

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 16/06/2022 16:43 (SGT)
Date of Accident 15/06/2022 14:30 (SGT)
Exact Location of Accident 264 Serangoon Central, Singapore 550264
Additional Location Information OPEN SPACE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFY18Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH CHERYL
NRIC No SXXXX037G
Email Address CHERYLGOHH@GMAIL.COM
Mobile Phone No (Phone) +65-81384133
Alternative Phone No +65-81384133

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 2143

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00229662100
Cover Note Number -

DRIVER

Name of Driver GOH CHERYL
NRIC No SXXXX037G

Date Of Birth	06/08/1994
Occupation	Indoor
Date Of Driving Pass	16/10/2013
Driving experience	8 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81384133
Alt. Phone Number	+65-81384133
Email Address	CHERYLGOHH@GMAIL.COM
Address	BLK 711 HOUGANG AVE 2 # 04-147
Address complement	-
Postcode	530711
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MAID
Gender	Female

PASSENGER 2

Name	SISTER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW7799H
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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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 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 purposes: 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

Sketch Plan


Driver's Signature Date
Time

 16/06/22
Witnessed by Recording Centre
Personnel

Braddell heights community hub
Open Space Carpark

A: SFY18Y
B: SMU 7799 H



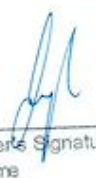
Describe Circumstances of the Accident

On the 15 June 2022 @ 1430 hrs, I was at Braddell Heights Community Hub open space carpark. I saw ~~the~~ a lot and was reversing into the lot and saw that vehicle B (3MU779QH) parked his vehicle very out of the lot so I being very careful to avoid hitting his vehicle. I reverse in ~~a~~ very slow speed into the lot. After I parked my vehicle I open my door and saw there was a ~~big~~ scratch on vehicle B passenger side bumper. So I checked my vehicle there is no damage at all. Vehicle B bumper scratch was damage by white car paint. I being nice to write a note informing vehicle B owner that his vehicle bang hit. After that the owner thought that it was me. I told him that I didn't and he tried his luck and say that I hit his vehicle headlight and stuff and ask me to pay him \$2,000 and settle privately. I did measure my car rear height max only 26 inch and his car height is 33-35 inch. It is impossible that my vehicle hit his vehicle headlight.

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











