

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	22/10/2022 14:32 (SGT)
Reported by	Driver
Date of Accident	15/10/2022 14:15 (SGT)
Exact Location of Accident	Lor 7 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA6100J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chee I-Ming
NRIC No	S72217821
Email Address	chee.iming@gmail.com
Mobile Phone No	(Phone) +65-90955099
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	2494

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00138402200

DRIVER

Name of Driver	Toh Chew Kee
NRIC No	S72023061
Date Of Birth	30/01/1972
Occupation	Outdoor

 Accident report SS2E22AM0004

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

24/04/1992

30 YEARS AND 6 MONTHS

Male

(Phone) +85-90955099

chee.lming@gmail.com

Blk 417 Ang Mo Kio Ave 10 #05-1007

560417

No

Employee

No

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

Kim Keat Neighbourhood Police Post

(Phone) +65-18002529999

(Fax) +65-63554311

Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231

No

-

CIRCUMSTANCES OF ACCIDENT

Refer attached police report no: T/20221015/2056

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

Vehicle Variant

SJD6134T

-

-

-

 Accident report SS2E22AM0004

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Vehicle Colour	.
Vehicle Category	.
Name of Driver	Private car
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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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.

5. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

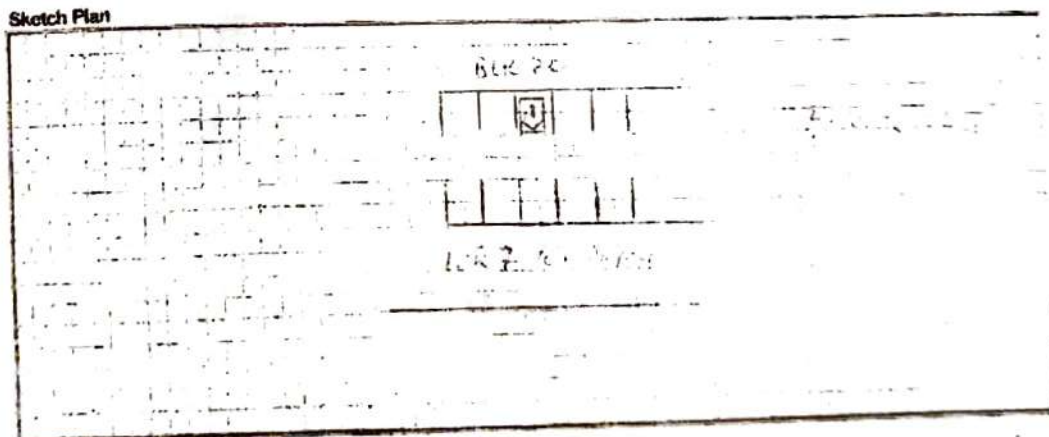
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers, who have insured vehicle(s) involved in the 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 and committed 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 the 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

Driver's Signature / Date & Time

Witnessed by: Witness Name & Signature

Sketch Plan



Describe Circumstance of the Accident

Declaration

Declaration
We declare the foregoing particulars are true to every detail

Name, number & signature: Date & time

Driver's Signature _____ Date _____
A-78

Wednesday, December 2, 1964
10:30 a.m. - 1:00 p.m.



**SINGAPORE
POLICE FORCE**



T/20221015/2056

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

1 of 3

Report No. T/20221015/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2022 16:09		Vide Report No.: E/20221015/0110		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: TOH CHIEW KEE			Address: APT BLK 417 ANG MO KIO AVENUE 10 #05-1007 SINGAPORE 560417		
ID Type / ID No.: NRIC NO / S7202309I			Contact No.: Home/Office: Mobile: 90955099		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 30/01/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Personal Driver			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: 15/10/2022 14:15	Type of Location: Car Park
Location: LORONG 7 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SJD6134T	Car	KIA	Picanto 1.1(M)	Blue	Slightly Damaged	0
SNA6100J	Car	TOYOTA	Vellfire 2.5 CVT S/R	Blue	Slightly Damaged	0



**SINGAPORE
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T/20221015/2056

2 of 3

Police Station Of Origin:

Kim Keat NPP

231 Lorong 8 Toa Payoh #01-186

SINGAPORE 310231

Tel No: 1800-2529999

Report No. T/20221015/2056

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, My vehicle bearing plate number SNA6100J while parked at the location mentioned above I suspect was hit by this vehicle bearing plate number SJD6134T. While returning to my car a witness who saw the incident happened sent me a photo of the car that had hit my car but did not give me her personal information.

I am lodging this report for insurance claims purposes as well.



**SINGAPORE
POLICE FORCE**



T/20221015/2056

Police Station Of Origin
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

3 of 3

Report No. T/20221015/2056

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 2 MOHAMED SADIQ
SHAKIR BIN MOHAMED FAISAL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/10/2022 16:09

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT NEO ZHI YUAN
Contact No.: 65476079

Classification Of Case:

NP168