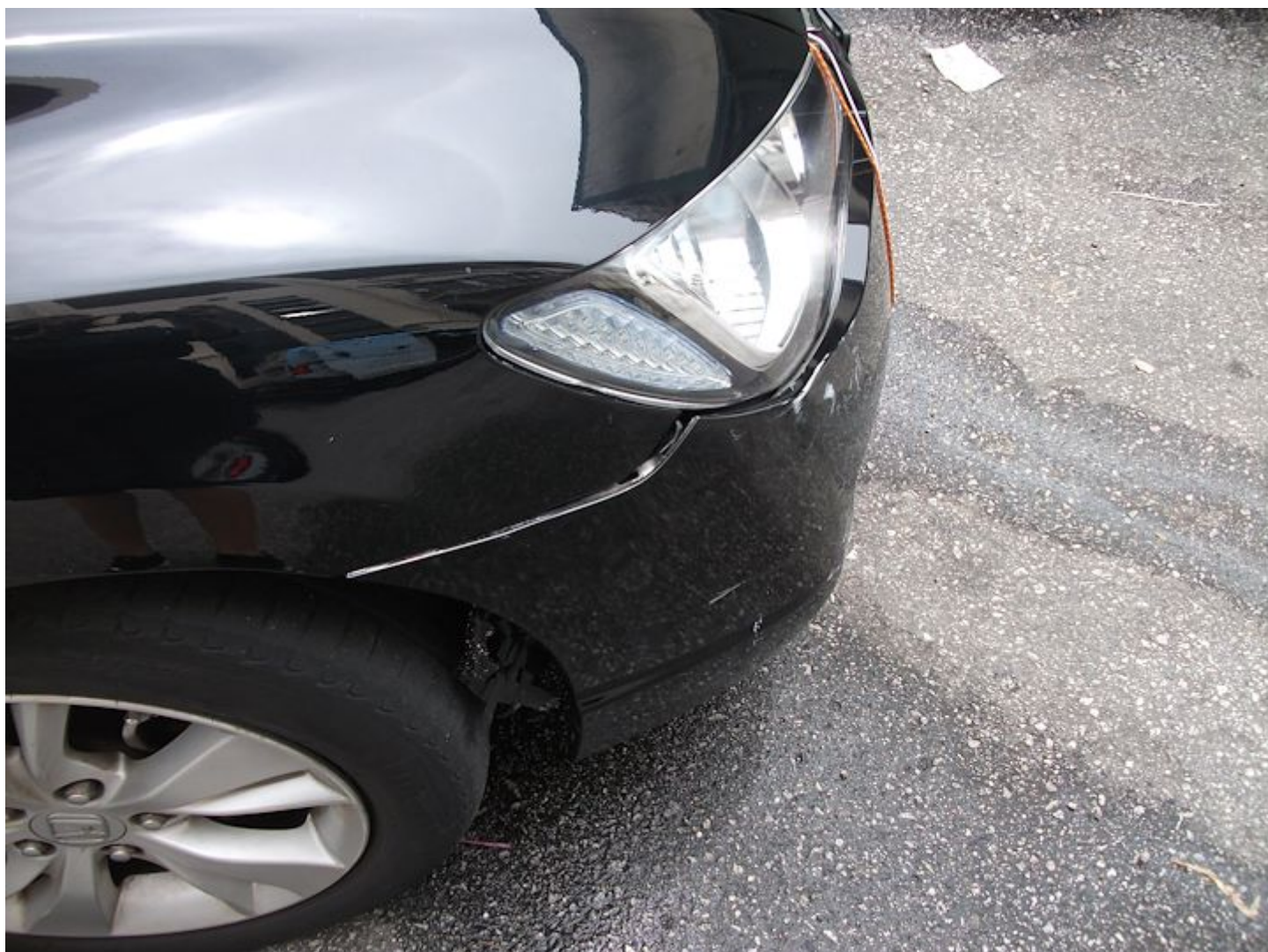


















**SINGAPORE
POLICE FORCE**



G/20220128/7088

1 of 2

POLICE REPORT (NP299)

Report No. G/20220128/7088

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 28/01/2022 22:06	Vide Report No.	Station Diary No.
Name Of Informant VICTORIA HOO PIN XIAN	Address 566 PASIR RIS STREET 51 #13-118 SINGAPORE 510566	
ID Type / ID No. NRIC NO / S9030756H	Contact No. Home/Office:	Mobile: 91780234
Nationality SINGAPORE CITIZEN	Email Address HOOVICTORIA@GMAIL.COM	
Occupation Director	Sex Female	Age 31
Institution/School Name	Date of Birth 22/08/1990	Race Chinese
Date/Time Of Incident 28/01/2022 20:40 - 28/01/2022 21:40	Location Of Incident 566 PASIR RIS STREET 51 #13-118 SINGAPORE 510566	

Brief details.

Parked my car at downtown east multi storey carpark about 840 to 940pm.

Came back and saw my bumper all out of place. Someone hit and run. There r cctvs in placed and the security told me to make a police report so the footage can be accessed.

Please help me thank u so much.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2022 22:06
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220128/7088

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220128/7088

Cars opposite have offered to take their footage and send to me as well.

Subjects Involved			
Suspect			
Person Name	Cctv footage needed		
Gender	Unknown		
Victim			
Person Name	VICTORIA HOO PIN XIAN		
ID Type	NRIC NO	ID No	S9030756H
Gender	Female	Age	31
Race	Chinese	Language	English
Occupation	Director	Address	566 PASIR RIS STREET 51 #13-118 SINGAPORE 510566
Mobile No	91780234	Is Informant A Victim?	Yes
Person Name VICTORIA HOO PIN XIAN (Informant)			

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
28/01/2022 22:06

Officer In-Charge Of Case:

Classification Of Case: