

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	20/01/2023 15:23 (SGT)
Reported by	Both
Date of Accident	20/01/2023 01:00 (SGT)
Exact Location of Accident	117 Jurong East Street 13, Block 117, Singapore 600117
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2873G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO SENG HAI
NRIC No	SXXXX938D
Email Address	senghai_neo@singnet.com.sg
Mobile Phone No	(Phone) +65-98320268
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MPC0005943_03

DRIVER

Name of Driver	NEO SENG HAI
NRIC No	SXXXX938D
Date Of Birth	01/12/1957
Occupation	Indoor

Date Of Driving Pass	16/05/1979
Driving experience	43 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98320268
Alt. Phone Number	-
Email Address	senghai_neo@singnet.com.sg
Address	BLK 117 JURONG EAST STREET 13 #08-147
Address complement	-
Postcode	600117
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	DRIZZLING
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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230120/2019

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	SMW8216S
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)	-

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.

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

I understand, acknowledge, agree and consent that:

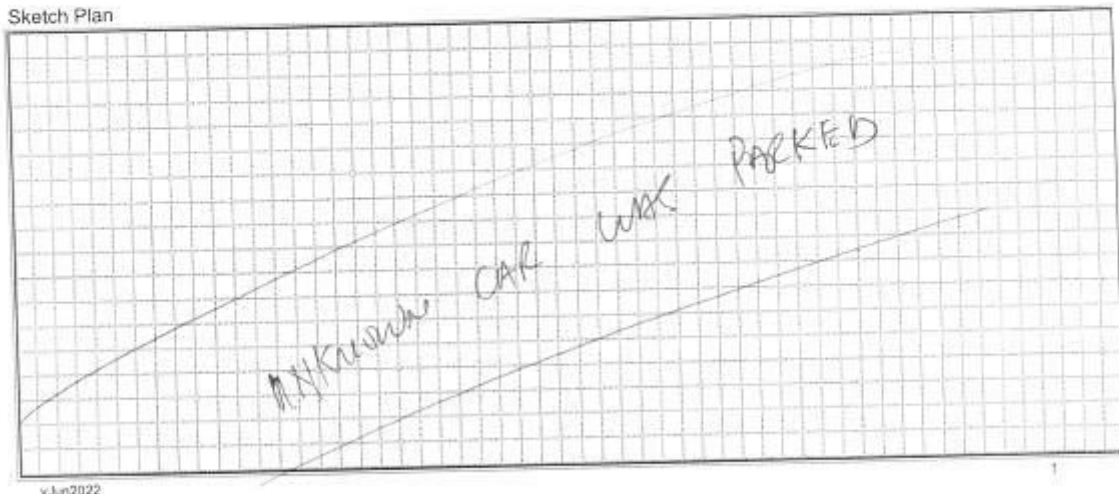
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20230120/2019

Declaration

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

Chris 0209 pm.

Policyholder's Signature / Date & Time

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

new 20/01/2023

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









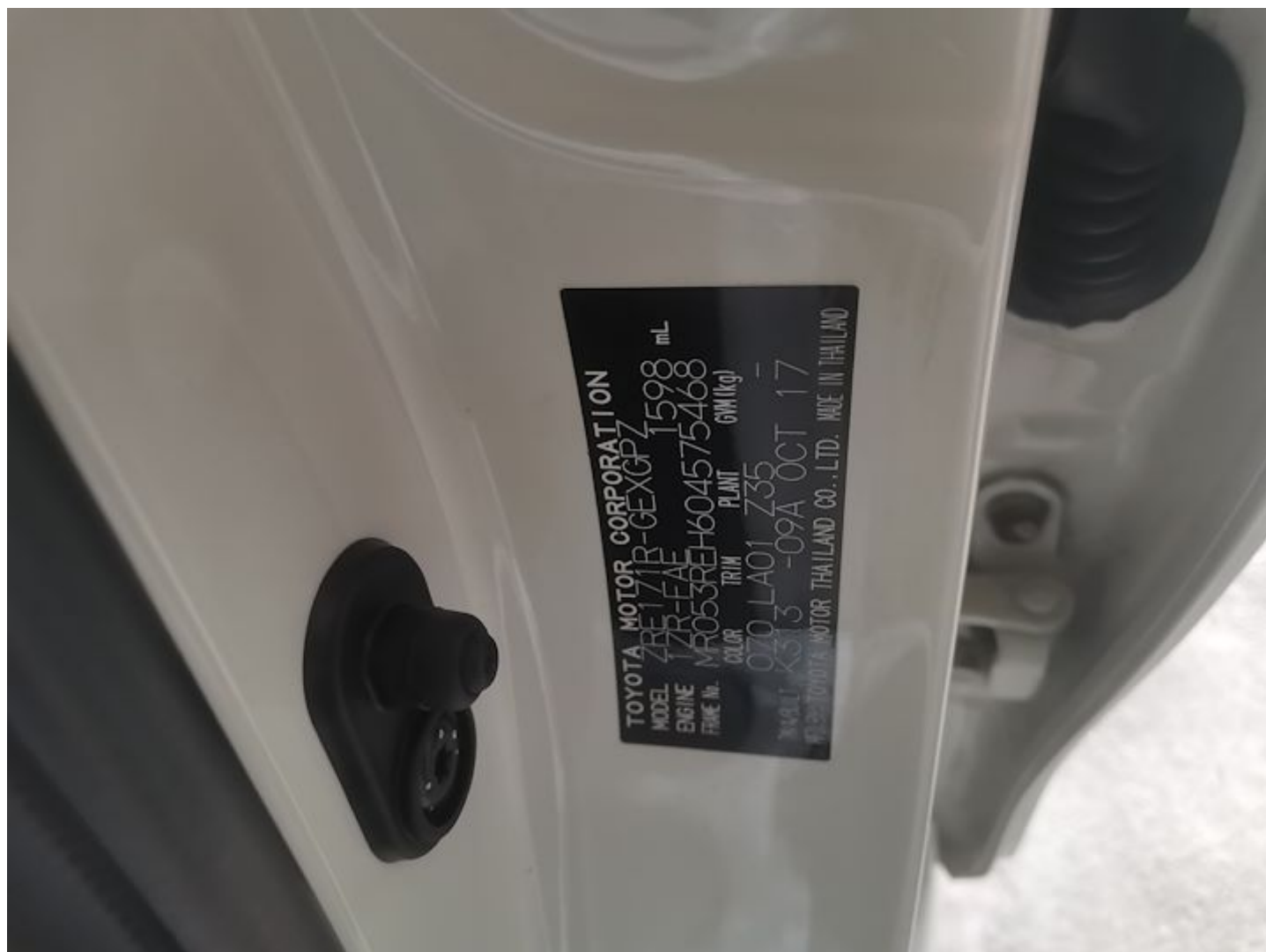














**SINGAPORE
POLICE FORCE**



T/20230120/2019

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20230120/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2023 07:57	Vide Report No.: D/20230120/0008	Station Diary No.: 7
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Informant's Particulars

Name of Informant: NEO SENG HAI			Address: APT BLK 117 JURONG EAST STREET 13 #08-147 SINGAPORE 600117		
ID Type / ID No.: NRIC NO / S1274938D			Contact No.: Home/Office: Mobile: 98320268		
Nationality: SINGAPORE CITIZEN			Email: SENGHAI_NEO@SINGNET.COM.SG		
Sex: Male	Age: 65	Date of Birth: 01/12/1957	Type of Informant: Vehicle Owner		
Race: Chinese			Language:	Institution / School Name:	
Occupation: RETIRED			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 20/01/2023 06:15	Type of Location: Car Park
Location: JURONG EAST STREET 13				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SLU2873G	Car	TOYOTA		White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230120/2019

Police Station Of Origin:
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92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20230120/2019

CONTINUATION OF REPORT**Brief Details.**

On the above date, time and location, I went down to my carpark and realised that the front right side of my vehicle has a dent as if it was being banged by something. Half of my number plate was also bending outwards. My car was parked last night at about 9.15pm and was seen intact.

My car has an in-car camera at the front but I am not sure if it captured the footage of the other vehicle hitting my car. I also saw a police note placed on my car and thus I came down to lodge a police report. I was informed that the police attended to the incident earlier. Nobody was injured.

That is all.



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POLICE FORCE**

Police Station Of Origin:
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92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20230120/2019

3 of 3

Report No. T/20230120/2019

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:
D /
SGT 2 AMANDA LEE XING JUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMED SOPHIAN BIN MOHAMED AMIR
Contact No.: 91874317

Signature Of Informant:

Date/Time:
20/01/2023 07:57

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the sams Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09231K000A Vehicle Registration No: SL42813G
 Name (as shown in NRIC): Xiao Shun Han NRIC/FIN/Passport No: Sxxx928D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98320180
 Email Address: _____
 Date of Accident: 20/01/2023 Time of Accident: 01:00
 Place of Accident: BLK 117 JURONG EAST ST 13 CORPARK
 Insurance Company: TANIA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

BLK 117 JURONG EAST ST 13 CORPARK (ACCIDENT LOCATION)

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

3 Jun 2022