

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	18/04/2023 15:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/04/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 860 TAMPINES AVE 5 OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6853Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY SHEH WANG
Passport No/FIN	G7621662U
Email Address	WCF_TAY@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81117795
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129733692

DRIVER

Name of Driver	TAY SHEH WANG
Passport No/FIN	G7621662U
Date Of Birth	28/10/1982
Occupation	Indoor

Date Of Driving Pass	14/04/2015
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-81117795
Alt. Phone Number	-
Email Address	WCF_TAY@HOTMAIL.COM
Address	22A BALI LANE
Address complement	-
Postcode	-
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	GZ3321J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Government
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**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.
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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

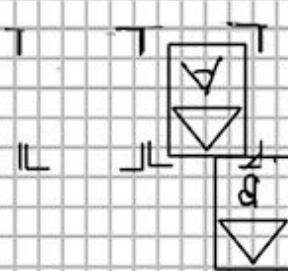
Sketch Plan 18/4/2023

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



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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN

		A - SJN6853Z B - GZ3321J
		BLK 860 TAMPINES AVE 5 OSCP

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



Policyholder's Signature / Date & Time

18/4/2023

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



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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN 2


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20230418/2048

1 of 3

Report No. T/20230418/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2023 14:04	Vide Report No.: G/20230417/0095	Station Diary No.: 60
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Informant's Particulars

Name of Informant: TAY SHEH WANG		Address: 60 EU TONG SEN STREET #02-03 SINGAPORE 059804	
ID Type / ID No.: FIN NO / G7621662U		Contact No.: Home/Office: Mobile: 81117795	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 28/10/1982	Type of Informant: Vehicle Owner
Race: Chinese		Language: Chinese	
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2023 12:00	Type of Location: Car Park
Location: TAMPINES AVENUE 5			
Weather:		Road Surface: Dry	
Traffic Flow:		Traffic Control:	Traffic Volume:
Type of Collision: MOVING VEHICLE AGAINST STOP VEHICLE			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ3321J	Car	TOYOTA	HILUX D CAB	White		0
SJN6853Z	Car	TOYOTA	WISH 1.8 AUTO	Silver		0

Details of Person Involved

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

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20230418/2048

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Report No: T/20230418/2048

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 1 NG WEE YONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/04/2023 14:04

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

NP168


**SINGAPORE
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Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20230418/2048

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Report No. T/20230418/2048

CONTINUATION OF REPORT

Vehicle Owner			
Name	TAY SHEH WANG	ID No.	G7621662U
Related Vehicle	SJN6853Z (Car)	Contact No.	81117795
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/04/2023 at about 1030hrs, I parked my car bearing plate number SJN6853Z at B/860 Tampines Ave 5 open space carpark. I saw that there are many police vehicles and SCDF vehicles parked at the carpark. On the same day at about 1249hrs, I received a call from an unknown number asking me to come down to the carpark. As I do not know what had happen, I looked down my window and saw that there are many police officer around my car.

Immediately I proceeded down and spoke a few of the officers and I realised that one police vehicle bearing GZ3321J had collided into my car. I was then asked to make a traffic accident report immediately.

Due to the accident, my car damage is at the front left portion near to the passenger seat. No one was in the car when the accident happens and no one was injured.