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 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 22/08/2022 18:02 (SGT) Reported by Date of Accident 20/08/2022 19:30 (SGT) Exact Location of Accident 43 Bendemeer Rd, Singapore 330043 Additional Location Information **MSCP** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX8932P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **HOW JUN XIANG** NRIC No SXXXX740J Email Address howjunxiang@gmail.com Mobile Phone No (Phone) +65-97693997 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Civic 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? Vehicle Category

Transmission CC

1800

Honda

No - Claiming third party Private car Auto

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00100562201

DRIVER

Name of Driver **HOW JUN XIANG** NRIC No SXXXX740J Date Of Birth 18/02/1988 Occupation Indoor

Date Of Driving Pass 21/04/2014 Driving experience 8 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97693997 Alt. Phone Number Email Address howjunxiang@gmail.com Address **BLK 43 BENDEMEER RD** Address complement #03-1032 Postcode 330043 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 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) 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT 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 SMY6874U

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

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.

- 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.
- 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.

22/8/2022 . 1450

Policyholder's Signature / Date & Time

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

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

Accident report SN09228M000A

Describe Circu	mstance of the	Accident					
Pls	refer	to 1	He	police	repor	ć.	

Declaration

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

22 18/22.1450

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022



T/20220821/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220821/7009

CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No		And the second		
No. of Pedestrian	s Injured: NIL		Use of Ped	destrian Cro	ssing: NA
Vehicle Owner			MERSE H		
Name	HOW JUN XIANG			ID No.	S8804740J
Related Vehicle	NIL			Contact No	o. 97693997
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	Table of the second

Brief Details.

I parked my car at the Multistorey carpark at 43 Bendemeer Road on 20/8/2022 at around 4-5pm. Today, 21/08/2022 at around 11am when I went to my car. I saw a note saying, (Your car was scratched by SMY6874U. It hit your front bumper ad they were reversing. I was just dinning when I witnessed it at 730pm)

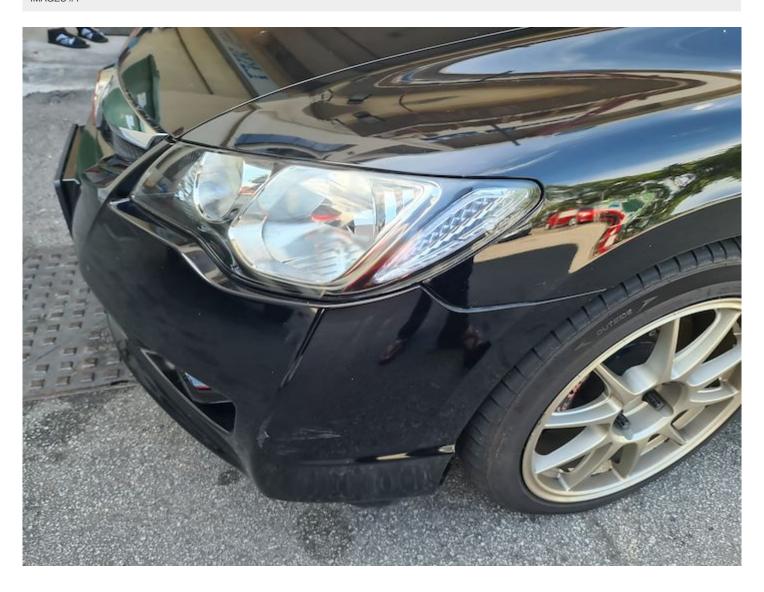
The problem is the witness did not leave any contact number.

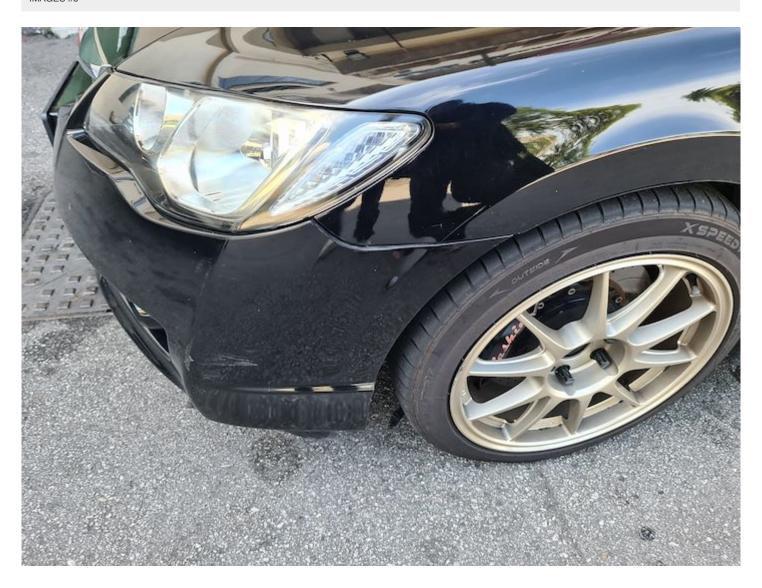
I only have photos of the damaged car and the note. My in-car cam only works when car engine is started.



















1 of 3

Report No. T/20220821/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2022 11:54		Vide Report No.:	Station Diary No.		
Informa	nt's Partici	ulars			
Name of Informant: HOW JUN XIANG		Address: 43 BENDEMEER ROAD #03-1032 SINGAPORE 330043			
ID Type / ID No.: NRIC NO / S8804740J		Contact No.: Home/Office:	Mobile: 97693997		
Nationality: SINGAPORE CITIZEN		Email: HOWJUNXIANG@GMAIL.COM			
Sex: Male	Age: 34	Date of Birth: 18/02/1988	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English	Institution / School Name:		
Occupation:		Driving Licence Inform Class:	nation: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/08/2022 19:30	Type of Location Car Park	
Location: 43 Bendemee	r Road	Road Surface:		Road Speed Limit:	
Indoor Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic	
Traffic Flow: One Way		Not Controlled	25		

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLX8932P	Car	HONDA	Civic 1.8	Black	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX8932P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001186 52100	11/06/2022	11/06/2023





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220821/7009

CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No		And the second		
No. of Pedestrian	s Injured: NIL		Use of Ped	destrian Cro	ssing: NA
Vehicle Owner			MERSE H		
Name	HOW JUN XIANG			ID No.	S8804740J
Related Vehicle	NIL			Contact No	o. 97693997
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	Table of the second

Brief Details.

I parked my car at the Multistorey carpark at 43 Bendemeer Road on 20/8/2022 at around 4-5pm. Today, 21/08/2022 at around 11am when I went to my car. I saw a note saying, (Your car was scratched by SMY6874U. It hit your front bumper ad they were reversing. I was just dinning when I witnessed it at 730pm)

The problem is the witness did not leave any contact number.

I only have photos of the damaged car and the note. My in-car cam only works when car engine is started.





3 of 3 Report No. T/20220821/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan	
Informant is not able to provide	e sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2022 11:54
Officer In Charge Of Case: TP / TPIB / TAN CHIN YONG Contact No.: 65476425	Classification Of Case:
VP168	