

# 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 .....	17/02/2022 17:08 (SGT)
Date of Accident .....	17/02/2022 07:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BLK 108 JALAN RAJAH OSCP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMU2043Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHIAN SOOK LAI
NRIC No .....	SXXXX370E
Email Address .....	chianjoanne@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-96786566
Alternative Phone No .....	+65-96786566

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	218i
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 .....	1499

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00121192100
Cover Note Number .....	14/06/2021 - 13/06/2022

### DRIVER

Name of Driver .....	CHIAN SOOK LAI
NRIC No .....	SXXXX370E

Date Of Birth .....	23/08/1964
Occupation .....	Indoor
Date Of Driving Pass .....	23/11/1982
Driving experience .....	39 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96786566
Alt. Phone Number .....	+65-96786566
Email Address .....	chianjoanne@yahoo.com.sg
Address .....	BLK 108 JALAN RAJAH #10-120
Address complement .....	-
Postcode .....	320108
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	GBJ7839A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle


Name of Driver .....	INDIAN MALE 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**

1. VEHICLE NO.: SMU20437  
 2. INSURER CO: China  
 3. ACCIDENT DATE & TIME: 17/02/22 @ 0745

**IMPORTANT NOTICE**

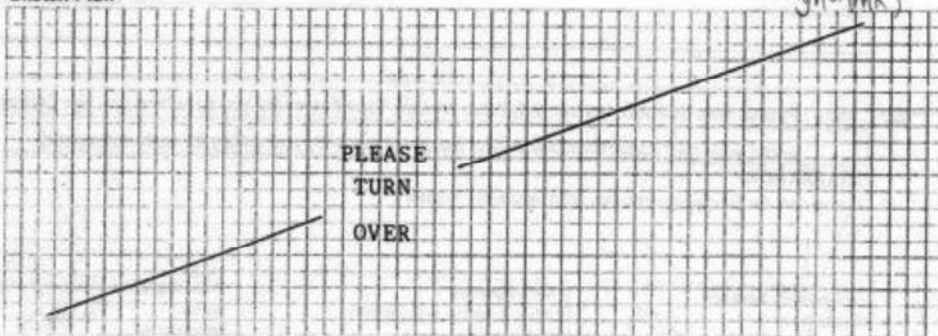
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 DOMINIC ANN 17/02/22

Sketch Plan



PLEASE  
TURN  
OVER

Sketch Plan

A: SMU2043Z  
(parked, no one in car)

Location: BIK 108 Jalan Rajah ASCP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SMU2043Z (China)  
 Date & Time: 17/02/22 @ 0745 (cleaning)  
 refer to police report no: T/20220217/7007.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

17/2/2022

Driver's Signature

(if driver is not the policyholder)

Date & Time:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
 ( ) Claim OD/TP at other workshop

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

(AMK)

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**SINGAPORE  
POLICE FORCE**



T/20220217/7007

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220217/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/02/2022 11:47		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHIAN SOOK LAI			Address: APT BLK 108 JALAN RAJAH #10-120 SINGAPORE 320108		
ID Type / ID No.: NRIC NO / S1676370E			Contact No.: Home/Office: Mobile: 96786566		
Nationality: SINGAPORE CITIZEN			Email: CHIANJOANNE@YAHOO.COM.SG		
Sex: Female	Age: 57	Date of Birth: 23/08/1964	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class:		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: 17/02/2022 07:45	Type of Location: Car Park
Location:  JALAN RAJAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: right hand side bottom knock and damage				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMU2043Z	Car	BMW	218i	Red	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20220217/7007

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220217/7007

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	CHIAN SOOK LAI	ID No.	S1676370E
Related Vehicle	NIL	Contact No.	96786566
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

My car SMU2043Z was parked at the open carpark at blk 108 Jalan Rajah. On 17 Feb 2022, when I went down to the carpark, I saw that my car right hand side was damaged with debris on the floor of the carpark. I checked my car vehicle camera recording and found the footage of a Van (GBJ7839A) at 7.46 am that actually knocked my car while coming out from the parking lot next to my car. The video footage actually shows very clearly that an indian man came down from the van as indicated above and look at my car. Then he went back to the van and drive off. I am making this report on a hit and run issue.



**SINGAPORE  
POLICE FORCE**



T/20220217/7007

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220217/7007

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
KALESWARI PALANI  
Contact No.: 65476902

**Signature Of Informant:**

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

Date/Time:  
17/02/2022 11:47

Classification Of Case:

NP168