

# 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 Actual 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 .....              | 01/08/2022 15:03 (SGT)                |
| Reported by .....                     | Driver                                |
| Date of Accident .....                | 31/07/2022 08:50 (SGT)                |
| Exact Location of Accident .....      | 269 Bukit Batok East Ave 4, Singapore |
| Additional Location Information ..... | -                                     |
| Country/State of Loss .....           | Singapore                             |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SCR5332D |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | No                         |
| Name Of Registered Owner ..... | SEAH LI HONG               |
| NRIC No .....                  | SXXXX325G                  |
| Email Address .....            | KENDRICK_EX100@HOTMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-98281062       |
| Alternative Phone No .....     | -                          |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Mercedes                  |
| Model .....  | Cla200                    |
| Variant .....  | PROGRESSIVE (R18 LED)     |
| 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 .....   | 1332                      |

### INSURANCE COMPANY

|   |                          |
|---|--------------------------|
| Name of Insurance Company .....         | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number ..... | DMPG22003974             |

### DRIVER

|                      |                          |
|----------------------|--------------------------|
| Name of Driver ..... | SHIA SHAO QUAN, KENDRICK |
| NRIC No .....        | SXXXX683Z                |
| Date Of Birth .....  | 23/02/1996               |
| Occupation .....     | Outdoor                  |

|  |  |
|--|--|
| Date Of Driving Pass .....   | 13/04/2017                             |
| Driving experience .....   | 5 YEARS AND 3 MONTHS                   |
| Gender .....   | Male                                   |
| Mobile Number .....  | (Phone) +65-94375535                   |
| Alt. Phone Number .....  | -                                      |
| Email Address .....  | KENDRICK_EX100@HOTMAIL.COM             |
| Address .....  | BLK 272 BUKIT BATOK EAST AVE 4 #02-76, |
| Address complement .....   | -                                      |
| Postcode .....   | 650272                                 |
| Is the driver the policyholder? .....                              | No                                     |
| If No, Relationship of the Driver with the Insured .....           | Child                                  |
| 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) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | Yes |
| 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 .....                       | Choa Chu Kang Neighbourhood Police Centre             |
| Police Station Phone No .....                   | (Phone) +65-18007659999                               |
| Alt. Police Station Phone No .....              | (Fax) +65-67644104                                    |
| Police Station Address .....                    | No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 |
| Was notice of intended Prosecution given? ..... | No  |
| If yes, against whom? .....                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20220731/2048

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                        |
|-----------------------------------|------------------------|
| Vehicle Registration Number ..... | SMZ8153Z               |
| Vehicle Manufacturer .....        | Mercedes               |
| Vehicle Model .....               | GLA180 URBAN (R18 LED) |
| 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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2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
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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 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.
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.



**FLASH ACCIDENT  
REPORTING OFFICER**

FRO LATIFF



Policyholder's Signature / Date & Time:

Driver's Signature (If driver is not the policyholder) / Date & Time **31/07/2022 1900HRS**

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20220731/2048

**Declaration**

I/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 **31/07/2022**      **1900HRS**

**FLASH ACCIDENT  
REPORTING OFFICER**  
FRO LATIFF   
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel






























**SINGAPORE  
POLICE FORCE**


T/20220731/2048

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Report No. T/20220731/2048

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>31/07/2022 15:20 | Vide Report No.: | Station Diary No.:<br>83 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |  |                                     |
|--|------------|--|-------------------------------------|
| Name of Informant:<br>SHIA SHAO QUAN, KENDRICK |            | Address:<br>APT BLK 272 BUKIT BATOK EAST AVENUE 4 #02-76<br>SINGAPORE 650272 |                                     |
| ID Type / ID No.:<br>NRIC NO / S9606683Z       |            | Contact No.:<br>Home/Office: Mobile: 94375535                                |                                     |
| Nationality:<br>SINGAPORE CITIZEN              |            | Email:<br>kendrick_ex100@hotmail.com   |                                     |
| Sex:<br>Male                                   | Age:<br>26 | Date of Birth:<br>23/02/1996   | Type of Informant:<br>Vehicle Owner |
| Race:<br>Chinese                               |            | Language:  | Institution / School Name:<br>SIM   |
| Occupation:<br>Student                         |            | Driving Licence Information:<br>Class: 3                                     | Date of Expiry:                     |

**General Information of the Accident**

|   |                    |  |                                     |
|---|--------------------|--|-------------------------------------|
| Type of Accident:<br>Non-Injury<br>Hit and Run                | Drink Drive:<br>No | Date/Time of Accident:<br>31/07/2022 08:50 | Type of Location:<br>Car Park       |
| Location:<br>BUKIT BATOK EAST AVENUE 4                        |                    |  |                                     |
| Weather:  | Road Surface:      | Road Speed Limit:                          |                                     |
| Traffic Flow:   | Traffic Control:   | Traffic Volume:                            |                                     |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SCR5332D    | Car  |      |       | White | Slightly Damaged | 0               |
| SMZ8153Z    | Car  |      |       | Red   |                  | 0               |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220731/2048

Police Station Of Origin:  
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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20220731/2048

**CONTINUATION OF REPORT**

| Vehicle Owner                     |                          |                  |   |
|-----------------------------------|--------------------------|------------------|---|
| Name                              | SHIA SHAO QUAN, KENDRICK |                  | ID No. S9606683Z  |
| Related Vehicle                   | SCR5332D (Car)           |                  | Contact No. 94375535  |
| Hospital/Clinic                   | NIL                      |                  | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                      | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury | NIL   |

**Brief Details.**

On 31/07/2022 at about 1015hrs, I went to my car which was parked at carpark lot number 129 (location Blk 269 Bukit Batok East Ave 4) and noticed a note on my windscreen area.

The note indicated "Hi Owner, Witness your car hit by red mercedes SMZ8153Z. Can call me for witness 91885592". I observed that the front bumper lid of my car on the right side is broken and there were a few scratch marks on the front bumper as well.

I then contacted the witness at about 1030hrs who provided me his personal particulars. The witness is namely Lim Kien Hon (NRIC: S8274065A, HP: 91885592). He informed me that he witnessed the hit and run on 31/07/22 at about 0839hrs.

He also forwarded me a photo of the Red mercedes that hit my car however the car plate number in the photo was not clear. I wish to state that my in-car camera was not functioning during the time of the accident.

I contacted my insurance with regards to the matter and they advised me to lodge a police report.



**SINGAPORE  
POLICE FORCE**



T/20220731/2048

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Report No. T/20220731/2048

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**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:<br>J/<br>SGT 3 NURUL ADNEEN BINTE<br>AFANDI         |  |
| Signature Of Interpreter:<br>Not applicable  |  |
| Officer In Charge Of Case:<br>TP / HRT /<br>SR STAFF SGT NEO ZHI YUAN<br>Contact No.: 65476079 |  |

|                                |  |
|--------------------------------|--|
| Signature Of Informant:        |  |
| Date/Time:<br>31/07/2022 15:20 |  |
| Classification Of Case:        |  |

NP168