SN09227M0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 22/07/2022 13:59 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (22/07/2022 13:59 (SGT))

# **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.

- 4. The issue and acceptance of this is form by instrained 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 22/07/2022 13:59 (SGT) Reported by Date of Accident 15/07/2022 16:40 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 257 TAMPINES ST 21 OPEN SPACE CARPARK Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Hyundai

Vehicle Registration Number **SNC3233T** 

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TOH TOAK CHENG(SHU SHUJING NRIC No SXXXX415C Email Address toak.cheng@yahoo.com Mobile Phone No (Phone) +65-97562618 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Model Avante 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1600

# **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD21V14907/VPC/R00

## DRIVER

Name of Driver TOH TOAK CHENG(SHU SHUJING NRIC No SXXXX415C Date Of Birth 21/05/1974 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	21/09/1996 25 YEARS AND 10 MONTHS Female (Phone) +65-97562618 - toak.cheng@yahoo.com BLK 257 TAMPINES ST 21 #08-212 520257 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  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?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Tampines Neighbourhood Police Centre (Phone) +65-18005871999 (Fax) +65-65871699 6 Tampines Ave 4 Singapore 529682 No -
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE POLICE REPORT:T/20220722/2013	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes OVERWRITE
DETAILS OF OTHER	VEHICLE PROPERTY 1

YQ5035G

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZAMAN
Contact Number	(Phone) +65-98064869
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### IMPORTANT NOTICE

- 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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,
- 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.
- 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)

Lunderstand, 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 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.

Cy 21/1/2

Policyholder's Signature / Date & Time

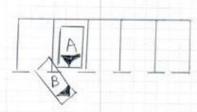
Driver's Signature (If driver is not the policyholder) / Date & Time

With Seed by Reporting Centre

Sketch Plan

BLK 257 TAMPINES ST 21 OPENSPACE CARPART

A-SNC3233T B-4050356



O/s refu do	the police	yort: 7/200	20732/2013	
Note from or she discon to libera and she gritoin	mer of SNZ- enod the in z inswance b neutioned she ment on Ko	s 2337: cident on 17 y call on 181: is only as le	17/22, and 19 1/22 within 24 12 malce th	epos hour,
claration				
declare the foregoing particular to the foregoing particul		ot.		
Ch 22/1/2	K. a. d.		Hym s	1,2 1,2



T/20220722/2013

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3 Report No. T/20220722/2013

CONTINUATION OF REPORT

Vehide Owner	the state of the s	15 12 1000	Marian Value	Smillion		
Name	TOH TOAK CHENG			ID No	o.	S7416415C
Related Vehicle	SNC3233T (Car)			Conta	ect No.	97562618
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		-	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver	White the last of the	24111111	ougree (	orinjury	NIL	
Name	ZAMAN			ID No.		NIL
Related Vehicle	YQ5035G (Lorry)			Conta	ct No.	98064869
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
vo. or Days grant	ed Medical Leave	NIL	Degree of	Injury	NIL	

### Brief Details.

On 19/7/22 my neighbour informed me that on 15/7/22 at around 1640hours, he witness a lorry from JESSWAN CONSTRUCTION reversing and hit the right front portion of my car which was parked at lot 118 at B/257 tampines st 21 open cark park. He then went down and film the aftermath of the accident and he saw the driver just left without passing a message to him or left a note.

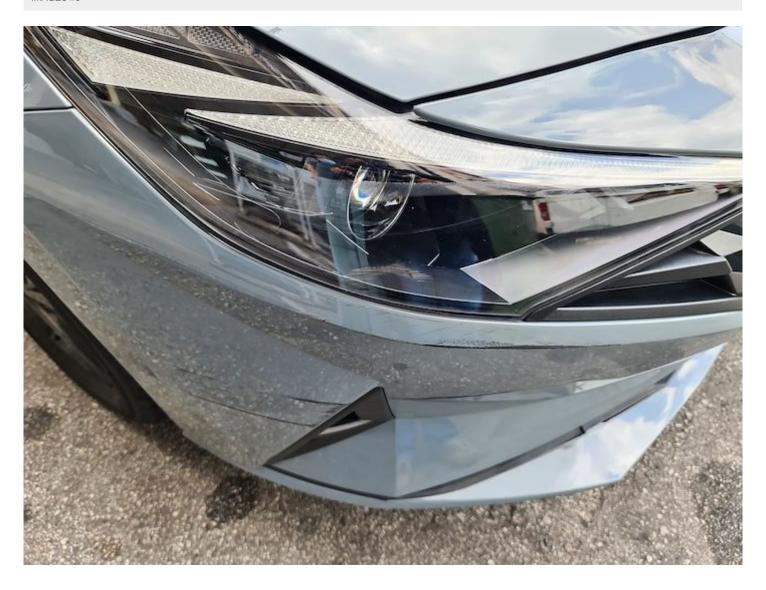
On 18/7/22 when I was washing my car i noticed that there was damage on the front right portion of the car, I then tried finding the owner of the other cars parked opposite my lot to see if they have any footage.

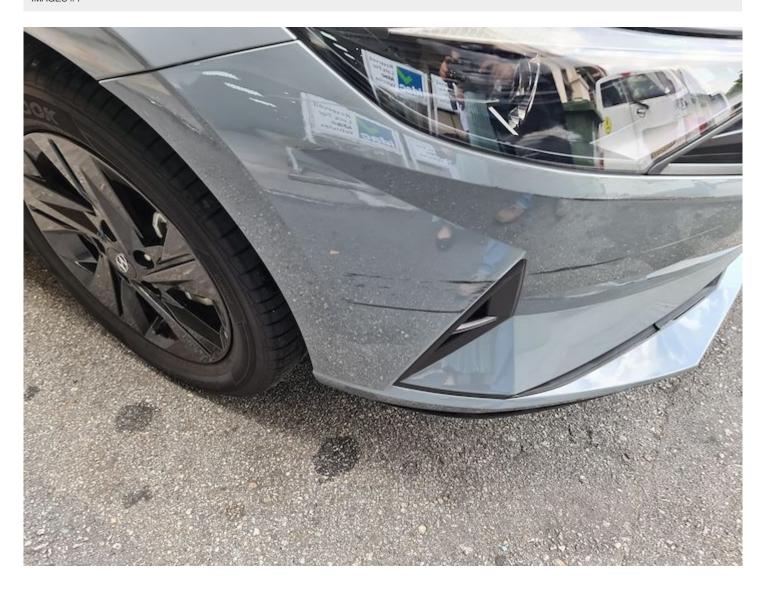
On 19/7/22 my neighbour found me and inform me about the accident and sent me the footage.

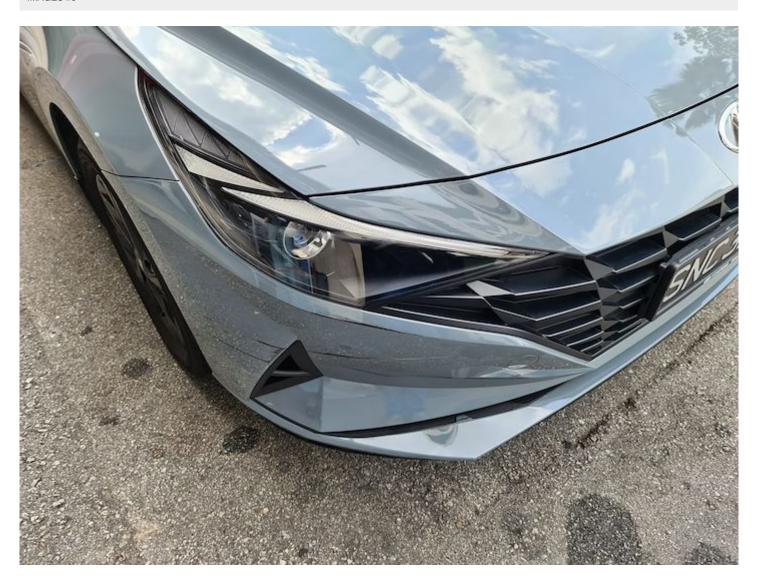
I then contacted the company of the lorry and initially they agree they will pay for the damage, after sending it to my workshop, they changed their mind after seeing the quotation and wanted me to send my car to their workshop. But now their workshop is claiming that they say that they cannot confirm it was them that cause the damage and now refuse to pay for the damages and want me to report to my

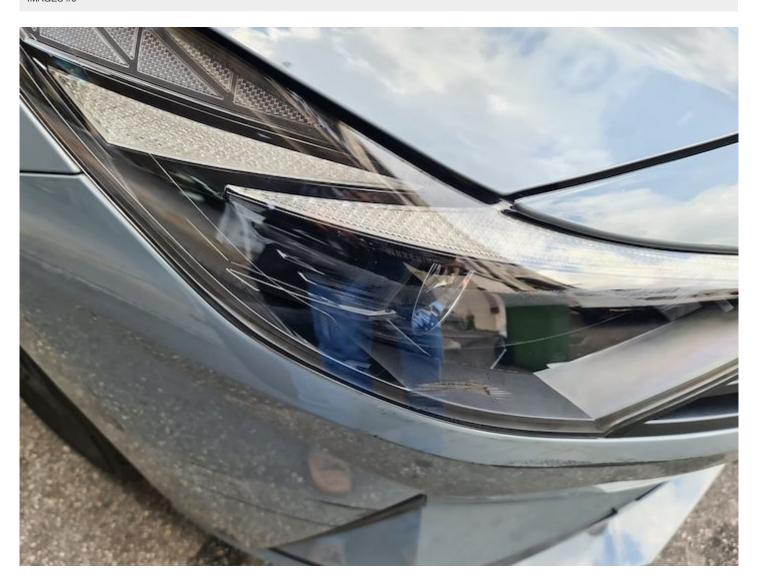


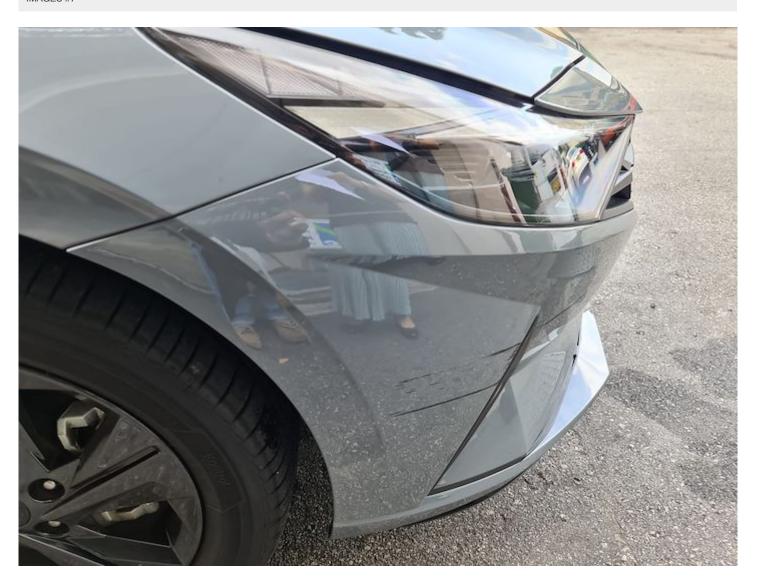






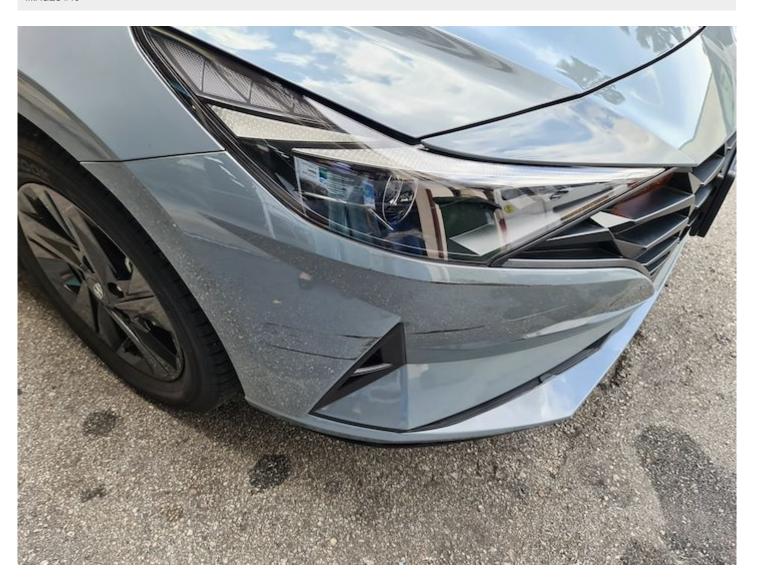














T/20220722/2013

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20220722/2013

# REPORT OF A TRAFFIC ACCIDENT

22/07/2022 09:18		Made:	Vide Report No.:	Station Diary No.:
Informar	it's Partic	ulars		
Name of TOH TO	Informant: AK CHENG		Address: APT BLK 257 TAMPINES ST 520257	TREET 21 #08-212 SINGAPORE
ID Type / NRIC NO	ID No.: / S74164	15C	Contact No.: Home/Office:	Mobile: 97562618
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:	WODITE: 37302016
Sex: Female	Age: 48	Date of Birth: 21/05/1974	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupation: FINANCE			Driving Licence Information: Class:	Date of Expiry:

Type of	Non-Injury		Drink	Date/Time of	T	ype of Location
Accident:	Hit and Run		Drive:	Accident:		) po 01 200011011
Location:			No	15/07/2022 16:40	)	
TAMPINES S	TREET 21					
Weather:		Road	Surface:		Road S	peed Limit:
Traffic Flow:		Traffic	Control:		Traffic \	/olume:
Type of Collisi	on; e Against - Parked Ve				Anyono	conveyed by

Vehide No.	Type	Make	Model	Color	Condition	No -10
SNC3233T	Car		1000	COLO	Condition	No of Passenger
	Cai					0
YQ5035G	Lorry					
. 400000	Long					0

Details of Person Involved	The state of the s
Any Pedestrian Involved: No	The second state of the second
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20220722/2013

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3 Report No. T/20220722/2013

CONTINUATION OF REPORT

Vehide Owner	the state of the s	15 12 1000	Marian Value	Smillion		
Name	TOH TOAK CHENG			ID No	o.	S7416415C
Related Vehicle	SNC3233T (Car)			Conta	ect No.	97562618
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		-	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver	White the last of the	24111111	ougree (	orinjury	NIL	
Name	ZAMAN			ID No.		NIL
Related Vehicle	YQ5035G (Lorry)			Conta	ct No.	98064869
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
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Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

T/20220722/2013

Report No. T/20220722/2013

3 of 3

CONTINUATION OF REPORT

	_	•		
Informant	is	not	able	to

Sketch Plan

provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G / SGT 3 GAN JIAN CAI, DARREN	Signature Of Informant:	ch
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2022 09:18	3000 <b>-</b>
Officer In Charge Of Case: TP / HRT / STAFF SGT SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:	
NP168		