

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	08/11/2022 14:27 (SGT)
Reported by	Driver
Date of Accident	07/11/2022 06:30 (SGT)
Exact Location of Accident	22 Senoko Loop, Singapore 758154
Additional Location Information	MIN LOCK EATING HOUSE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8553J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUAH KIAN TAT
NRIC No	S8320670E
Email Address	rt98427316@gmail.com
Mobile Phone No	(Phone) +65-98427316
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122831837-01

DRIVER

Name of Driver	TOH SWEE CHEW
NRIC No	S1215952H
Date Of Birth	25/01/1956
Occupation	Indoor

Date Of Driving Pass	04/02/1977
Driving experience	45 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98427316
Alt. Phone Number	-
Email Address	rt98427316@gmail.com
Address	BLK 468B ADMIRALTY DRIVE
Address complement	#10-19
Postcode	752468
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Collided into Parked Vehicle
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLANS AND 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	SDY5353U
Vehicle Manufacturer	Nissan
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)	-

WITNESS DETAILS

WITNESS 1

Name	NA
Phone	-
Email	-

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:

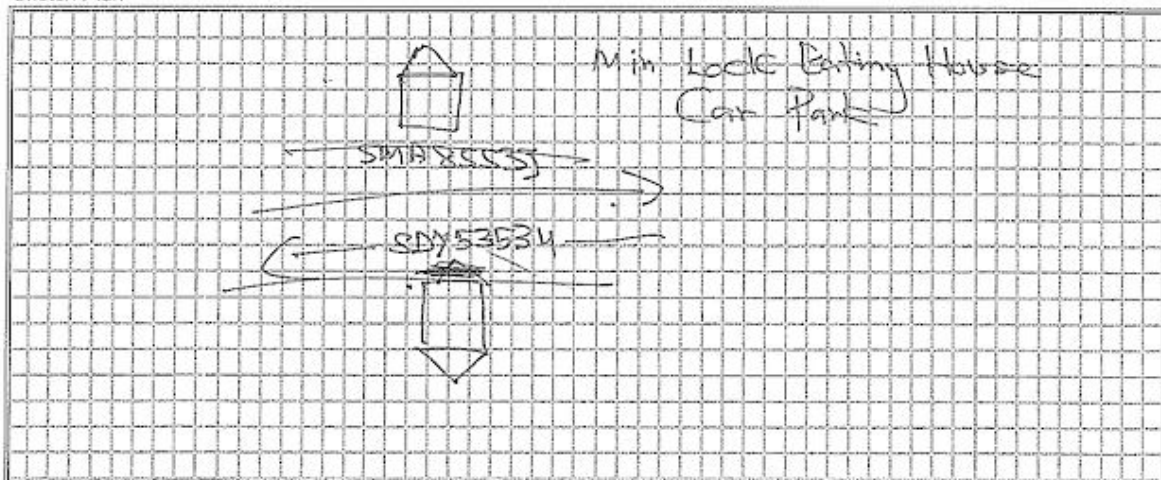
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Chuah
Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

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Describe Circumstances of the Accident

Police Report (NP 299) Report No. L/2022/1108/2020

☐ Claim OD
 ☐ Claim Third Party
 ☒ Claim OD/TP at other workshop
 ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop : Guan Motor Work Shop

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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

Chuan
 Policyholder's Signature / Date & Time

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

[Signature]
 Witnessed by Reporting Centre Personnel

























**SINGAPORE
POLICE FORCE**



L/20221108/2020

1 of 2

POLICE REPORT (NP299)

Report No. L/20221108/2020

Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE 757633
Tel No: 1800-5549999

Date/Time Report Made 08/11/2022 10:33	Vide Report No. L/20221107/0041	Station Diary No. 5
Name Of Informant TOH SWEE CHEW	Address APT BLK 468B ADMIRALTY DRIVE #10-19 SINGAPORE 752468	
ID Type / ID No. NRIC NO / S1215952H	Contact No. Home/Office Mobile 98427316	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Hawker/Stall holder (prepared food or drinks)	Sex Female	Age 66
Institution/School Name	Date of Birth 25/01/1956	Race Chinese
Date/Time Of Incident 07/11/2022 06:30	Location Of Incident 22 SENOKO LOOP SENOKO INDUSTRIAL ESTATE SINGAPORE 758154 Min Lock Eating House	

Brief details.

On 07/11/2022 at about 0630hrs, I parked my vehicle SMA8553J at Min Lock Eating House. After I park, I went in the Hawker Centre as I work as a food stall holder. While working, one Indian hawker came to me to inform that someone bang my car.

Subsequently I went out to make a check. I saw one vehicle, SDY5353U hit my rear bumper however I did

Signature Of Officer Recording The Report: L / STAFF SGT JASRIN BIN SARAPI 	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2022 10:33
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / INSP (1) GISELLA CHUA YI TING Contact No.: 63647559	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20221108/2020

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POLICE REPORT (NP299)



CONTINUATION OF REPORT

Report No. L/20221108/2020

not see the owner. One witness who saw the incident informed me that the owner went to the eating house to have coffee. I then went to look for the owner and I manage to see him. At first he denied that he hit my car. Subsequently, he gave me \$50/- as compensation. However I refused. I told him that I will go to insurance to settle. He then took out \$400/- and put it at the table as compensation. I refused again and I told him that I will call for Police. He ignore me and he walk away.

I follow him and called for him as I did not get his particular, he ignore me and drive off. Subsequently, Police came and I told them what happened. The officer informed me to hold on to the \$400/- and see if he come back. At the same time I can lodged a Police report and and go to my insurance to make a claim. I wish to inform that I will give the \$400/- to my insurance company and they will settle with the other party.

I am lodging this report for record purpose only and for my insurance company to make a claim.

Signature Of Officer Recording The Report: L / STAFF SGT JASRIN BIN SARAPI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2022 10:33
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / INSP (1) GISELLA CHUA YI TING Contact No.: 63647559	Classification Of Case: