

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 22/02/2022 14:31 (SGT)
Date of Accident 19/02/2022 00:25 (SGT)
Exact Location of Accident 222 Sumang Ln, Singapore
Additional Location Information DECK 4B LOT NUMBER 259
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU9324D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOO QUAH BOON
NRIC No SXXXX968E
Email Address htiekz@yahoo.com.sg
Mobile Phone No (Phone) +65-90055332
Alternative Phone No +65-90055332

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
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 1797

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPPHQ21-008763
Cover Note Number -

DRIVER

Name of Driver KOO QUAH BOON
NRIC No SXXXX968E

Date Of Birth	30/12/1978
Occupation	Indoor
Date Of Driving Pass	25/07/2012
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90055332
Alt. Phone Number	+65-90055332
Email Address	htiekz@yahoo.com.sg
Address	BLK 220B SUMANG LANE #16-57
Address complement	-
Postcode	822220
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220220/2030 AND T/20220221/7027

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	SCA3697D
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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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

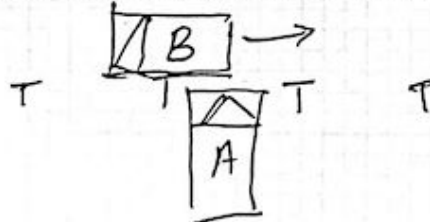
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 222 SUMANJE LONE DECK 4A LOT NUMBER 259

Veh B reverse and collided onto Veh A



(A) SLU9324D

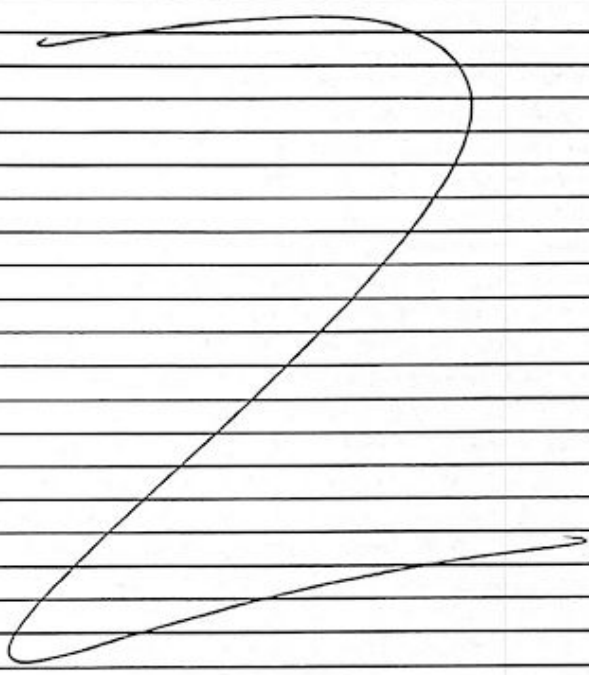
(B) SCIA3697D

Describe Circumstances of the Accident

Refer to police report

- T/20220220/2030

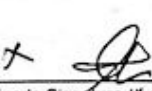
- T/20220221/7027

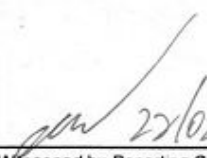


Declaration

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

 22/02/2022
 Witnessed by Reporting Centre Personnel



















SINGAPORE POLICE FORCE



T/20220220/2030

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20220220/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2022 14:01	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: KOO QUAH BOON	Address: APT BLK 220B SUMANG LANE #16-57 SINGAPORE 822220		
ID Type / ID No.: NRIC NO / S7837968E	Contact No.: Home/Office: Mobile: 90055332		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 43	Date of Birth: 30/12/1978	Type of Informant: Vehicle Owner
Race: Chinese	Language:		Institution / School Name:
Occupation: Manager	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/02/2022 00:25	Type of Location:
Location: SUMANG LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SLU9324D	Car					0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20220220/2030

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20220220/2030

CONTINUATION OF REPORT

Vehicle Owner			
Name	KOO QUAH BOON	ID No.	S7837968E
Related Vehicle	SLU9324D (Car)	Contact No.	90055332
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 18/02/2022 at about 2130hrs, I last seen and parked my white/black colored Toyota CHR vehicle registration number SLU9324D at Blk 222 Sumang Lane deck 4B lot number 259. Everything was intact and in order, nothing amiss.

On 20/02/2022 at about 1100hrs, when I wanted to drive my car, I discovered that my front registration plate had fallen off, red paint scratches was also seen on the front bumper area.

I then managed to view my front in-car camera footage and established that on the 19/02/2022 at about 0022hrs, one red colored sedan car was seen reversing and had an impact onto my car front bumper area. I am unable to see what registration plate number of the car. I have footage and pictures of the said accident. There was no note left on my car. Hence, I am here to lodge this hit and run traffic accident report.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20220220/2030

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Report No. T/20220220/2030

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:
F / SGT 3 TEO JIA HAO,
KENNETH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/02/2022 14:01

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

NP168




**SINGAPORE
POLICE FORCE**


T/20220221/7027

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

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Report No. T/20220221/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2022 17:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOO QUAH BOON			Address: 220B SUMANG LANE #16-57 SINGAPORE 822220		
ID Type / ID No.: NRIC NO / S7837968E			Contact No.: Home/Office:		Mobile: 90055332
Nationality: SINGAPORE CITIZEN			Email: htiekg@yahoo.com.sg		
Sex: Male	Age: 43	Date of Birth: 30/12/1978	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manufacturing plant/production manager			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/02/2022 00:25	Type of Location: Car Park
Location: SUMANG LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		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	Conditio	No of
SCA3697D	Car	HONDA	CIVIC	Red		0
SLU9324D	Car	TOYOTA	CHR	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220221/7027

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

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Report No. T/20220221/7027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	KOO QUAH BOON	ID No.	S7837968E
Related Vehicle	NIL	Contact No.	90055332
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Refer to earlier report no: T/20220220/2030

I managed to find the hit and run vehicle parked at different level, therefore i need to add in the hit and run vehicle number to the police report.

I have left a note on his car on 20th Feb 2022 at 2300hrs, He contacted me regarding this accident on 21th Feb 2022 at 1009hrs.



SINGAPORE POLICE FORCE

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



T/20220221/7027

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Report No. T/20220221/7027

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 /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

NP168

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

Date/Time:
21/02/2022 17:10

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08222M0003 Vehicle Registration No: SLU9324D
 Name (as shown in NRIC): KOO QUAH BOON NRIC/FIN/Passport No: SXXXX9681E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 90055332
 Email Address: _____
 Date of Accident: 19/02/2022 Time of Accident: 00:25
 Place of Accident: 222 Sumoach Lane Block 4B Lot NUMBER 259
 Insurance Company: EQT

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS To hteekz@yahoo.com.sg.

Policyholder / Driver's Signature
Date:

01/03/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: