VERSION: 1 (24/10/2022 09:58 (SGT))



# 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 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 24/10/2022 09:58 (SGT) Reported by Date of Accident 23/10/2022 10:30 (SGT) Exact Location of Accident Singapore Additional Location Information OSCP OF BLK 725 JURONG WEST AVENUE 5 LOT 338 Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGW31G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SEE THO WENG HONG NRIC No S7906559E Email Address

GOODNAN11@YAHOO.COM.SG

Mobile Phone No (Phone) +65-94370877

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Mode Х3 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?

Yes Vehicle Category Private car Transmission Auto 2000

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited

Policy Number / Cover Note Number 5125191901

DRIVER

Name of Driver SEE THO WENG HONG NRIC No. S7906559E Date Of Birth 03/03/1979 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	28/02/2000 22 YEARS AND 8 MONTHS Male (Phone) +65-94370877 - GOODNAN11@YAHOO.COM.SG BLK 726 JURONG WEST AVENUE 5 #04-262 - 640726 Yes - 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 Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Jurong Division Headquarters (Phone) +65-18007910000 (Fax) +65-68965647 No. 2 Jurong West Avenue 5 Singapore 649482 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	UNKNOWN - -



Vehicle Variant

Vehicle Colour	=
Vehicle Category	NA / Unknown
Name of Driver	UNKNOWN
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.
- 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 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)

Lunderstand, 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 & Tin

BLK 726

JUROH C

WEST ALENUE \$ Driver's Signature (if driver is not the policyholder) / Date BLK 727

Munaumo HAZA SAN BAZS.

Sketch Plan

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Describe Circumstance of the Ac	cident		
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	REPTER TO REPORT NUM 1/20221023/70	12	
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laration			
declare the foregoing particulars	are true in every respect.		
411			
24/1/n 0940		1 11	,
older's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel	
	& Time	(Name as in NRIC/ID card)	





Report No. J/20221023/7032

## POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

Date/Time Report Made 23/10/2022 17:15	Vide Re	port No.		Station Diary No.
Name Of Informant	Address			
SEE THO WENG HONG	726 JURONG WEST AVENUE 5 #04-262 SINGAPO 640726			-262 SINGAPORE
ID Type / ID No. NRIC NO / S7906559E	Contact No. Home/Office: Mobile: 94370877			
Nationality SINGAPORE CITIZEN	Email Address goodnan11@yahoo.com.sq			
Occupation	Sex	Age	Date of Birth	Race
Ministry of Defence	Male	43	03/03/1979	Chinese
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
22/10/2022 17:45 - 23/10/2022 10:30	726 JURONG WEST AVENUE 5 #04-262 SINGAPORE 640726			

## Brief details.

Hit and Run Case

Location: Jurong West Avenue 5, HDB Carpark UW J73 (between block 725 and 727)

Parking lot number: 338 (my parked vehicle), 339 (involved in hit & run)

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: 23/10/2022 17:15		
Officer In-Charge Of Case:	Classification Of Case:		





2 of 3

**POLICE REPORT (NP299)** 

CONTINUATION OF REPORT

Report No. J/20221023/7032

Date/ Time: 221022, 1730Hrs to 231022 1000Hrs

Details of incident:

returned home on 22 Oct 2022 at 1730 Hrs, my vehicle was parked at lot 338, and has since parked at the same lot till 23 Oct 2022 at 1030 Hrs when i went to the carpark to collect the vehicle to run some errands, the damages were discovered upon reaching the carpark.

my in car camera were not able to capture the act as it was in auto shut down mode after a period of time.

the damages were caused by vehicle trying to reverse into lot 339. The impact on my vehicle left traces of mark which were very similar to those i found on a lorry which was also a carpark user within the estate.

One particular Lorry within the carpark vicinity were found to have similar damages sustain to the rear right side.

Subjects Involve	d		
Suspect			
Person Name uncertain			
Gender	Unknown	Habits & Oddities   vehicle no YQ 6613 G	
Victim			
Signature Of Off Not applicable	ficer Recording The Report:	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: 23/10/2022 17:15	
Officer In-Charge Of Case:		Classification Of Case:	





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20221023/7032

Person Name	SEE THO WENG HONG		
ID Type	NRIC NO	ID No	S7906559E
Gender	Male	Age	43
Race	Chinese	Language	English
Occupation	Ministry of Defence	Address	726 JURONG WEST AVENUE 5 #04-262 SINGAPORE 640726
Mobile No	94370877	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. Not applicable Signature Of Interpreter: Not applicable Date/Time: 23/10/2022 17:15 Officer In-Charge Of Case: Classification Of Case: