

# 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 ..... 02/05/2023 14:20 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 25/04/2023 09:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... NUS CARPARK 10A  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMS3950J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KANG AI YEN  
NRIC No ..... SXXXX201B  
Email Address ..... CLARAKAY67@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96409720  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 216d  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5127153892

### DRIVER

Name of Driver ..... JOEL AZRIEL SEOW YONGFENG  
NRIC No ..... SXXXX809G  
Date Of Birth ..... 19/04/1999  
Occupation ..... Indoor

Date Of Driving Pass .....	11/02/2020
Driving experience .....	3 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83685590
Alt. Phone Number .....	-
Email Address .....	JAZRIEL.SEOW@GMAIL.COM
Address .....	9 PULASAN ROAD
Address complement .....	-
Postcode .....	424377
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

REFER TO POLICE REPORT NO.: G/20230428/7143.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YP531D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

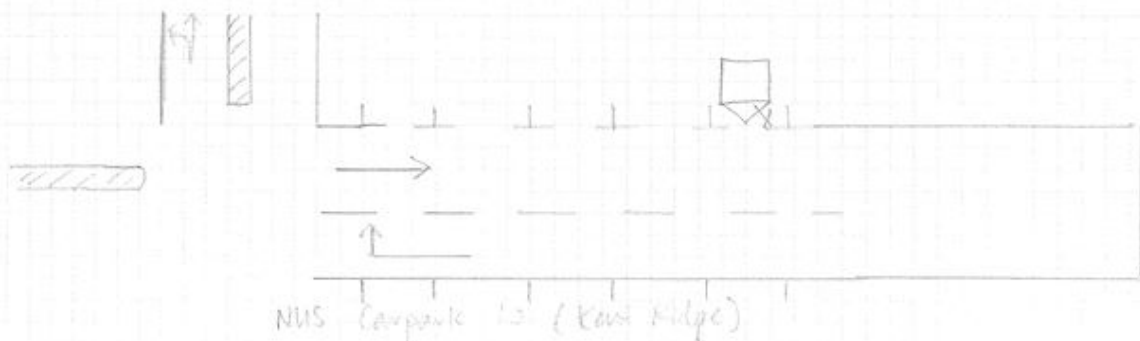
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.
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

## Sketch Plan



## Describe Circumstances of the Accident

attach police report

## Declaration

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

*[Signature]*

29/4/23  
14:36





**SINGAPORE  
POLICE FORCE**



G/20230428/7143

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**POLICE REPORT (NP299)**

Report No. G/20230428/7143

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

Date/Time Report Made 28/04/2023 21:14		Vide Report No.		Station Diary No.	
Name Of Informant JOEL AZRIEL SEOW YONGFENG		Address 9 PULASAN ROAD SINGAPORE 424377			
ID Type / ID No. NRIC NO / S9912809G		Contact No. Home/Office:                      Mobile: 83685590			
Nationality SINGAPORE CITIZEN		Email Address jazriel.seow@gmail.com			
Occupation Student		Sex Male	Age 24	Date of Birth 19/04/1999	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 25/04/2023 09:00 - 25/04/2023 18:30		Location Of Incident NUS Carpark 10A			

**Brief details.**

I parked my car and went to school at the Faculty of Dentistry. When I went back to my car in the evening, I was prompted that "the daylight is faulty". Only the next day my parents noted that my left headlight was smashed and the area surrounding it dented. My car might have been hit at the carpark but the car camera has since been formatted and I do not have any footage of the incident. I have contacted Re Sustainability Solutions Pte Ltd regarding security footage of the carpark, and they advised they could only assist if I made a police report.

**Subjects Involved**

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: 28/04/2023 21:14
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Marine Parade NPP Kiosk 1





**SINGAPORE  
POLICE FORCE**



G/20230428/7143

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230428/7143

Victim			
Person Name	JOEL AZRIEL SEOW YONGFENG		
ID Type	NRIC NO	ID No	S9912809G
Gender	Male	Age	24
Race	Chinese	Language	English
Occupation	Student	Address	9 PULASAN ROAD SINGAPORE 424377
Mobile No	83685590	Is Informant A Victim?	Yes
Person Name	JOEL AZRIEL SEOW YONGFENG (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: 28/04/2023 21:14
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Marine Parade NPP Kiosk 1