

# 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 .....	15/02/2023 13:11 (SGT)
Reported by .....	Driver
Date of Accident .....	14/02/2023 15:20 (SGT)
Exact Location of Accident .....	Serangoon Garden Way, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGF7506Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	IAA
Company Reg No .....	5XXXX138K
Email Address .....	txhzj@outlook.com
Mobile Phone No .....	(Phone) +65-87800889
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1794

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMCFHQ22-000060

### DRIVER

Name of Driver .....	TAN MENG JUN, JASON
NRIC No .....	SXXXX200C
Date Of Birth .....	03/03/1992
Occupation .....	Outdoor

Date Of Driving Pass .....	04/05/2015
Driving experience .....	7 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87800889
Alt. Phone Number .....	-
Email Address .....	txhzj@outlook.com
Address .....	BLK 801A KEAT HONG CLOSE #02-15
Address complement .....	-
Postcode .....	681801
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230214/7054

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDZ8399M
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) .....	-

## WITNESS DETAILS

### WITNESS 1

Name .....	MR NG
Phone .....	(Phone) +65-86864237
Email .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

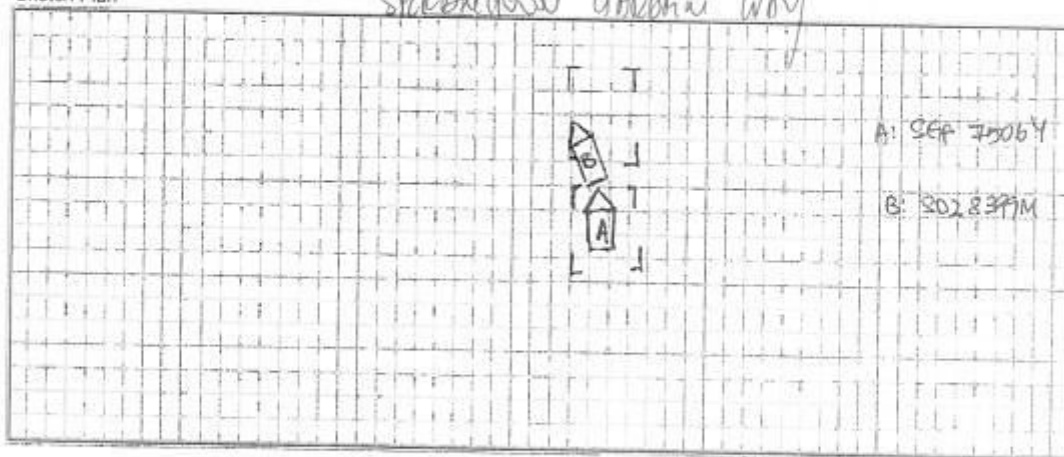


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NR/24D card)

Sketch Plan



Describe Circumstance of the Accident

REFER POLICE REPORT T/20230214/7054

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 15/02/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)























**SINGAPORE  
POLICE FORCE**



T/20230214/7054

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230214/7054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/02/2023 16:39		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN MENG JUN, JASON		Address: 801A KEAT HONG CLOSE #02-15 SINGAPORE 681801			
ID Type / ID No.: NRIC NO / S9209200C		Contact No.: Home/Office: Mobile: 87800889			
Nationality: SINGAPORE CITIZEN		Email: txhzj@outlook.com			
Sex: Male	Age: 30	Date of Birth: 03/03/1992	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/02/2023 15:20	Type of Location:
Location:  SERANGOON GARDEN WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDZ8399M	Car					0
SGF7506Y	Car	TOYOTA	Wish	Black	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20230214/7054

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230214/7054

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TAN MENG JUN, JASON	ID No.	S9209200C
Related Vehicle	NIL	Contact No.	87800889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I was parking on serangoon garden way service road lot 16 at around 2.30 - 3.40pm  
When i came back to my car, i saw a note left down by a witness 'mr ng' says that he can be the witness to the reversed bang incident caused by SDZ8399M. And left down his contact number:86864237. I approached the car owner and she insit no bang and asked me back if my car front have any damages then she drove off after that. It was when i call mr ng and he send me the clip capture by his car cam then i realised that the vehicle really hit on my car after that i went to nearby petrol kiosk and stop to take photos and found paint peels and scratch marks.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230214/7054

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Report No. T/20230214/7054

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
RASHIDAH BINTE AZMAN  
Contact No.: 65476902

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
14/02/2023 16:39

Classification Of Case:



1AA



## OPERATING LEASE AGREEMENT

60 Jalan Lam Huat, Carros Centre #05-21 5737869

Tel: (+65) 98888885

Email: Leasing@mycar.sg (Company Registration No: 53387138K)

### VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS	ADDITIONAL HIRER'S PARTICULARS
Name (As in NRIC): <b>TAN MENG JUN JASON</b>	Name (As in NRIC):
NRIC/Passport No: <b>S9209200C</b>	NRIC/Passport No:
Date of birth: <b>03/03/92</b> Age:	Date of birth: Age:
Address: <b>BLK 801A KEAT HONG CLOSE #02-15 S681801</b>	Address:
Mobile No: <b>96301164</b>	Mobile No:
Type of driving license: Local / International <b>LOCAL</b>	Type of driving license: Local / International

### VEHICLE DETAILS

Make & Model: <b>WISH</b>	Vehicle No: <b>SGF7506Y</b>
Vehicle Out Date: <b>15 DEC 2022</b>	Vehicle Return Date: <b>14 DEC 2023</b>
Time Out:	Time Return:

Daily -	Day/s	@ S\$	Per Day	\$
Weekly -	Week/s	@ S\$	Per Week	\$ <b>450.00</b>
Monthly -	Month/s	@ S\$	Per Month	\$ <b>1800.00</b>
Deposit:				\$ <b>500</b>
Delivery Service:				\$
Others:				
Total Nett Charges				\$

Hirer Signature



1AA

16 Dec - 14 Dec = \$257.14  
 Deposit = \$500.00  
\$757.14

LEN on 16/12/22.