

# 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 .....	30/07/2022 14:33 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	29/07/2022 21:50 (SGT)
Exact Location of Accident .....	Duxton Rd, Singapore
Additional Location Information .....	Duxton road parking lot towards Craig road
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGR31H
-----------------------------------	--------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Neo Tian Chun
NRIC No .....	S7029108H
Email Address .....	xavierntc@yahoo.com
Mobile Phone No .....	(Phone) +65-96827111
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	S400I
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 .....	2996

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00182802100

### DRIVER

Name of Driver .....	Neo Tian Chun
NRIC No .....	S7029108H
Date Of Birth .....	26/08/1970
Occupation .....	Indoor

Date Of Driving Pass .....	29/03/1988
Driving experience .....	34 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96827111
Alt. Phone Number .....	-
Email Address .....	xavierntc@yahoo.com
Address .....	60 Chua Chu Kang Ave 5 #11-01
Address complement .....	-
Postcode .....	688191
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	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 .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer attached police report no: T/20220730/2002

#### 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 .....	Video footage with owner

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMX2971D
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	C180

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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SFH13A
Vehicle Manufacturer .....	BMW
Vehicle Model .....	X6
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 .....	Cheng
Phone .....	(Phone) +65-91399822
Email .....	-

**SKETCH PLAN****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**



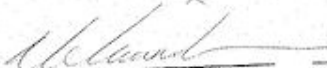
Describe Circumstance of the Accident

Refer to Police Report. T/20220730/2002


Vedio Photoyge with owner.

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 NAIC/ID card)































SINGAPORE  
POLICE FORCE  
SAPELAJONG SIKET SUK

## CASE CARD

Report Number: A/20220729/0148  
Traffic Accident along Duxton Rd to Craig Rd  
Involving vehicles: 3 cars (Hit and Run)  
On 29/07/22 at about — am / pm.

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP319E(2019)





**SINGAPORE  
POLICE FORCE**



T/20220730/2002

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20220730/2002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/07/2022 00:32	Vide Report No.: A/20220729/0148	Station Diary No.: 18
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: NEO TIAN CHUN			Address: 60 CHOA CHU KANG AVENUE 5 #11-01 SINGAPORE 688191	
ID Type / ID No.: NRIC NO / S7029108H			Contact No.: Home/Office: 6463 5155	Mobile: 9682 7111
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 26/08/1970	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupation: BUSINESSMAN			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

General Information of the Accident			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/07/2022 21:50
Type of Location:			
Location:  DUXTON ROAD			
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
SFH13A	Car					0
SGR31H	Car				Slightly Damaged	0
SMX2971D	Car					0





**SINGAPORE  
POLICE FORCE**



T/20220730/2002

2 of 3

Report No. T/20220730/2002

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

**Brief Details.**

On 29-07-2022 at about 10:30pm, when I wanted to drive my vehicle, SGR 31 H, which was (parallel) parked along Duxton Road (towards Craig Road), I realized that the rear of my vehicle seemed to be hit by another vehicle. Soon, the police arrived, and I was told that my vehicle has been involved in a hit and run incident, involving another (victim) vehicle, SMX 2971 D, and the (perpetrator) vehicle, later established to be SFH 13 A. The police officers advised me to lodge an accident report, for the incident via reference number A/20220729/0148.



# SINGAPORE POLICE FORCE



T/20220730/2002

3 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20220730/2002

## 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:  
J/  
SR STAFF SGT MUHAMMAD  
ISA BIN SULAIMAN

Signature Of Informant:

Signature Of Interpreter: SIGNATURE  
Not applicable

Date/Time:  
30/07/2022 00:32

Officer In Charge Of Case:  
TP / HRT /  
STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148

Classification Of Case:

NP168