# **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 witholding 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.

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   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 17/03/2022 10:23 (SGT) Date of Accident 16/03/2022 12:20 (SGT) Exact Location of Accident 44 Holland Dr, Singapore 270044 Additional Location Information **CARPARK** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMT6128S

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAY EE WEI NRIC No. SXXXX863Z Email Address jacktay111@yahoo.com.sg Mobile Phone No (Phone) +65-83634200 Alternative Phone No +65-83634200

#### VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 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 1991

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00112342100 Cover Note Number

#### DRIVER

Name of Driver TAY EE WEI NRIC No. SXXXX863Z

Date Of Birth 20/09/1974 Occupation Indoor Date Of Driving Pass 10/03/1994 Driving experience 28 YEARS Gender Male Mobile Number (Phone) +65-83634200 Alt. Phone Number +65-83634200 Email Address jacktay111@yahoo.com.sg Address BLK 9 BOON KENG ROAD #12-160 Address complement Postcode 300009 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220316/7025 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNE3095P Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name
 NTUC Income Insurance Co-operative Ltd

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

# **WITNESS DETAILS**

WITNESS 1

Name MR NG

Phone (Phone) +65-98161118

Email

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

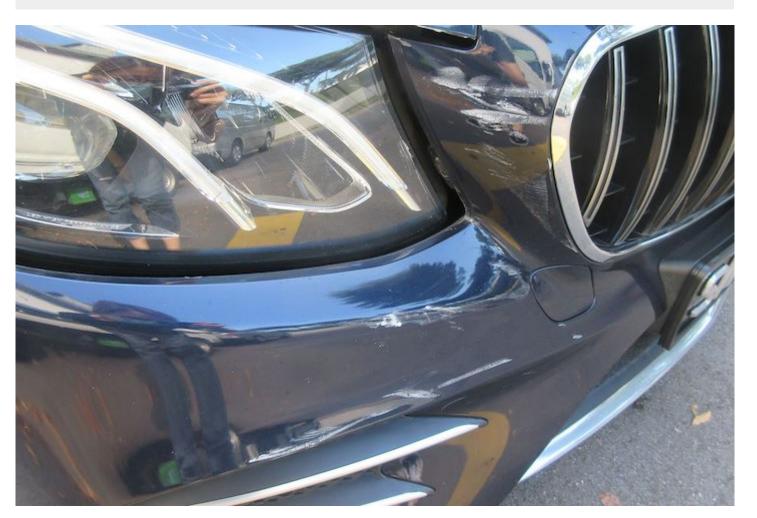
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 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
- 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)

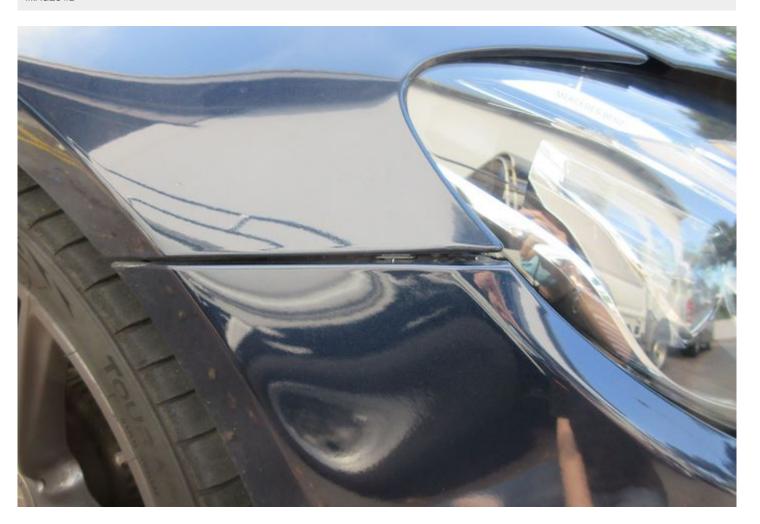
l understand, acknow ledge, agree and consent that :

- (a) My insurer , my w orkshop 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time				Waressed by Reporting Centre Personnel	
Sketch Plan	BIKYY	Hollowo	DRIVE	CARPARK	
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Declarat	ion										
We declar	e the foregoin	ng particulars	are true	in every	respect						
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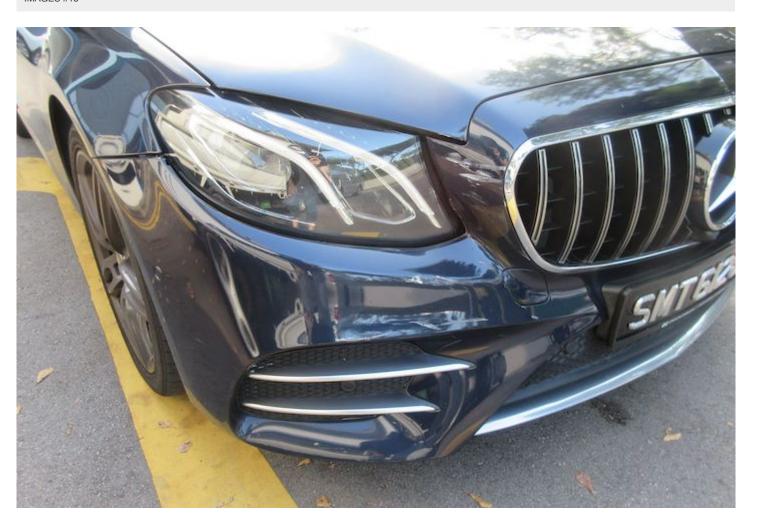


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220316/7025

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2022 15:31		Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ulars			
Name of Informant: TAY EE WEI		Address: 9 BOON KENG ROAD #12-160 SINGAPORE 330009			
ID Type / ID No.: NRIC NO / S7429863Z		Contact No.: Home/Office: Mobile: 83634200			
Nationali SINGAP	ty: ORE CITIZ	EN	Email: JACKTAY111@YAHOO.	.COM.SG	
Sex: Male	Age:	Date of Birth: 20/09/1974	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupat FMCG	on:		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/03/2022 12:20	Type of Location Car Park
Location: HOLLAND DI	RIVE	Road Surface:		Road Speed Limit:
Weather:				
Weather: Clear		Dry		100
				Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMT6128S	Car	MERCEDES BENZ	E200 AMG LINE (R19 LED)	Blue	Seriously Damaged	0
SNE3095P	Car					0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220316/7025

# CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SMT6128S	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW001123 42100	27/06/2021	26/06/2022		

Details of Perso	n Involved	TO ELEVELY		AVASOLE SE	
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	TAY EE WEI			ID No.	S7429863Z
Related Vehicle	SMT6128S (Car)			Contact N	o. 83634200
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

# Brief Details.

My vehicle SMT6128S was parking in the parking lot of Blk 44 Holland Drive Carpark, then when im back to collect my vehicle i notice my car was hit and damage at the front portion. A witness Mr Ng ( Hp 98161118 ) then approach me and told me he manage to capture the whole Hit-and-Run incident.

i wish to mention I have the video footage, The IO incharge can get it from me directly from what apps messenger.





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

Informant is not able to provide sketch

Sketch Plan

3 of 3 Report No. T/20220316/7025

CONTINUATION OF REPORT

Signature Of O	Officer Re	cording T	he Report	:
Signature Of li	nterpreter	1		
rvot applicable				

Signature Of Inforr The identity of the been authenticated required.	nant: person making this report has I by Singpass. No signature is
Date/Time: 16/03/2022 15:31	
Classification Of Ca	ase:

Officer In Charge Of Case:

TP / TPIB / TAN CHIN YONG Contact No.: 65476425

NP168