

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 14/02/2022 14:01 (SGT)
Date of Accident 13/02/2022 15:00 (SGT)
Exact Location of Accident 28 Jansen Rd, Singapore 548431
Additional Location Information Along Jansen Road & Ee Teow Leng Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU6264B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Wee Kheng Hin Richard
NRIC No SXXXX300F
Email Address weerichard03@gmail.com
Mobile Phone No (Phone) +65-94875178
Alternative Phone No +65-94875178

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 1800

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPV01012327
Cover Note Number -

DRIVER

Name of Driver Wee Jun Hui Ryan
NRIC No SXXXX914C

Date Of Birth	24/01/1997
Occupation	Indoor
Date Of Driving Pass	15/01/2018
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97599880
Alt. Phone Number	-
Email Address	ryanwee14@hmail.com
Address	16 Ang Mo Kio Central 3 #14-25
Address complement	-
Postcode	567748
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	Raining
Road Surface	Wet

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)	1
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
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	GBK9015S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle

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

Veh A: *5mm 626413*
Veh B: *6BK 90155*

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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.

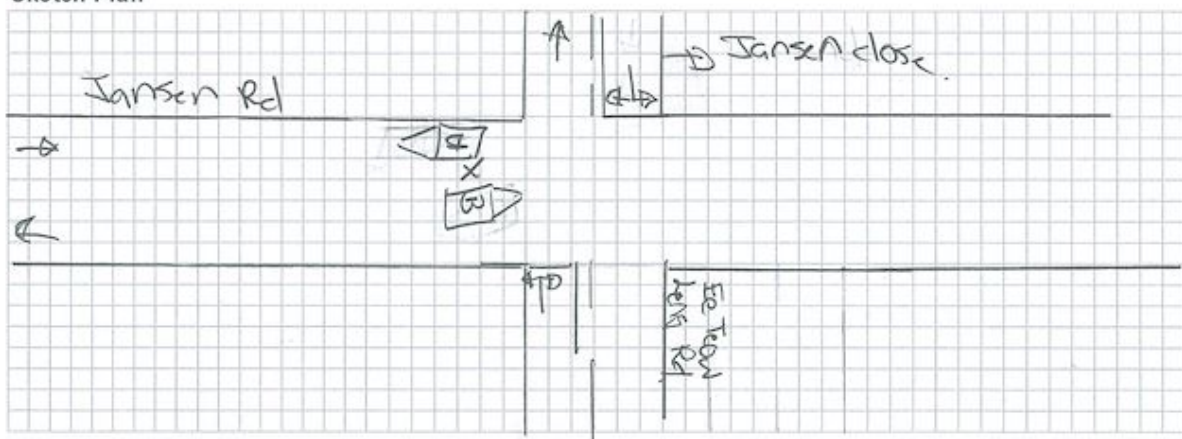
*I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: Smu62648
Veh B: GSK 9015
13/2/22, ~~1400hrs~~ 1400hrs.

Refer to ~~the~~ Police Report.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel
























**SINGAPORE
POLICE FORCE**


T/20220213/2073

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20220213/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2022 23:23		Vide Report No.: F/20220213/0190		Station Diary No.: 107	
Informant's Particulars					
Name of Informant: WEE JUN HUI, RYAN			Address: 16 ANG MO KIO CENTRAL 3 #14-25 SINGAPORE 567748		
ID Type / ID No.: NRIC NO / S9703914C			Contact No.: Home/Office: Mobile: 97599880		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 24/01/1997	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name: NTU	
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/02/2022 14:00	Type of Location: X-Junction
Location: JANSEN CLOSE				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBK9015S	Van	NISSAN		Silver		0
SMU6264B	Car	MERCEDES BENZ	C 180	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU6264B	TENET SOMPO INSURANCE PTE. LTD.	D21MTPD0101232 7	09/10/2021	08/10/2022



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T/20220213/2073

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20220213/2073

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WEE JUN HUI, RYAN	ID No.	S9703914C
Related Vehicle	SMU6264B (Car)	Contact No.	97599880
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/02/2022 at about 1400hrs, I parked my vehicle SMU6264B, along cross junction of Jansen road and Ee Teow Leng Road. Everything was intact when I left the vehicle. At 1600hrs, when I returned to retrieve the car, I discovered that the left rear bumper was dislodged and dangling.

I viewed my in car camera and discovered that on 13/02/2022 at about 1500hrs, a van, GBK9015S, travelling along Jansen Road towards Ee Teow Leng Road came to the cross junction and wanted to keep left to avoid on coming vehicle. While doing so, the left side of the van had collided onto the rear of my vehicle. After the accident, the van driver parked his vehicle at 36 Ee Teow Leng Road, alighted and came over to check on the damages, subsequently the driver left.

I then called for Police assistant ref F/20220213/0190 and reported the matter.



**SINGAPORE
POLICE FORCE**



T/20220213/2073

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Report No. T/20220213/2073

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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 /

SR STAFF SGT YIP WAI LEONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/02/2022 23:23

Officer In Charge Of Case:

TP / HRT /

SI STEPHANIE, CHEUNG TSZ YING

Contact No.: 96208032

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SN 75

SIGNATURE