

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	15/09/2022 17:36 (SGT)
Reported by	Owner
Date of Accident	14/09/2022 18:00 (SGT)
Exact Location of Accident	30 Beach Road, Nicoll Hwy, Access Via, Singapore 189763
Additional Location Information	J W MARRIOT HOTEL SOUTH BEACH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB1254B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YUAN ER WHEE
NRIC No	SXXXX229E
Email Address	mumy523@gmail.com
Mobile Phone No	(Phone) +65-98373366
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1498

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00144352200

DRIVER

Name of Driver	KONG JIA XIN WILLA
NRIC No	SXXXX208H
Date Of Birth	12/08/1994
Occupation	Indoor

Date Of Driving Pass	18/12/2013
Driving experience	8 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98373366
Alt. Phone Number	-
Email Address	mumy523@gmail.com
Address	34A SIAN TUAN AVENUE
Address complement	-
Postcode	588346
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)	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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220915/2114

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
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

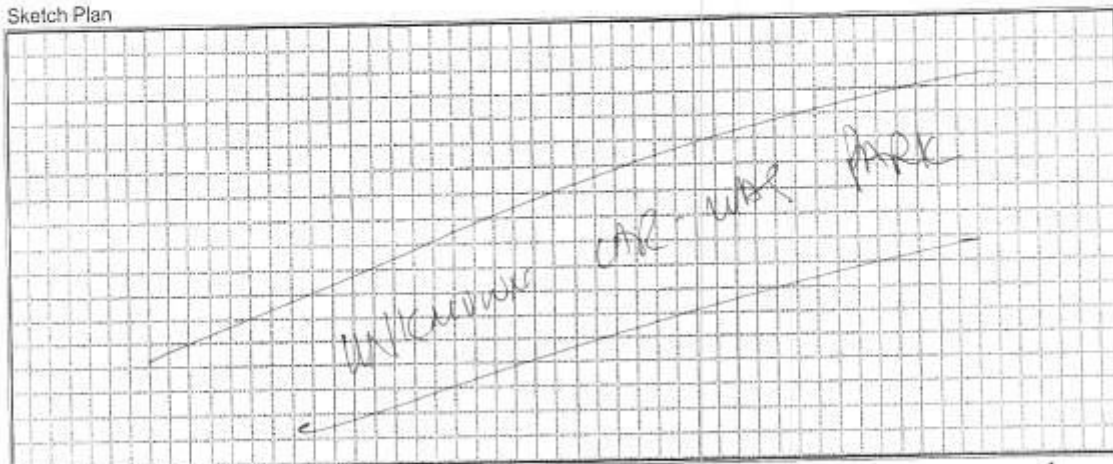
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting 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.

man & wife 15/8/2022 ✓ *man* 15 Sep 2022
Policyholder's Signature / Date & Time

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

can 15/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20220915/2114

Declaration

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

gman Li when 14/9/2022

Policyholder's Signature / Date & Time

15 Sep 2022

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

15/09/2022

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











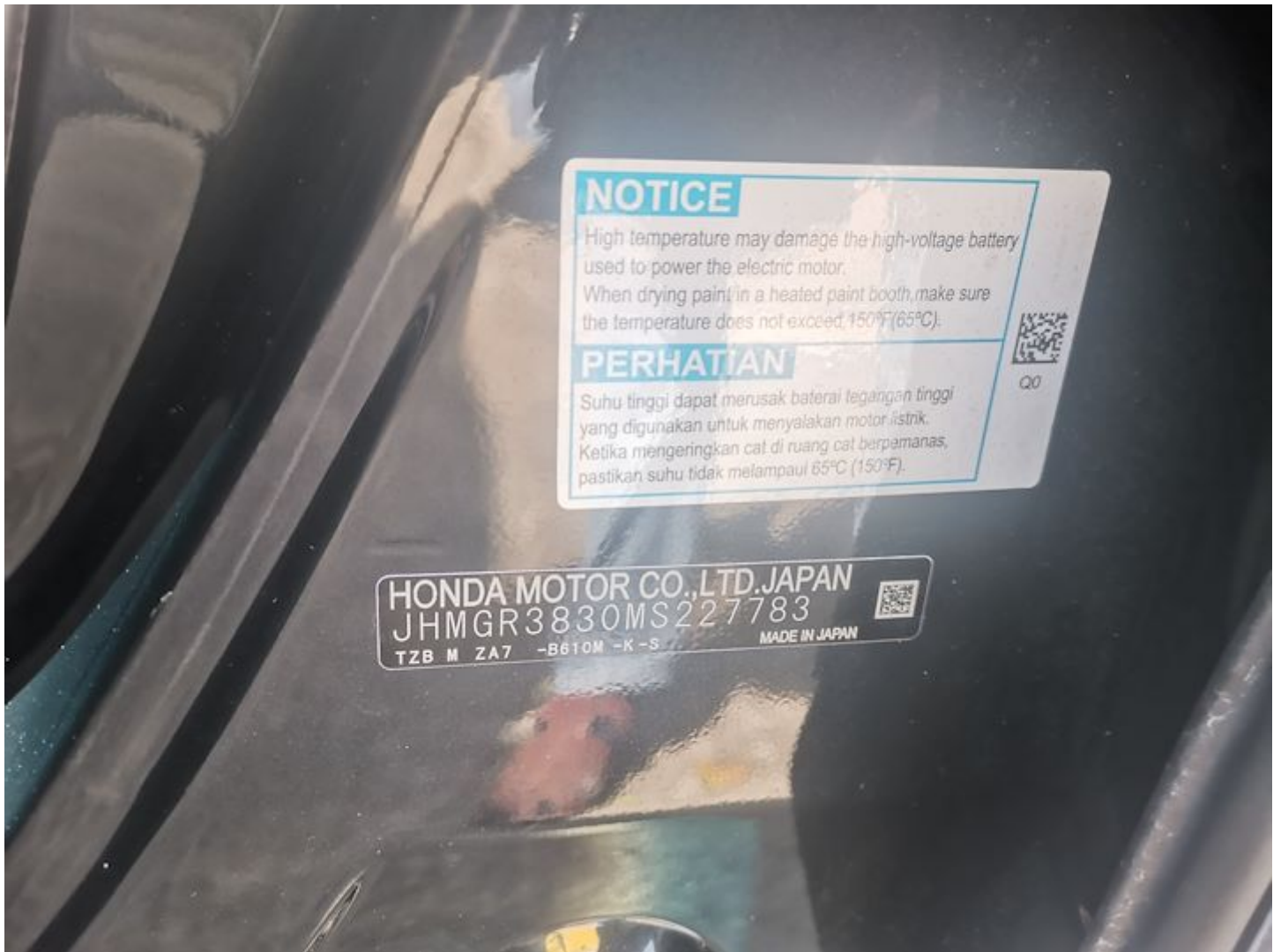













**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20220915/2114

1 of 3

Report No. T/20220915/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2022 09:59		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: YUAN ER WHEE			Address: 34A SIAN TUAN AVENUE SINGAPORE 588346		
ID Type / ID No.: NRIC NO / S2185229E			Contact No.: Home/Office: Mobile: 98373366		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 64	Date of Birth: 24/11/1957	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: BUSINESS TRADER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/09/2022 18:00	Type of Location: Car Park
Location: BEACH ROAD				
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
SNB1254B	Car	HONDA			Seriously Damaged	0



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2 of 3

Report No. T/20220915/2114

CONTINUATION OF REPORT

Brief Details.

On the 14/09/22 at 1700hrs, my daughter namely Kong Jia Xin Willa of NRIC S9490208H had informed me that when she had went to the carpark at the above mentioned location, she discovered that there was a dent on the rear right side of my car. I wish to mention that my daughter did not know who did it and I am lodging this report on her behalf


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T/20220915/2114

3 of 3

Report No. T/20220915/2114

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:

D /

SGT 2 MUHAMMAD NUR ALIFF
BIN TIRUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/09/2022 09:59

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT NEO ZHI YUAN

Contact No.: 65476079

Classification Of Case:

NP168