

# 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 ..... 17/07/2022 10:40 (SGT)  
Reported by ..... Both  
Date of Accident ..... 15/07/2022 20:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BLK 340 HOUGANG AVENUE 7, OSCP  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMU7333D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... DARENCE CHEW CHIN YUNG  
NRIC No ..... S9181754C  
Email Address ..... ILY-DARENCE@HOTMAIL.SG  
Mobile Phone No ..... (Phone) +65-91457855  
Alternative Phone No ..... -

### 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 ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Policy Number / Cover Note Number ..... 5114382834-02

### DRIVER

Name of Driver ..... DARENCE CHEW CHIN YUNG  
NRIC No ..... S9181754C  
Date Of Birth ..... 13/05/1991  
Occupation ..... Indoor

Date Of Driving Pass .....	16/02/2012
Driving experience .....	10 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91457855
Alt. Phone Number .....	-
Email Address .....	ILY-DARENCE@HOTMAIL.SG
Address .....	BLK 258D #02-591
Address complement .....	COMPASSVALE ROAD
Postcode .....	544258
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Post
Police Station Address .....	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20220716/2071 AND SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	INFORM DRIVER TO EMAIL VIDEO TO INCOME

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLK1379B
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**

**IMPORTANT NOTICE**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

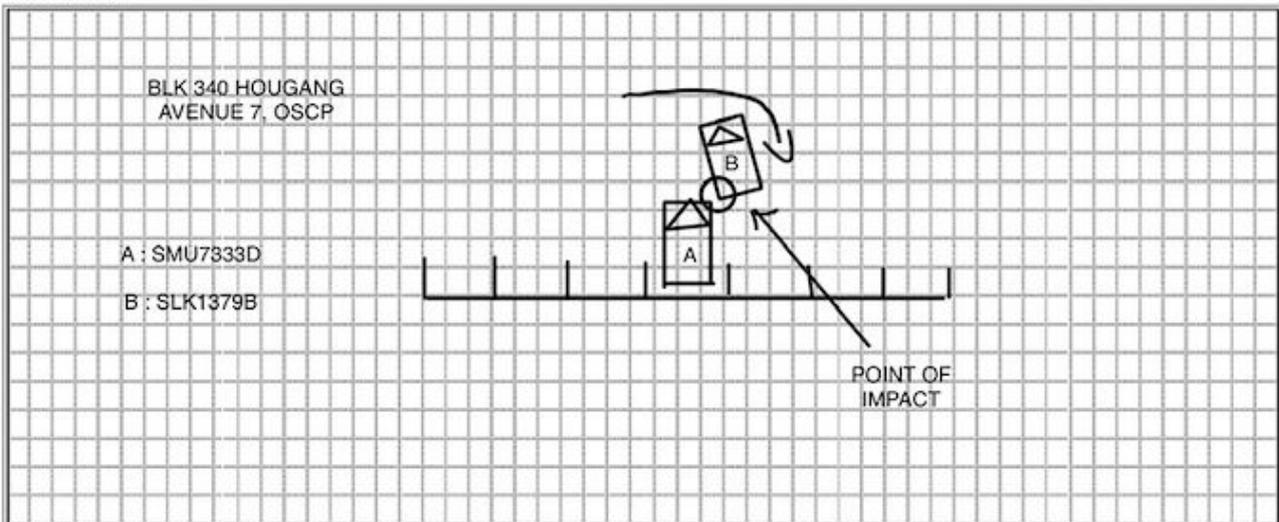
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, 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.

  
 17/07/2022  
 1100HRS  
 Policyholder's Signature / Date & Time

\_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time

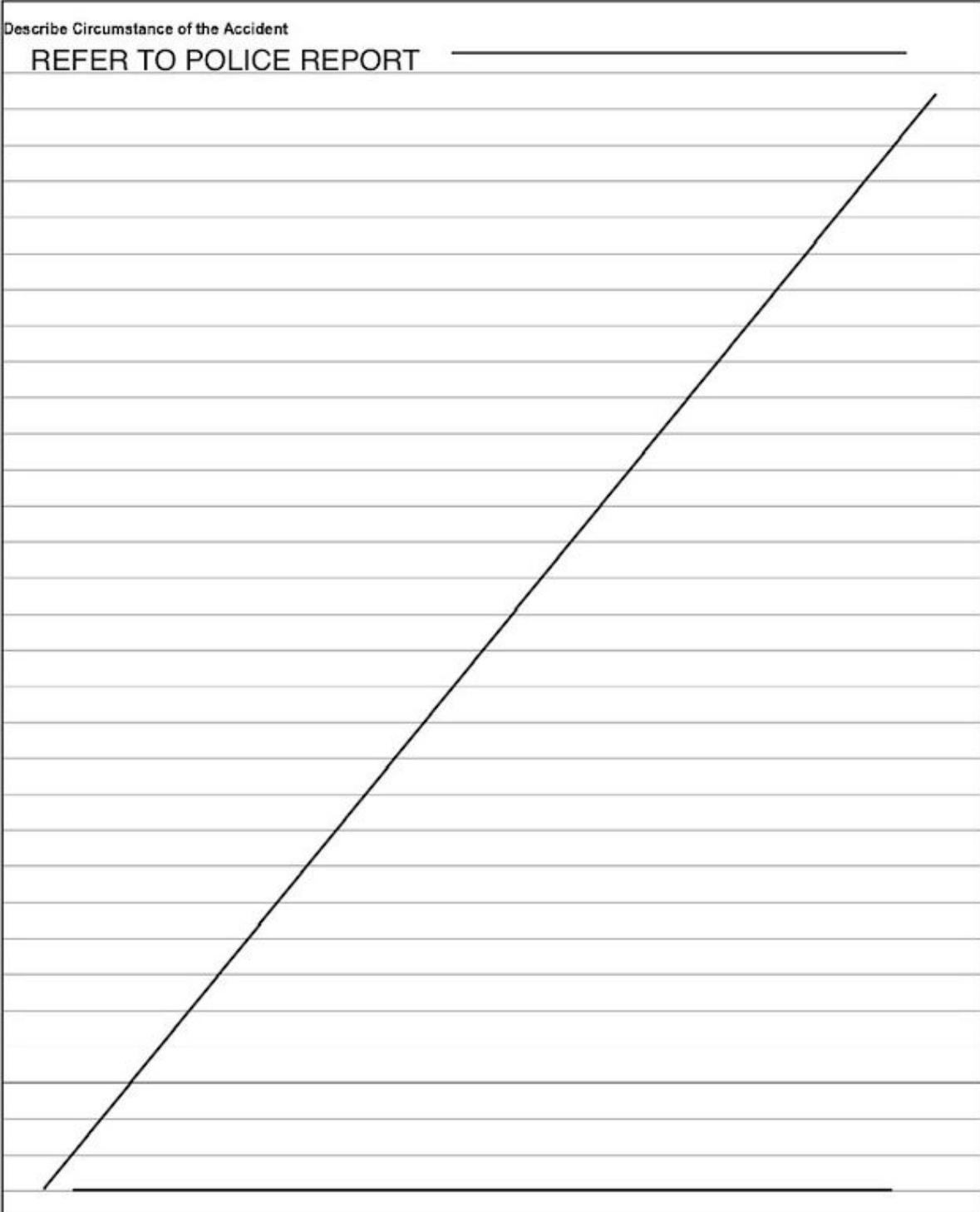
 VINCENT SOH  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

**Sketch Plan**



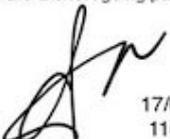
Describe Circumstance of the Accident

REFER TO POLICE REPORT



**Declaration**

I/We declare the foregoing particulars are true in every respect.

  
17/07/2022  
1100HRS  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
VINCENT SOH  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)


















**SINGAPORE  
POLICE FORCE**


T/20220716/2071

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20220716/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/07/2022 18:36	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: DARENCE CHEW CHIN YUNG		Address: APT BLK 258D COMPASSVALE ROAD #02-591 SINGAPORE 544258	
ID Type / ID No.: NRIC NO / S9181754C		Contact No.: Home/Office:                      Mobile: 91457855	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 13/05/1991	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: STRATA RESIDENTIAL MANAGER		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/07/2022 20:20	Type of Location: Car Park
Location:  HOUGANG AVENUE 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK1379B	Car					0
SMU7333D	Car					0

**Details of Person Involved**

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



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T/20220716/2071

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20220716/2071

## CONTINUATION OF REPORT

Vehicle Owner			
Name	DARENCE CHEW CHIN YUNG	ID No.	S9181754C
Related Vehicle	SMU7333D (Car)	Contact No.	91457855
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

15/7/2022 at about 2000hrs, I had parked my car SMU7333D at the open carpark of Blk 339-340 Hougang Avenue 7. My car was intact and in order. I then left and went home.

On the 16/7/2022 at about 1240hrs, I came to my car and discovered that there was damage on the right front bumper of my car. When I checked the dashcam of my car, I saw that at about 2023hrs on the 15/7/2022, a white color Toyota Prius (SLK1379B) had reversed and hit my car.

No note was left on my car of the contact details of the other driver. I wish to state that i have the dashcam recording of the incident.

Thus, I came to lodge this report.



**SINGAPORE  
POLICE FORCE**



T/20220716/2071

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20220716/2071

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to 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: F / SGT 2 David Benjamin Khoo Kay Vern	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / HRT / STAFF SGT SUFIYAN BIN KHAIRI Contact No.: 65476148	

Signature Of Informant:	
Date/Time: 16/07/2022 18:36	
Classification Of Case:	

NP168