

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 willful 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	27/10/2022 15:57 (SGT)
Reported by	Driver
Date of Accident	27/10/2022 11:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	serangoon garden way
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9000U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	9K SERVICES PTE LTD
Company Reg No	2XXXXX865G
Email Address	BOONTOK69@GMNAIL.COM
Mobile Phone No	(Phone) +65-90696689
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	530i
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129725001

DRIVER

Name of Driver	TOK CHIAO WONG
NRIC No	SXXXX207Z
Date Of Birth	31/07/1969
Occupation	Indoor

Date Of Driving Pass	08/02/1988
Driving experience	34 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90696689
Alt. Phone Number	-
Email Address	BOONTOK69@GMNAIL.COM
Address	130 SIMEI ST 1 #10-248
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT

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	SKM3318R
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

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

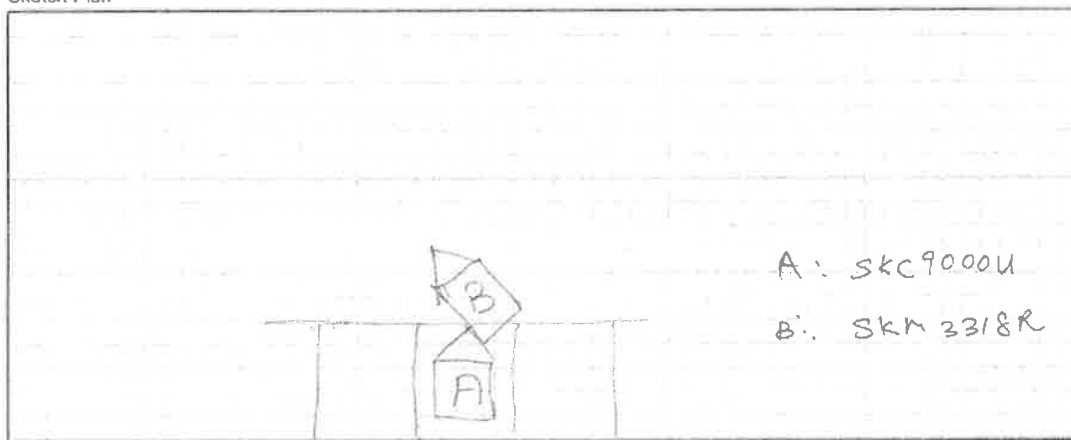
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time
[Signature]
[Date & Time]

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

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

Sketch Plan



vJun2022

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SKETCH PLAN #2

Describe Circumstance of the Accident

Attach Police report no. T/20221027/2051

Declaration

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

Policyholder's Signature / Date & Time



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

[Handwritten Signature]

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



IMAGES



IMAGES #2



IMAGES #3



IMAGES #4



IMAGES #5



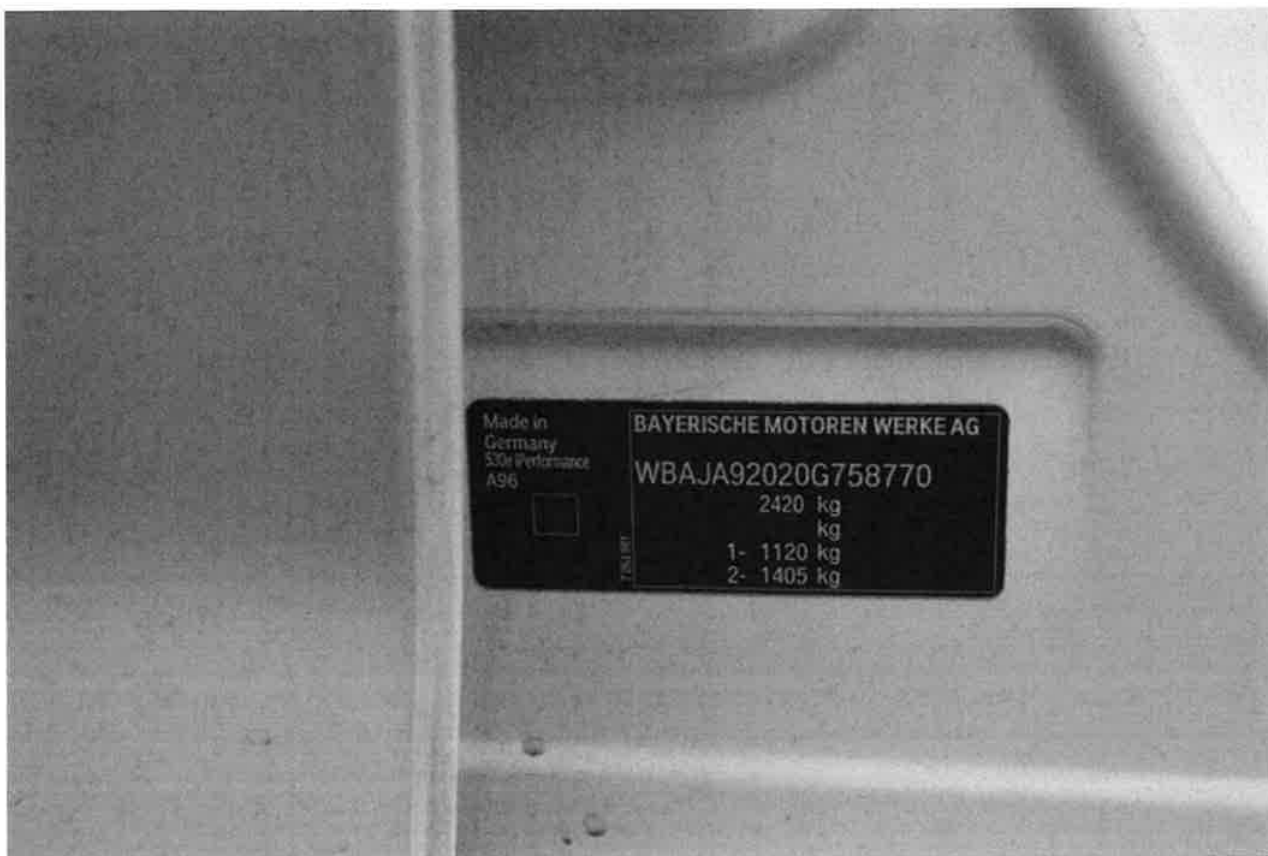
IMAGES #6



IMAGES #7



IMAGES #8





POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20221027/2051

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3

Report No. T/20221027/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2022 13:57		Vide Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: TOK CHIAO WUNG			Address: APT BLK 130 SIMEI STREET 1 #10-248 SINGAPORE 520130		
ID Type / ID No.: NRIC NO / S6927207Z			Contact No.: Home/Office: Mobile: 90696689		
Nationality: SINGAPORE CITIZEN			Email: bcontok89@gmail.com		
Sex: Male	Age: 53	Date of Birth: 31/07/1969	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B, 2A, 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: 27/10/2022 11:35	Type of Location: Car Park
Location: SERANGOON GARDEN WAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC9000U	Car				Slightly Damaged	0
SKM3318R	Car					0

Details of Person Involved

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



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T/20221027/2051

Police Station Of Origin:
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108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20221027/2051

CONTINUATION OF REPORT

Driver			
Name	TOK CHIAO WUNG	ID No.	S6927207Z
Related Vehicle	SKC9000U (Car)	Contact No.	90696689
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 27/10/2022 at about 1040hrs, I parked my car SKC9000U at Serangoon Garden Market. I could not recall the parking lot number. At about 1230hrs, I came back to my car, and I saw scratches and dents on the front right side of my bumper and head light. I then viewed my in car CCTV and there are two recording showing one car SKM3318R while reversing hit the right side of my car. The said driver gets down from his car and made a checked. After checking, the driver went into his car and drove off.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999



T/20221027/2051

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Report No. T/20221027/2051

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:

F /
SR STAFF SGT MUHAMAD
KHAIRI BIN SUBAGIO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/10/2022 13:57

Officer In Charge Of Case:

TP / HRT /
SR STAFF SGT RASHIDAH BINTE AZMAN
Contact No.: 65476902

Classification Of Case:

NP 168