

## 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	21/04/2023 17:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/04/2023 17:48 (SGT)
Exact Location of Accident	Keong Saik Rd., Singapore
Additional Location Information	ALONG KEONG SAIK ROAD (TOWARDS NEIL ROAD)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE9987B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHOON PERN
NRIC No	S7429139B
Email Address	ALVINCHUA.EDGE@GMAIL.COM
Mobile Phone No	(Phone) +65-87586199
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	AMG LINE COUPE
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1332

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126321136-01

#### DRIVER

Name of Driver	CHUA CHOON PERN
NRIC No	S7429139B
Date Of Birth	31/08/1974
Occupation	Indoor

Date Of Driving Pass	23/08/1996
Driving experience	26 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87586199
Alt. Phone Number	-
Email Address	ALVINCHUA.EDGE@GMAIL.COM
Address	BLK 549 JURONG WEST STREET 42 #02-207
Address complement	-
Postcode	SINGAPORE 640549
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)	1
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN.

#### 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	SJZ1969T
Vehicle Manufacturer	LandRover
Vehicle Model	Range rover
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)	1

**SKETCH PLAN**

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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

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**



A: SN 99878


B: ST 2 1969T

**Describe Circumstance of the Accident**

I was parked along Irons Side Road. came back to retrieve my vehicle & saw a note that someone hit my vehicle. Checked my footage in vehicle TJ7 19697, white car, side swipe my stationary parked vehicle.

**Declaration**

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

 21/4/2023  
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)

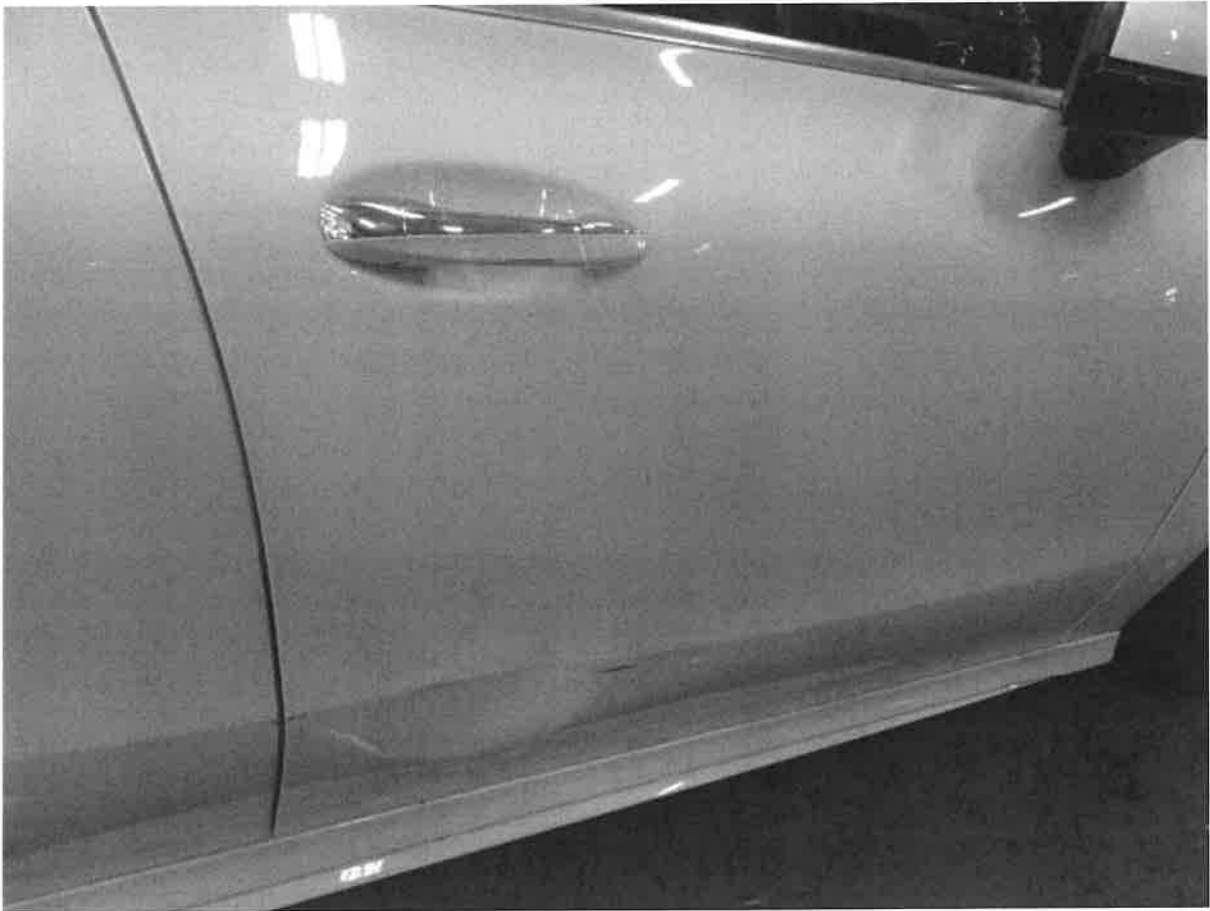




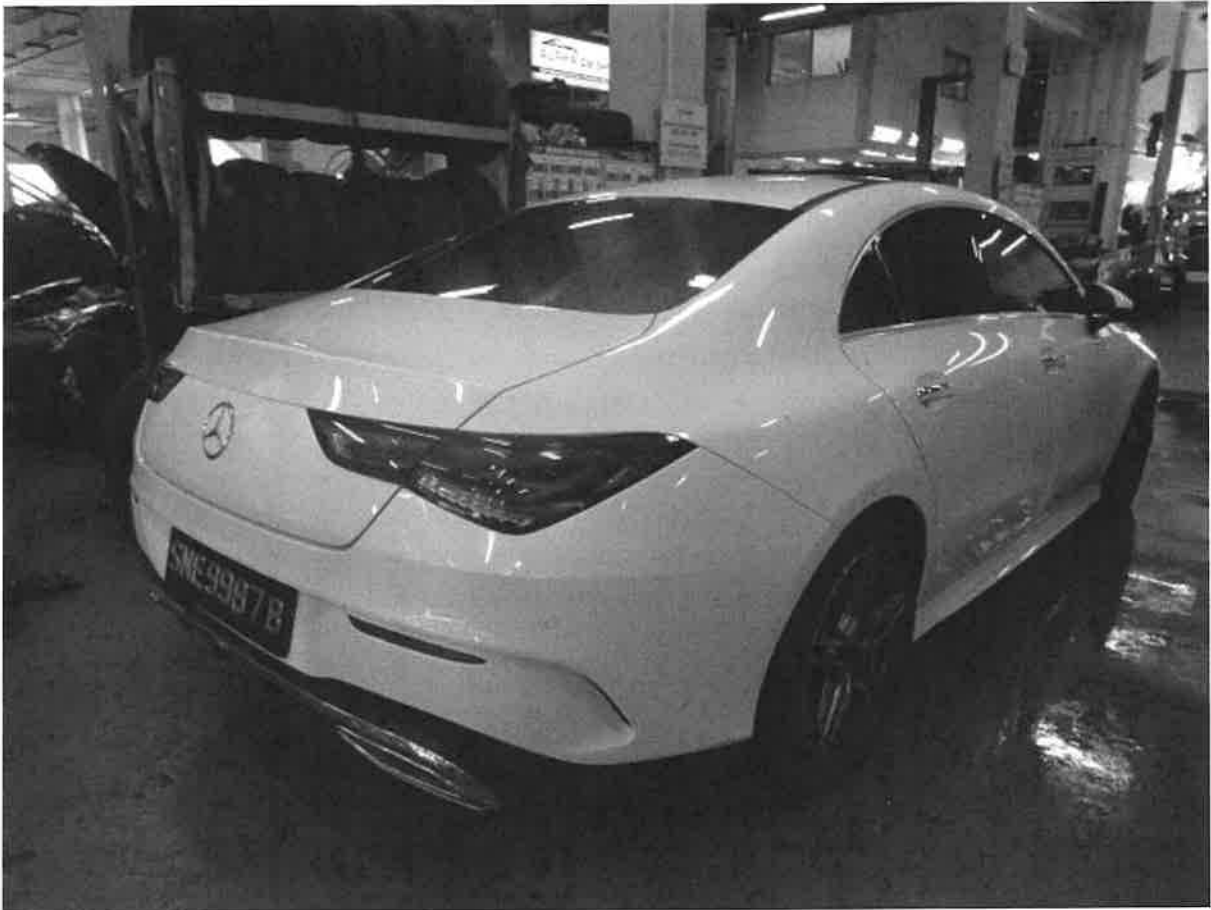














**SINGAPORE  
POLICE FORCE**



T/20230427/2119

1 of 3

Report No. T/20230427/2119

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/04/2023 20:15		Vide Report No.:		Station Diary No.: 111	
<b>Informant's Particulars</b>					
Name of Informant: CHUA CHOON PERN			Address: APT BLK 549 JURONG WEST STREET 42 #02-207 SINGAPORE 640549		
ID Type / ID No.: NRIC NO / S7429139B			Contact No.: Home/Office: Mobile: 87586199		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 31/08/1974	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Company director			Driving Licence Information: Class: 3 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: 27/04/2023 17:45	Type of Location: Straight Road
Location:  KEONG SAIK ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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	Condition	No of Passenger
SJZ1969T	Car	LAND ROVER	RANGE ROVER SPORT 3.0P (400PS)			0
SNE9987B	Car	MERCEDES BENZ	CLA180 AMG LINE COUPE AUTO	White	Slightly Damaged	0



**SINGAPORE  
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T/20230427/2119

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20230427/2119

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNE9987B	NTUC Income Insurance Co-Operative Limited	5126321136-01	22/03/2023	29/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA CHOON PERN	ID No.	S7429139B
Related Vehicle	SNE9987B (Car)	Contact No.	87586199
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 20/04/2023 at about 1700hrs, I was driving my vehicle, SNE9987B, along Keong Saik Road towards Kreta Ayer Rd. I then parked at the along the road, on a parallel parking lot provided. After securing my vehicle, I then left.

At about 1830hrs, after my dinner, I procced back to my vehicle and noticed a dent on my driver door area. Subsequently, I noticed that someone had left a note stating that a White Range Rover, SJZ1969(Not accurate), collided onto my vehicle and drove off.

My vehicle is in-stall with an in-car camera however if the vehicle is parked, it will only record once it feels motion to the vehicle. I then made a check on my in-car camera footage and managed to capture the vehicle plate number, SJZ1969T. Thereafter, I had proceeded to lodge a report with my insurance company.



**SINGAPORE  
POLICE FORCE**



T/20230427/2119

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20230427/2119

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SGT 1 IBRAHIM BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/04/2023 20:15

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT RASHIDAH BINTE AZMAN

Contact No.: 65476902

Classification Of Case:

NP168



**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: SA SLOP234L0001 Vehicle Registration No: SVE99878  
 Name (as shown in NRIC): CHUA CHOW FERN NRIC/FIN/Passport No: S7429139B  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Blk 549 Jurong West Street 42 #02-207 Singapore 640553  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 87586197  
 Email Address: \_\_\_\_\_  
 Date of Accident: 20/04/2023 Time of Accident: 1748Hrs  
 Place of Accident: Keng Salk Road  
 Insurance Company: NTUC Income

**(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:

I wish to add on the police report attached.

Policyholder / Actual Driver's Signature  
 Date: \_\_\_\_\_

Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card): \_\_\_\_\_  
 Date: \_\_\_\_\_

v3m-2022



# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 20 Apr 2023 / 17:48:00 )

## Vehicle Insurance Details

Vehicle No.:

**SJZ1969T**

Make Description/Model:

**LAND ROVER / RANGE ROVER SPORT 3.0P (400PS)**

Insurance Company Name:

**ALLIANZ INSURANCE SINGAPORE PTE. LTD.**

Business Transaction Reference No.:

**20230509133405466737**

**Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).**

Save as PDF

OK →

Print



# Thank you

You have successfully logged out.

Your last login date and time was 09 May 2023, 13:32:55.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

S/No.↓	Asset Type↕	Asset ID↕	Transaction Type↕	Transaction Amount(\$\$)↕	Log Date/Time↕
1	Vehicle	SJZ1969T	18.19 Enquire Veh Owner Info (Others) by Law Firm	26.75	09 May 2023 / 13:34:05