

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	29/09/2022 11:06 (SGT)
Reported by	Driver
Date of Accident	27/09/2022 14:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	EXIT JALAN TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5853B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN CAISHEW
Passport No/FIN	GXXXX524W
Email Address	kweesengt@gmail.com
Mobile Phone No	(Phone) +65-86128623
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2494

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01006887

DRIVER

Name of Driver	TAN KWEE SENG
NRIC No	SXXXX333C
Date Of Birth	09/12/1966
Occupation	Outdoor

Date Of Driving Pass	22/08/1988
Driving experience	34 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86128623
Alt. Phone Number	-
Email Address	kweesengt@gmail.com
Address	BLK 16 EUNOS CRESCENT #09-2833
Address complement	-
Postcode	400016
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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?	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	Potong Pasir Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002829999
Alt. Police Station Phone No	(Fax) +65-62815964
Police Station Address	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220928/2046

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	SMX9392D
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

VEHICLE NO: SNA 5853B
DATE OF ACCIDENT: 24 Sept 2022

IMPORTANT NOTICE

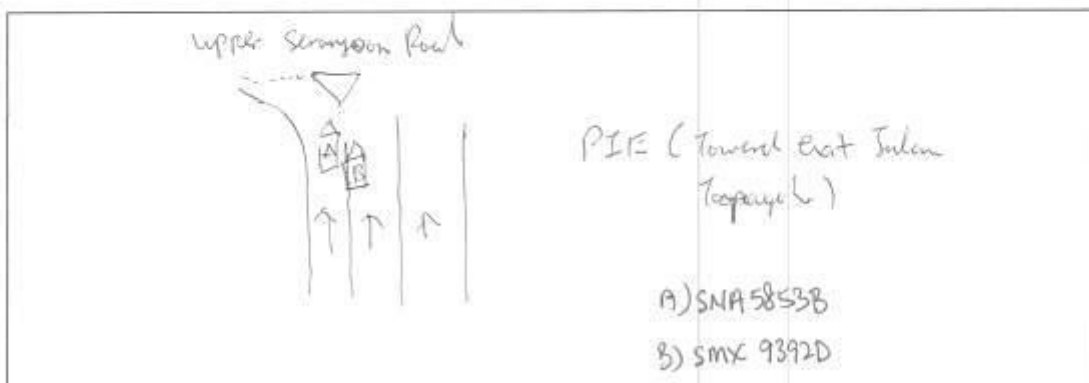
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' law yers/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' law yers/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 law yers/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

Sketch Plan



Describe Circumstances of the Accident VEHICLE NO: SNA 5853B DATE OF ACCIDENT: 21 Sept 2022

Please Refer to Police Report attached - 7/20220928/2046

REPORTING ONLY ()	OWN DAMAGE ()	THIRD PARTY ()	OWN WORKSHOP ()
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Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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




















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999



T/20220928/2046

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Report No. T/20220928/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2022 14:25		Vide Report No.:		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: TAN KWEE SENG		Address: APT BLK 16 EUNOS CRESCENT #09-2833 SINGAPORE 400016			
ID Type / ID No.: NRIC NO / S1741333C		Contact No.: Home/Office:		Mobile: 8612 8623	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 55	Date of Birth: 09/12/1966	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: DRIVER.		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/09/2022 14:30	Type of Location: X-Junction
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMX9392D	Car					0
SNA5853B	Car				Slightly Damaged	0

Details of Person Involved

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


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Tel No: 1800-2829999



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Report No. T/20220928/2046

CONTINUATION OF REPORT

Driver			
Name	TAN KWEE SENG		ID No. S1741333C
Related Vehicle	SNA5853B (Car)		Contact No. 8612 8623
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 27/09/2022 at about 1430hrs I was driving my boss(Chen Cai Shen, HP: 8029 5804) car alone bearing registration number SNA5853B along Jalan Toa Payoh on the most extreme left after Woodsville close. As I was approaching the pedestrian walkway near to lamp post number 690L30S1F turning into Upper Serangoon road the traffic light was red and i was stationary during this point of time. This was when a car bearing registration number SMX9392D collided with me on my right rear side. Subsequently after the traffic light turned green i moved forward and stop at the side however the said car did not stop to exchange particulars with me.

I have an in-car camera installed and the video is saved. I wish to state that the car sustained damages due to the incident.


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Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999



T/20220928/2046

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Report No. T/20220928/2046

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:

E /

SGT 3 SULAIMAN AD-DARANI
BIN MOHAMAD ISMAIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/09/2022 14:25

Officer In Charge Of Case:

TP / HRT /

INSP (1) KASMAWATI BTE SAMIAN

Contact No.: 65476368

Classification Of Case:

NP168