# **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.

  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 09/06/2022 12:37 (SGT) Date of Accident 08/06/2022 11:39 (SGT) Exact Location of Accident Singapore Additional Location Information OUTSIDE WINTECH CENTRE(6 UBI ROAD 1 SPORE 408726) Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMM134A

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GEES MARKETING PTE. LTD. Company Reg No 2XXXXX350D **Email Address** sharonjee@singnet.com.sq Mobile Phone No (Phone) +65-96233326 Alternative Phone No +65-96233326

#### VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 Variant E200 SEDAN EXCLUSIVE (R18 LED) Exact purpose for which vehicle was being used at time of **Employment** accident 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 AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number

### DRIVER

Name of Driver JEE MING THING, SHARON NRIC No. SXXXX613I

Date Of Birth 28/08/1972 Occupation Outdoor Date Of Driving Pass 05/04/1991 Driving experience 31 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-96233326 Alt. Phone Number Email Address sharonjee@singnet.com.sg Address 128 PRINSEP STREET #05-01 SPORE 188655 Address complement Postcode Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** 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? 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? 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN/POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GR.1219K Vehicle Manufacturer Vehicle Model Vehicle Variant

Goods vehicle

Vehicle Colour
Vehicle Category

Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	<b>-</b>
Insurance Company Name	<b>-</b>
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	<del>-</del>

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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' 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.

# GREGO MANDE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to the po	lice report (T/20220609/70	06)
		***** for company vehicle only *****
		I Jee Ming Thing Sharon is the employee of company Gres Marketing He Hd and im Using the
		vehicle SMM184A for work purpose.
		The state of the s
aration		
anlore the foresting parties		
eclare the foregoing particu	ars are true in every respect.	17
(6)	,	
The state of the s	m	
SULF	1980 S.	
holder's Signature / Date &	Driver's Signature (If driver is not the po	icyholder) / Date Witnessed by Reporting Centre





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220609/7006

# REPORT OF A TRAFFIC ACCIDENT

Date/Time 09/06/202	e Report N 22 09:49	Made:	Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
	Informant: G THING,	SHARON	Address: 128 PRINSEP STREET #05-01 SINGAPORE 188655		
ID Type / NRIC NO	ID No.: / S72306	131	Contact No.: Home/Office:	Mobile: 96233326	
Nationality: SINGAPORE CITIZEN		EN	Email: sharonjee@singnet.com.sg		
Sex: Female	Age: 49	Date of Birth: 28/08/1972	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class:	Date of Expiry:	

General Inform	mation of the Accide	ent			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/06/2022 11:40	Type of Location: Straight Road	
Location:					
UBI ROAD 1					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic		Traffic Control: Not Controlled	1	Traffic Volume: Light	
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Rear	а	Anyone conveyed by imbulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Conditio	No of	
SMM134A	Car					0	

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220609/7006

#### CONTINUATION OF REPORT

Driver		WELL STORY		V 63 15 1	1116	
Name	JEE MING THING, SHARON			ID No.		S7230613I
Related Vehicle	SMM134A (Car)			Contac	t No.	96233326
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 o	f	NIL	

#### Brief Details.

I was driving along Ubi Road 1 and stopped behind the vehicle GBJ 219 K, waiting to turn left into the carpark of Wintech Centre. However, the vehicle reversed into my car, and hit my vehicle. After I parked my car in the basement season parking, I could not locate the truck in the carpark. I have photo and footage of this incident to append with this report.





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

Informant is not able to provide sketch

3 of 3 Report No. T/20220609/7006

CONTINUATION OF REPORT

Sketch	Plan		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2022 09:49
Officer In Charge Of Case: TP / TPIB / KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:

NP168