

# 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 ..... 13/06/2022 19:08 (SGT)  
Date of Accident ..... 09/06/2022 18:10 (SGT)  
Exact Location of Accident ..... 154 Bukit Batok Street 11, Singapore 650154  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKT4472J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... PANG YORK SHIM (FENG XUESEN)  
NRIC No ..... SXXXX735A  
Email Address ..... jason@wendytp.com.sg  
Mobile Phone No ..... (Phone) +65-97935102  
Alternative Phone No ..... +65-97935102

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
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 ..... 1986

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPPHQ22-004054  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PANG YORK SHIM (FENG XUESEN)  
NRIC No ..... SXXXX735A

|  |   |
|--|---|
| Date Of Birth .....  | 18/01/1977                                |
| Occupation .....   | Indoor                                    |
| Date Of Driving Pass .....   | 18/10/2002                                |
| Driving experience .....   | 19 YEARS AND 8 MONTHS                     |
| Gender .....   | Male                                      |
| Mobile Number .....  | (Phone) +65-97935102                      |
| Alt. Phone Number .....  | +65-97935102                              |
| Email Address .....  | jason@wendytp.com.sg                      |
| Address .....  | BLK 118 BUKIT BATOK WEST AVENUE 6 #06-278 |
| Address complement .....   | -   |
| Postcode .....   | 650118                                    |
| 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 .....                       | Central Division Headquarters  |
| Police Station Phone No .....                   | (Phone) +65-18002240000  |
| Alt. Police Station Phone No .....              | (Fax) +65-62200877   |
| Police Station Address .....                    | 391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762 |
| Was notice of intended Prosecution given? ..... | No   |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20220610/7067

#### 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 ..... | SDP919T |
| 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 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

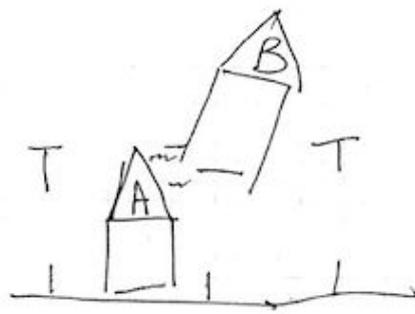
  
 Driver's Signature (If driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Centre Personnel

Sketch Plan

21K 154 BUKIT BARUOK STREET 11

(CARPARK)



A - 8KT472J  
 B - 8DP919T

Describe Circumstances of the Accident

Refer to Police Report. A/20220610/7067

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

 13/06/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel





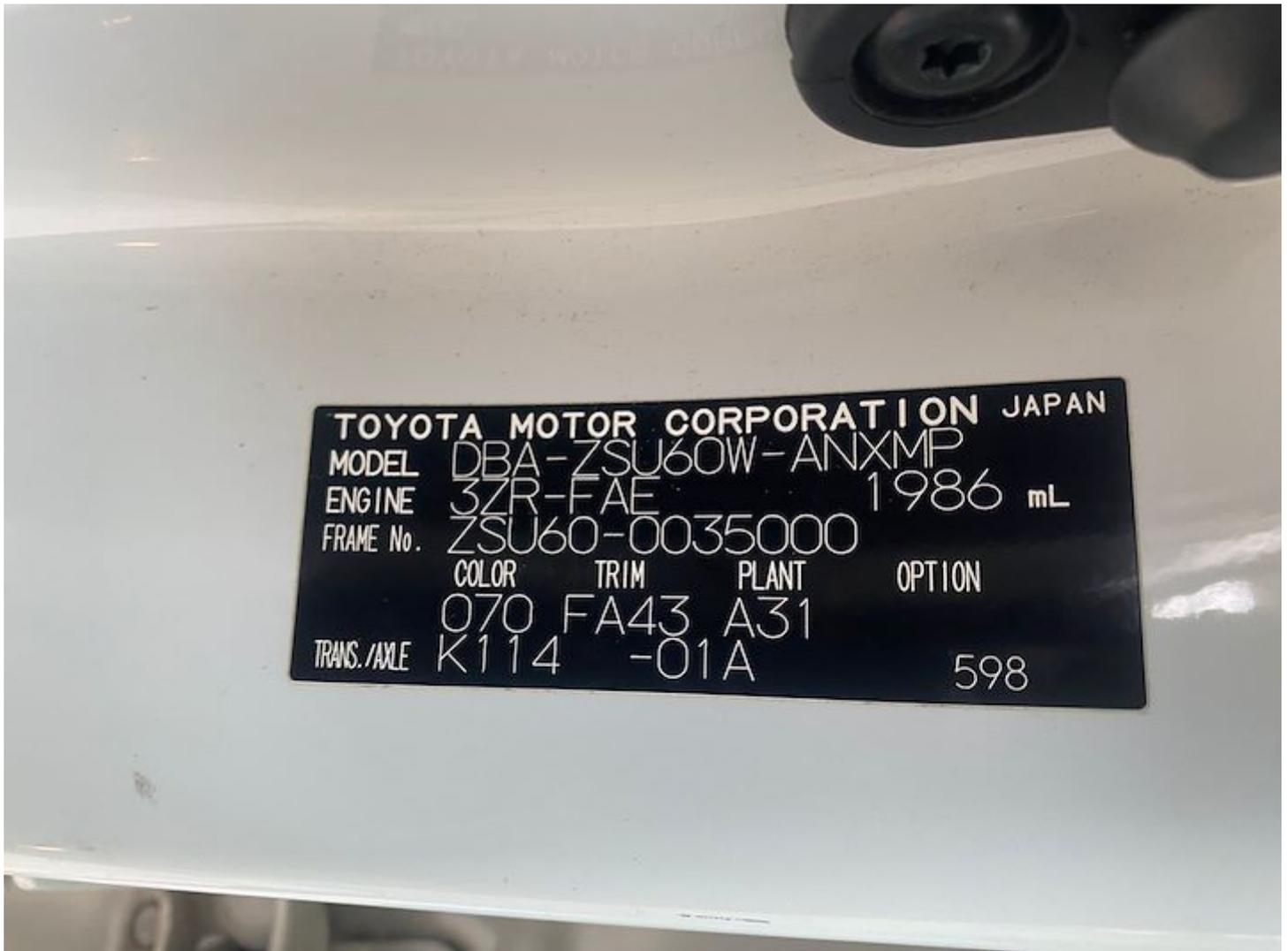


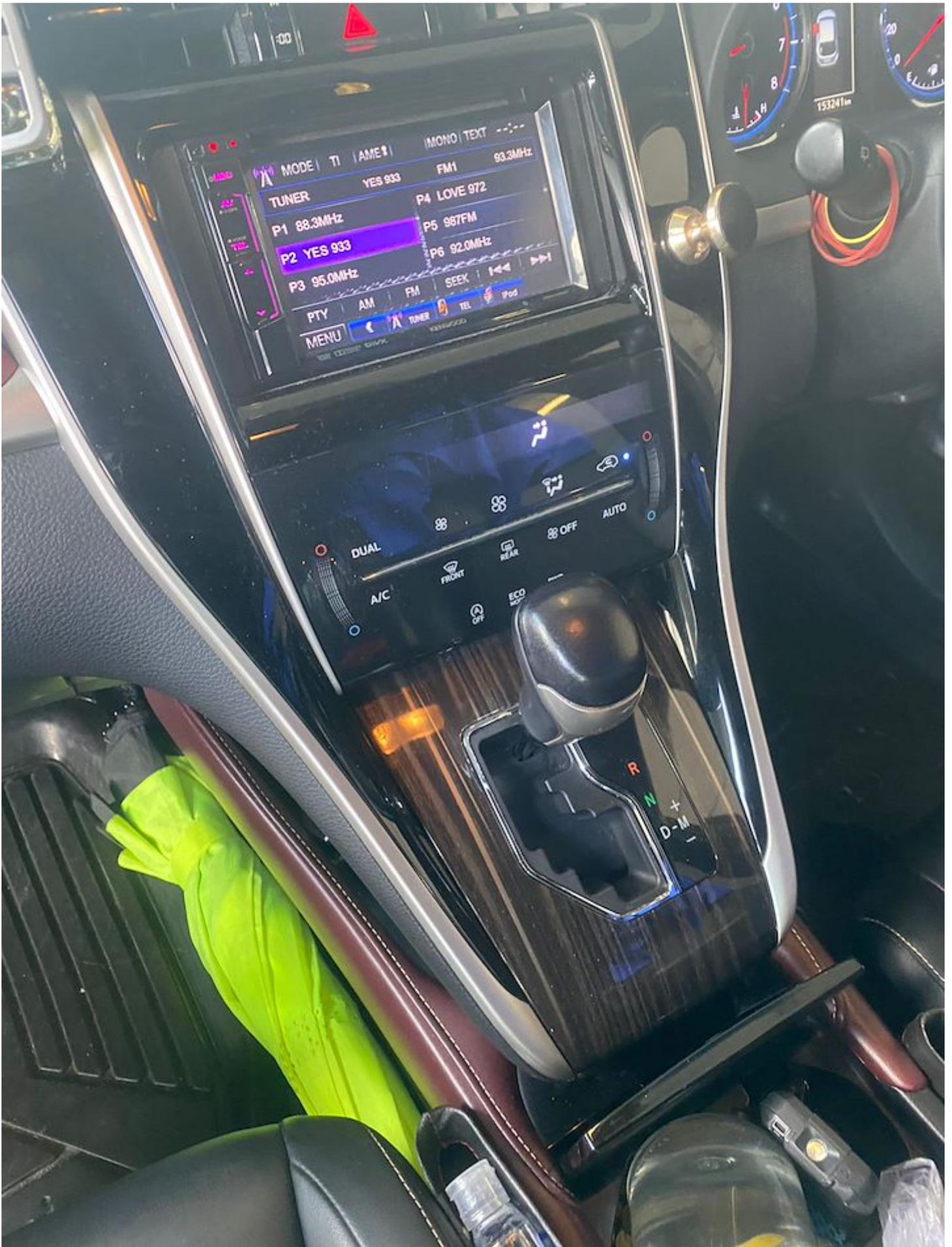


















**SINGAPORE  
POLICE FORCE**



A/20220610/7067

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220610/7067

|             |                                |                           |  |
|-------------|--------------------------------|---------------------------|--|
| Person Name | PANG YORK SHIM                 |                           |  |
| ID Type     | NRIC NO                        | ID No                     | S7702735A  |
| Gender      | Male                           | Age                       | 45   |
| Race        | Chinese                        | Language                  | English  |
| Occupation  | Customer service officer/clerk | Address                   | 118 BUKIT BATOK WEST<br>AVENUE 6 #06-278<br>SINGAPORE 650118 |
| Mobile No   | 97935102                       | Is Informant A<br>Victim? | Yes  |
| Person Name | PANG YORK SHIM (Informant)     |                           |  |

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>10/06/2022 14:40   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

This report is lodged at Kreta Ayer NPP Kiosk 1