

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	06/12/2022 16:52 (SGT)
Reported by	Both
Date of Accident	03/12/2022 19:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 278 COMPASSVALE BOW MSCP LEVEL 2A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN2559P
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN ZHENG HAO (CHEN ZHENGHAO)
NRIC No	SXXXX701Z
Email Address	zheng_hao_zh@yahoo.com.sg
Mobile Phone No	(Phone) +65-98587132
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002139009-01

DRIVER

Name of Driver	LEONG SOOK YING
NRIC No	SXXXX470J
Date Of Birth	28/05/1953
Occupation	Indoor

Date Of Driving Pass	19/05/1976
Driving experience	46 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91712886
Alt. Phone Number	-
Email Address	zheng_hao_zh@yahoo.com.sg
Address	BLK 188B RIVERVALE DRIVE #16-1076
Address complement	-
Postcode	542188
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	MOTHER-IN-LAW
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	3
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SLB2539Y
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)	0

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCY6593Z
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)	0

SKETCH PLAN

VEH NO: SMN2559P1
INSURER: Allianz
DATE OF ACC: 03/12/22 @ 1940

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)

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

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

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

Sketch Plan

PLEASE
TURN
OVER

Describe Circumstance of the Accident

**** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE**

Claim under your Own Comprehensive policy. Pls check your policy for more information.

(☒) Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan

Location: BIK 278 (compassvale Bow WSCP level 2A)

Vehicle No: SMN 2559P (Allianz)

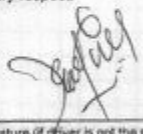
Date & Time: 03/12/2022 @ 1940 (clear/dry)


refer to police report

Declaration

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

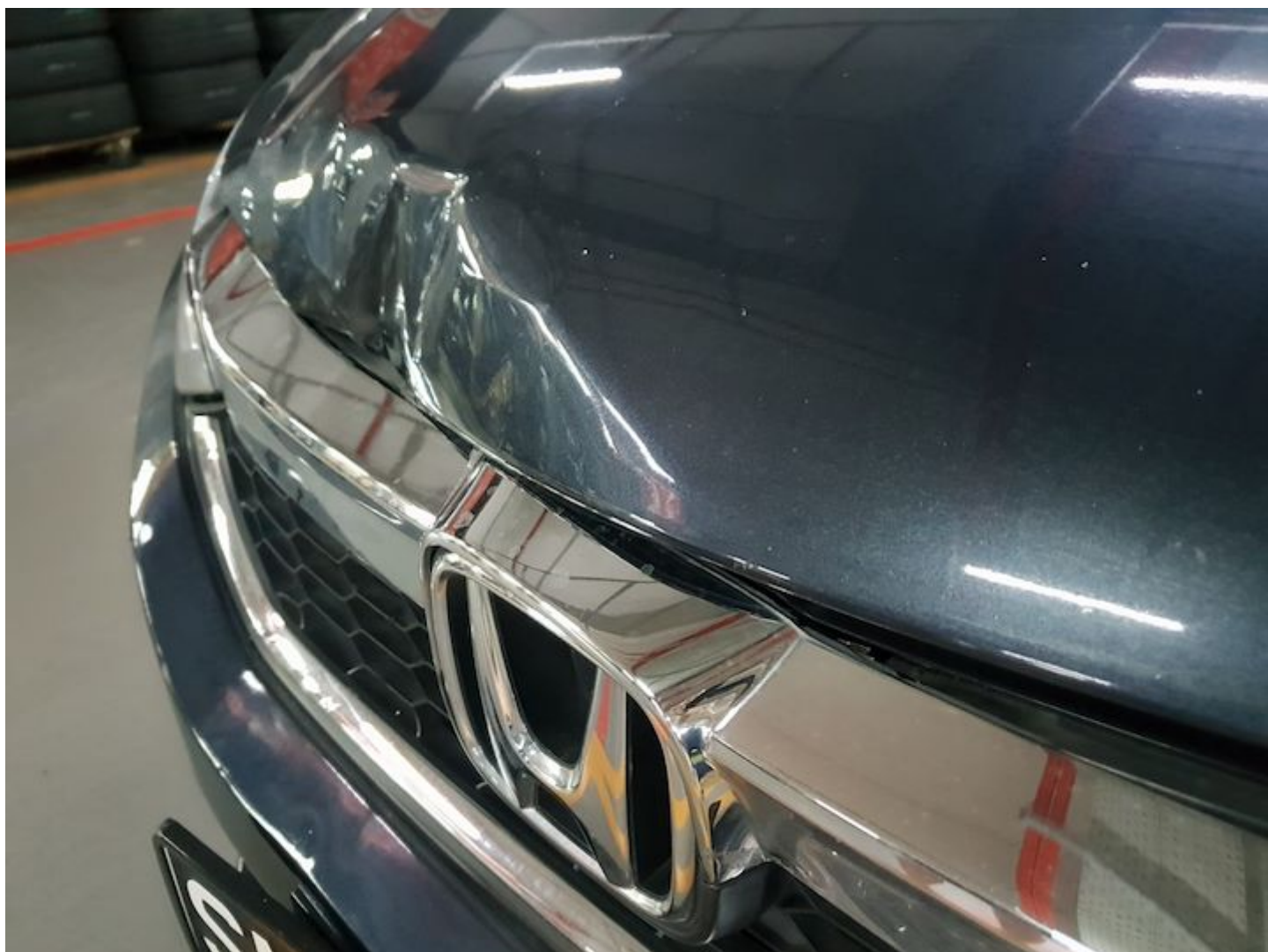

Policyholder's Signature / Date & Time


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


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
































**SINGAPORE
POLICE FORCE**


T/20221204/2014

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20221204/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2022 08:06	Vide Report No.: F/20221203/0163	Station Diary No.: 10
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: LEONG SOOK YING			Address: APT BLK 188B RIVERVALE DRIVE #16-1076 SINGAPORE 542188	
ID Type / ID No.: NRIC NO / S0052470J			Contact No.:	Mobile: 91712886
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 69	Date of Birth: 28/05/1953	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Therapist Assistant			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: 03/12/2022 19:40	Type of Location: Car Park
Location: COMPASSVALE BOW				
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
SCY6593Z	Car				Slightly Damaged	0
SLB2539Y	Car				Slightly Damaged	0
SMN2559P	Car				Slightly Damaged	1


**SINGAPORE
POLICE FORCE**


T/20221204/2014

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999




Report No. T/20221204/2014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG SOOK YING	ID No.	S0052470J
Related Vehicle	NIL	Contact No.	91712886
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 03/12/2022 at about 7.40pm, I was driving my vehicle, SMN2559P, in the MSCP at 278 Compassvale Bow when my vehicle made contact with two other vehicles in the said carpark. The exact incident location is at Blk 278 MSCP Compassvale Bow at Deck 2A. The two vehicles that were SCY6593Z located near parking lot 38 while vehicle SLB2539Y was parked near parking lot 39. SLB2539Y was shifted out of the parking lot as a result. I had also earlier left the location after the accident as I did not know what to do and had since contacted my daughter who then informed my son-in-law for advice. Upon returning to the accident location with the assistance of my daughter and son-in-law, I found a police case card on one of the affected vehicles and contacted the Investigation Officer in charge as stated on the case card. I wish to state that I had no intention to hit and run the vehicles but left the location due to panic. I also did not know who to liaise with as both owners of the vehicles were not at the location at the time. I also wish to state that I am agreeable with settling the matter through insurance claim with the vehicle owner should they be able to be contacted. There is damage at the front bumper and right front portion of my vehicle. The other two vehicles also suffered fresh damages on the front portion of their vehicles.

 SINGAPORE POLICE FORCE	 T/20221204/2014
Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999	3 of 3 Report No. T/20221204/2014
CONTINUATION OF REPORT	
Sketch Plan Informant is not able to provide sketch plan	
<p>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 <u>report number</u> as reference.</p>	
Signature of Officer Recording The Report: F / INSP (1) Ahmad Rashad Bin Abdul Rashid	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2022 08:06
Officer In Charge Of Case: TP / HRT / SR STAFF SGT NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
NP168	