

# 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 .....	22/08/2022 17:44 (SGT)
Reported by .....	Both
Date of Accident .....	14/08/2022 14:38 (SGT)
Exact Location of Accident .....	674 Jurong West Street 65, Singapore 640674
Additional Location Information .....	MSCP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMZ5813Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LAU KIM LENG
NRIC No .....	SXXXX990J
Email Address .....	operations@istop.com.sg
Mobile Phone No .....	(Phone) +65-96788484
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Camry
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 .....	2487

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMPPHQ22-003548

### DRIVER

Name of Driver .....	LAU KIM LENG
NRIC No .....	SXXXX990J
Date Of Birth .....	05/05/1971
Occupation .....	Indoor

Date Of Driving Pass .....	25/03/1991
Driving experience .....	31 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96788484
Alt. Phone Number .....	-
Email Address .....	operations@istop.com.sg
Address .....	BLK 674 JURONG WEST STREET 65 #14-76
Address complement .....	-
Postcode .....	641674
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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220816/2113

#### 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 .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBB6496D
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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

1. Please report correctly the details of the accident to speed up the claims process.
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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, 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

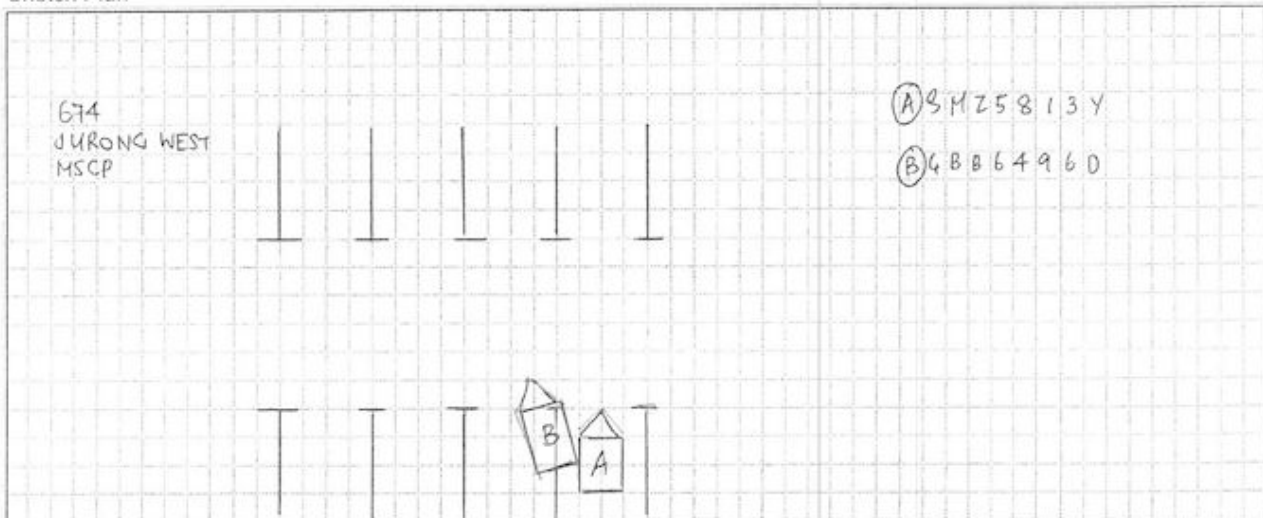


Driver's Signature (if driver is not the policyholder) / Date & Time



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

## Sketch Plan



Handwritten details in the Sketch Plan grid:

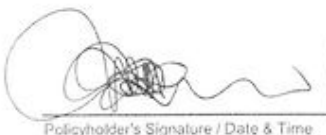
- Top left: 674 JURONG WEST MSCP
- Top right: (A) SMZ5813Y, (B) 6BB6496D
- Bottom center: Two small house-like shapes labeled 'B' and 'A'.

Describe Circumstance of the Accident

- REFER TO POLICE REPORT T/20220816/2113 -

Declaration

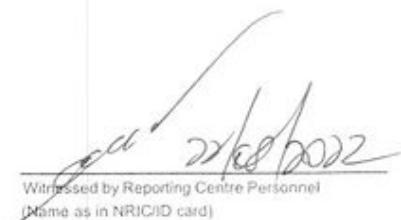
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



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





















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



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Report No. T/20220816/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/08/2022 20:41	Vide Report No.:	Station Diary No.: 146
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**Informant's Particulars**

Name of Informant: LAU KIM LENG	Address: APT BLK 674A JURONG WEST STREET 65 #14-76 SINGAPORE 641674		
ID Type / ID No.: NRIC NO / S7114990J	Contact No.:	Mobile: 96788484	
Nationality: SINGAPORE CITIZEN	Home/Office:		
	Email:		
Sex: Male	Age: 51	Date of Birth: 05/05/1971	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: SELF EMPLOYED	Driving Licence Information: Class: 3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/08/2022 14:35	Type of Location: Car Park
Location:  JURONG WEST STREET 65				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
SMZ5813Y	Car	TOYOTA	CAMRY HYBRID ASCENT SPORT 2.5 CVT	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



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Report No. T/20220816/2113

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ5813Y	EQ INSURANCE COMPANY LTD.	DMPPHQ22-003548	05/05/2022	04/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LAU KIM LENG		ID No.	S7114990J
Related Vehicle	SMZ5813Y (Car)		Contact No.	96788484
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 15/08/2022 at about 0800 hrs, I was informed by my brother that my vehicle (SMZ5813Y) were scratches on the left side of the vehicle. I went to check on my in-car camera footage and notice a lorry that reversed into my vehicle. The incident happened on 14/08/2022 at about 1438hrs. The lorry immediately drove off after hitting my vehicle. I wish to state that my vehicle is equipped with in-car camera and managed to retrieve the footage. I parked my vehicle at Blk 674 Jurong West St 65 Multistorey Carpark, Deck 2B, Lot 135. My vehicle got scratches on my left front door.



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20220816/2113

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Report No. T/20220816/2113

## 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:

J /

SCSGT(1) QAMARUL RIDZWAN  
BIN JOHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/08/2022 20:41

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT NEO ZHI YUAN

Contact No.: 65476079

Classification Of Case:

NP168