

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 27/02/2023 15:59 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 26/02/2023 15:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information YISHUN CENTRAL 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV4339C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN PEI XIONG
NRIC No SXXXX428E
Email Address KEN8131@GMAIL.COM
Mobile Phone No (Phone) +65-90055338
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model A200
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 0

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5122745989-01

DRIVER

Name of Driver TAN PEI XIONG
NRIC No SXXXX428E
Date Of Birth 09/07/1984
Occupation Outdoor

Date Of Driving Pass	07/07/2006
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90055338
Alt. Phone Number	-
Email Address	KEN8131@GMAIL.COM
Address	BLK 317 SEMBAWANG VISTA #02-199
Address complement	-
Postcode	750317
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	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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU5864B
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 RACHEL
Phone (Phone) +65-96659777
Email -

SKETCH PLAN

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5. Any false reporting may be referred to the police for investigation.
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7. By the lodgment 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 personal information provided by me or possessed by insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) 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, statement, invoices, report or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well 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 firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose; and
- (c) my Personal Information may/san 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 site outside Singapore, for one or more of the above Purposes.



 Policyholder's Signature /
 Date & Times

27/02/23
 02:00pm 2.00pm



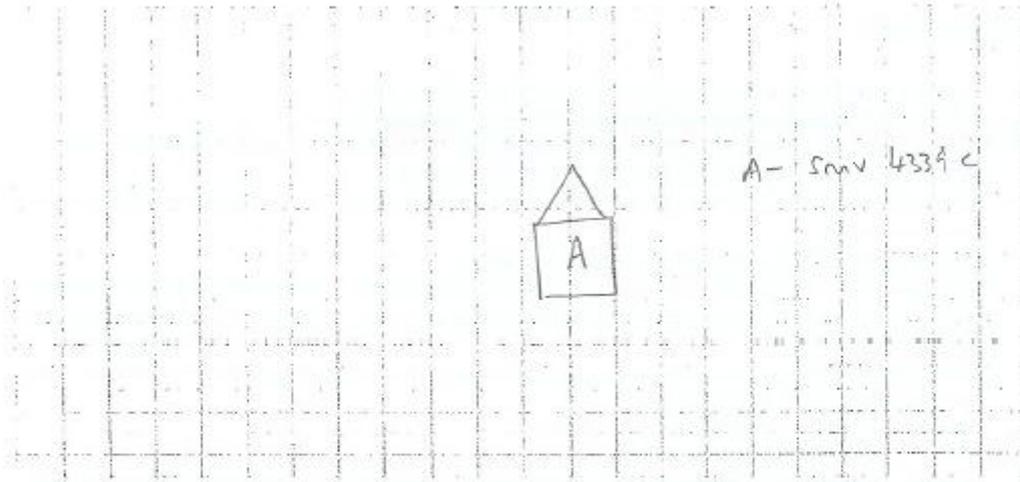
 Driver's Signature (if driver is not the policyholder)
 / Date & Time

27/02/23
 2.00pm

YVONNE

 Witnessed by Reporting Centre
 Personnel

Sketch Plan



Describe circumstances of the accident

Refer to police report.

Declaration

(We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time: 27/02/23
2pm


Driver's Signature
(if driver is not the policyholder)
Date & Time: 27/02/23
2.00pm

YVONNE
Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.:













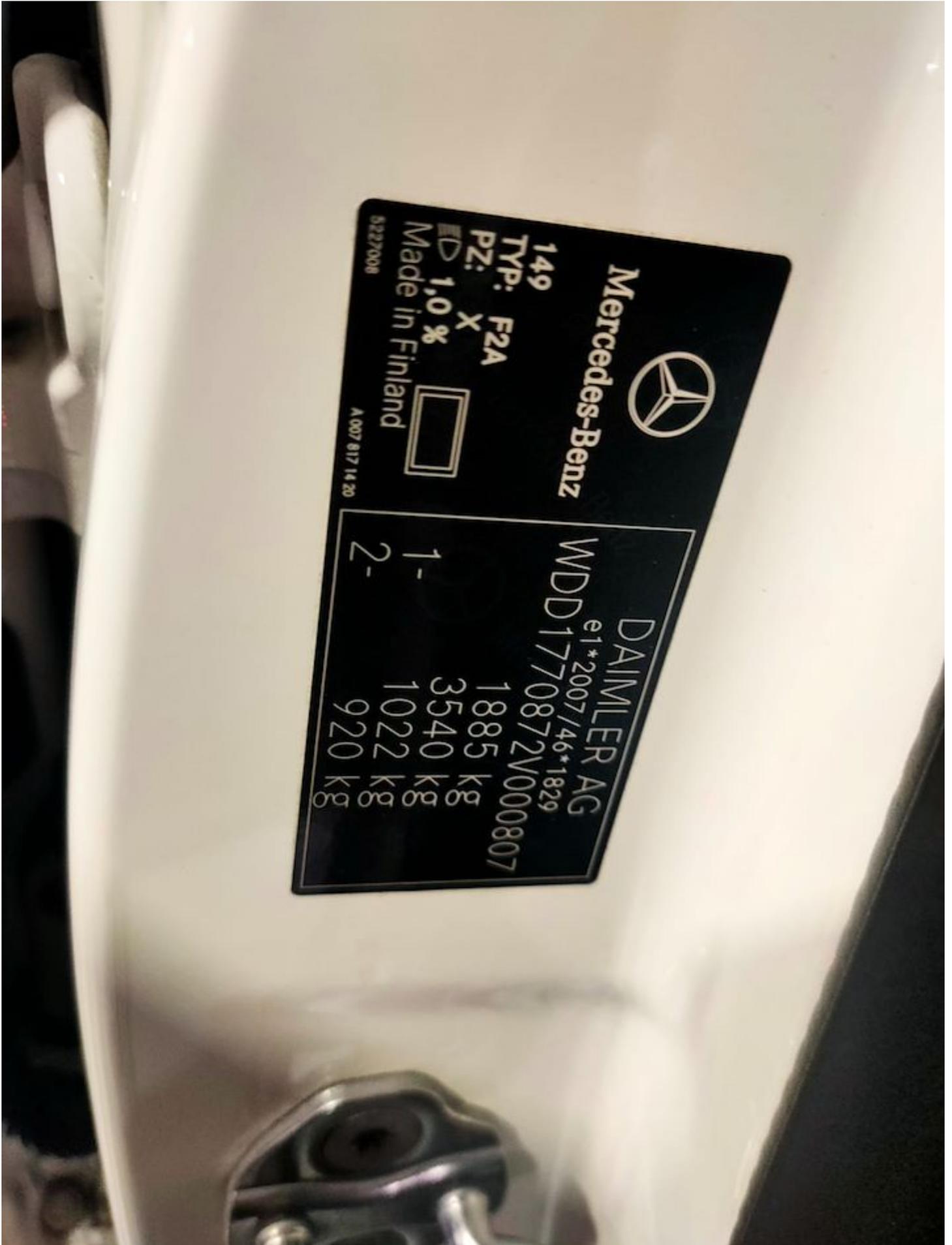














**SINGAPORE
POLICE FORCE**



T/20230226/2059

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20230226/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2023 17:35	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: TAN PEI XIONG		Address: APT BLK 317 SEMBAWANG VISTA #02-199 SINGAPORE 750317	
ID Type / ID No.: NRIC NO / S8420428E		Contact No.: Home/Office: Mobile: 90055338	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 09/07/1984	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: Real Estate		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/02/2023 15:35	Type of Location:
Location: YISHUN CENTRAL 1				
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
SMU5864B	Car	SKODA	KAROQ 1.5	Black		0
SMV4339C	Car	MERCEDES BENZ	A200 AMG	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20230226/2059

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Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20230226/2059

CONTINUATION OF REPORT

Vehicle Owner			
Name	TAN PEI XIONG	ID No.	S8420428E
Related Vehicle	SMU5864B (Car)	Contact No.	90055338
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 26/2/23 at 4pm, I came back to retrieve my vehicle and I discovered one piece of white paper pasted on my car windscreen. I took a look at the wordings written on it and was told by the witness that she witnessed one car that was parked on the side of my driver seat had hit my car while he was driving out from the carpark lot. The witness managed to see the car plate number of the other driver. The other car plate number was SMU5864B. The witness name was Rachel. Her contact number is 96659777. I contacted Rachel and she passed me the footage of what had happen earlier on. There were scratches and cracks found at right side bumper. Estimate cost of damage around \$1000 - \$2000. My car was parked at Blk 925 Yishun Central 1 multi storey carpark, unknown carpark lot number. My car have in car camera.



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Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20230226/2059

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Report No. T/20230226/2059

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: L / SGT 3 OOI JIA JUN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2023 17:35
Officer In Charge Of Case: TP / HRT / SR STAFF SGT RASHIDAH BINTE AZMAN Contact No.: 65476902	Classification Of Case:

NP168