

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	11/04/2023 15:43 (SGT)
Reported by	Actual Driver
Date of Accident	09/04/2023 15:00 (SGT)
Exact Location of Accident	Marine Parade, Singapore
Additional Location Information	BETWEEN BLK 81/82 OPEN CAR PARK-MP14
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ5547R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH PUAY HUA @ GOUW POOI HWA
NRIC No	SXXXX650I
Email Address	wongliangming@gmail.com
Mobile Phone No	(Phone) +65-98772805
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4
Variant	CACTUS
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	1199

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00043032302

DRIVER

Name of Driver	WONG LIANG MING
NRIC No	SXXXX390D
Date Of Birth	01/09/1988
Occupation	Indoor

Date Of Driving Pass	08/04/2008
Driving experience	15 YEARS
Gender	Female
Mobile Number	(Phone) +65-98772805
Alt. Phone Number	-
Email Address	wongliangming@gmail.com
Address	973 UPPER CHANGI ROAD NORTH
Address complement	-
Postcode	507669
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20230409/7046

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	SMK2686X
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Brown
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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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:

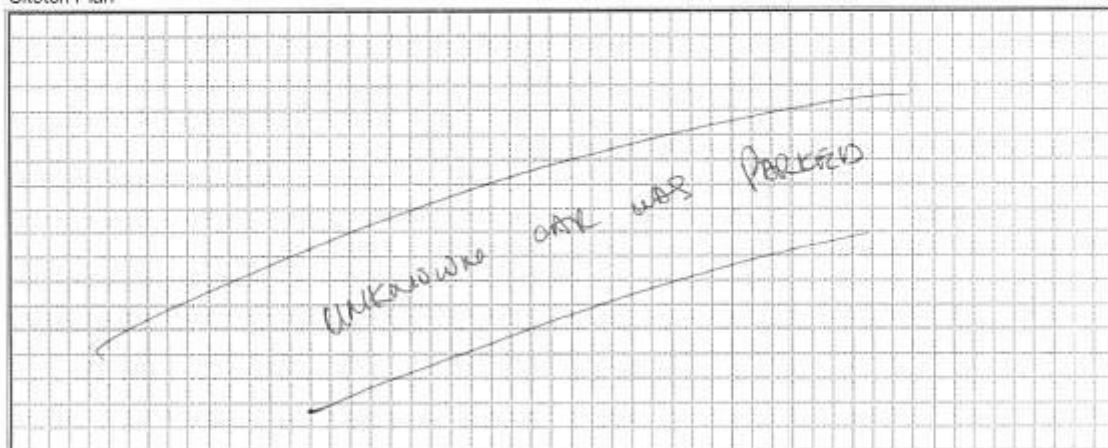
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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Describe Circumstance of the Accident

REFER to POLICE REPORT E/20230469/7046

Declaration

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

 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)
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Hi,
We just witnessed your car getting
scratched by a BMW reversing into
your car.

Their plate #: SMK 2686X
Brown BMW SUV.


**SINGAPORE
POLICE FORCE**
POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000



G/20230409/7046

1 of 2

Report No. G/20230409/7046

Date/Time Report Made 09/04/2023 16:30	Vide Report No.	Station Diary No.
Name Of Informant WONG LIANG MING	Address 973 UPPER CHANGI ROAD NORTH SINGAPORE 507669	
ID Type / ID No. NRIC NO / S8832390D	Contact No. Home/Office:	Mobile: 98772805
Nationality SINGAPORE CITIZEN	Email Address WONGLIANGMING@GMAIL.COM	
Occupation	Sex	Age
Other religious professionals	Female	34
Institution/School Name	Language English	Date of Birth 01/09/1988
		Race Chinese
Date/Time Of Incident 09/04/2023 09:15 - 09/04/2023 15:15	Location Of Incident 973 UPPER CHANGI ROAD NORTH SINGAPORE 507669	

Brief details.

A note was placed on my car saying that they witness another car reversing into my car and damaging my car. The note states:

Hi,

we just witnessed your car getting scratched by a BMW reversing into your car.

The plate #: SMK2868X Brown BMW SUV

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2023 16:30
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230409/7046

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230409/7046

Subjects Involved			
Victim			
Person Name	WONG LIANG MING		
ID Type	NRIC NO	ID No	S8832390D
Gender	Female	Age	34
Race	Chinese	Language	English
Occupation	Other religious professionals	Address	973 UPPER CHANGI ROAD NORTH SINGAPORE 507669
Mobile No	98772805	Is Informant A Victim?	Yes
Person Name	WONG LIANG MING (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2023 16:30
Officer In-Charge Of Case:	Classification Of Case:



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08234B0005 Vehicle Registration No: SMZ5547R
 Name (as shown in NRIC): WONG LIONG MING NRIC/FIN/Passport No: SXXXXX3901
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98772805
 Email Address: _____
 Date of Accident: 09/04/2023 Time of Accident: 15:00
 Place of Accident: BETWEEN BLK 81/82 MARINE PARADES CARPARK - MP14
 Insurance Company: CHINA TAI PING

(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:

HANDPHONE NUMBER - 98772805

Policyholder / Actual Driver's Signature
Date:

11/04/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: