

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	11/04/2022 16:15 (SGT)
Date of Accident	08/04/2022 15:00 (SGT)
Exact Location of Accident	Upper Cross St, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8868K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOW CHEE FOONG, PAUL(ZHOU ZHIFENG, PAUL)
NRIC No	SXXXX855G
Email Address	paulchow_x@yahoo.com
Mobile Phone No	(Phone) +65-91091978
Alternative Phone No	+65-91091978

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220d
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	1950

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00017122200
Cover Note Number	-

DRIVER

Name of Driver	CHOW CHEE FOONG, PAUL(ZHOU ZHIFENG, PAUL)
NRIC No	SXXXX855G

Date Of Birth	08/12/1978
Occupation	Indoor
Date Of Driving Pass	04/10/2005
Driving experience	16 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91091978
Alt. Phone Number	+65-91091978
Email Address	paulchow_x@yahoo.com
Address	BLK 271D PUNGGOL WALK #03-549
Address complement	-
Postcode	824271
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 T/20220409/7019

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



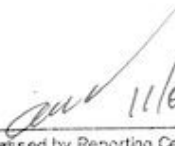

Vehicle Registration Number	SKS3806S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

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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 my process my investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) settling my claim/claims including making arrangements for responding to any enquiries by me;
(iv) administering my claims (including the making 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 UPPER CROSS STREET CARPARK		
		
A - 5LK8868K B - 5KS3806S		

Describe Circumstances of the Accident

Российская полиция №: Т/20220409/7019

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



Witnessed by Reporting Centre Personnel











**SINGAPORE
POLICE FORCE**



T/20220409/7019

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

1 of 3

Report No. T/20220409/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2022 12:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHOW CHEE FOONG, PAUL			Address: 271D PUNGGOL WALK #03-549 SINGAPORE 824271		
ID Type / ID No.: NRIC NO / S7837855G			Contact No.: Home/Office: Mobile: 91091978		
Nationality: SINGAPORE CITIZEN			Email: paulchow_x@yahoo.com		
Sex: Male	Age: 43	Date of Birth: 08/12/1978	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/04/2022 15:00	Type of Location: Car Park
Location: UPPER CROSS STREET				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKS3806S	Car	BMW	520i	Silver		0
SLK8868K	Car	MERCEDES BENZ	E220D	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220409/7019

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

2 of 3

Report No. T/20220409/7019

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK8868K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	Dmpcsnw00017122 200	07/01/2022	08/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	CHOW CHEE FOONG, PAUL		ID No.	S7837855G
Related Vehicle	NIL		Contact No.	91091978
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 slk8868k was parked at honglim carpark 4b lot 404. Vehicle sks3806s hit my car right bumper and wheel at 3pm while reversing into lot 403 which was on my right side. Shortly after the accident he drove off. The footage was captured by my in-car camera.

**SINGAPORE
POLICE FORCE**

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



T/20220409/7019

3 of 3

Report No. T/20220409/7019

CONTINUATION OF REPORTSketch 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 /
KASMAWATI BTE SAMIAN
Contact No.: 65476368

NP168

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

Date/Time:
09/04/2022 12:48

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:

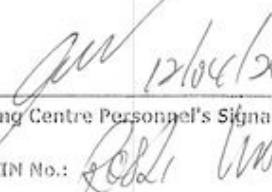
Original Report No: SN08224B0002 Vehicle Registration No: SLK 8868K
 Name (as shown in NRIC): CHOW CHEE FOONG, PAUL NRIC/FIN/Passport No: S7837855G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 217D PUNGGOL WALK, #03-549 Singapore (824271)
 Contact (Tel): _____ Mobile No.: 91091978
 Email Address: PAULCHOW_X@YAHOO.COM
 Date of Accident: 08/04/2022 Time of Accident: 15:00
 Place of Accident: UPPER CROSS STREET
 Insurance Company: CHINA TAIPING

(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:

AMEND VEHICLE MAKE & MODEL : MERCEDES E220D


 Policyholder / Driver's Signature
 Date: _____


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: 12/04/2022