

# 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 .....	04/01/2023 09:23 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/01/2023 00:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PASIR RIS DRIVE 6 CAR PARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLE8498B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN SOO KWANG
NRIC No .....	SXXXX607B
Email Address .....	endectan@singnet.com.sg
Mobile Phone No .....	(Phone) +65-93824481
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
Variant .....	-
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 .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5129257400

### DRIVER

Name of Driver .....	TAN SOO KWANG
NRIC No .....	SXXXX607B
Date Of Birth .....	18/08/1963
Occupation .....	Indoor

Date Of Driving Pass .....	04/01/1982
Driving experience .....	41 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93824481
Alt. Phone Number .....	-
Email Address .....	endectan@singnet.com.sg
Address .....	APT BLK 34 BEDOK SOUTH AVENUE 2 #16-373
Address complement .....	-
Postcode .....	460034
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 .....	MacPherson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007449999
Alt. Police Station Phone No .....	(Fax) +65-65476366
Police Station Address .....	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT, REF NO: T/20230101/2037

#### 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 .....	SKT5377U
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) ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

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2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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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 Police for investigation**.
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.

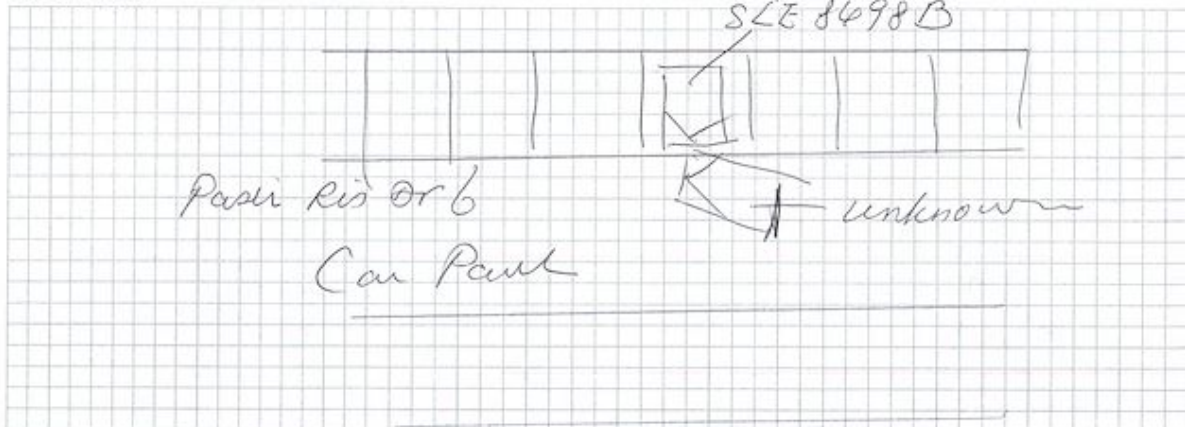


Policyholder's Signature / Date & Time

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

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

































**SINGAPORE  
POLICE FORCE**



T/20230101/2037

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 3

Report No. T/20230101/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/01/2023 15:44	Vide Report No.:	Station Diary No.: 26
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**Informant's Particulars**

Name of Informant: TAN SHOU SIANG, JACKY		Address: APT BLK 82A CIRCUIT ROAD #09-58 SINGAPORE 371082	
ID Type / ID No.: NRIC NO / S9413925B		Contact No.: Home/Office: Mobile: 81113740	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 13/04/1994	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: IT BUSINESS ANALYST		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/01/2023 00:30	Type of Location:
Location: PASIR RIS DRIVE 6				
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
SLE8498B	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230101/2037

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20230101/2037

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	TAN SHOU SIANG, JACKY		ID No. S9413925B
Related Vehicle	SLE8498B (Car)		Contact No. 81113740
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 31/12/2022 at about 10.15pm, I had parked my vehicle SLE8498B at Blk 441A Pasir Ris Drive 6 at Deck 1A lot 38 and everything was intact.

On 01/01/2023 at about 12.20am, I went to my vehicle, and I discovered that my front bumper has a dent and a white paint with scratches across it. I then checked my in-car camera and noticed that one white vehicle had driven past my car and had caused my car to jerk. The driver then stopped and went to check on my vehicle and subsequently drove off. From the footage, the other vehicle looked like one Kia Carens but I could not be sure.

I noted down the vehicle numbers that was parked around my car. ET81B from Lot 36 and SLT8545U from lot 40, SNS2657M, SJT1663G from lot 50.

I am also contacting with one of the vehicle owners that is parked opposite me which is SJV8262J.

There are also police cameras no 05 and 04.



**SINGAPORE  
POLICE FORCE**



T/20230101/2037

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20230101/2037


**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: G / SGT 3 MUHAMMAD NASRUL AMIRUDDIN BIN SULAIMAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / HRT / SR STAFF SGT NEO ZHI YUAN Contact No.: 65476079	

Signature Of Informant:	
Date/Time: 01/01/2023 15:44	
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: SC1N23140002 Vehicle Registration No: SLE8498B  
 Name (as shown in NRIC): TAN SOO KWANG NRIC/FIN/Passport No: 1588607B  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: APT BLK 34 BEDOK SOUTH AVENUE 2 #16-373 Singapore (460034)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9382 4481  
 Email Address: endectan@singnet.com.sg  
 Date of Accident: 01/01/2023 Time of Accident: 00:30  
 Place of Accident: PASIR RIS DRIVE 6 CAR PARK  
 Insurance Company: INCOME INSURANCE LIMITED - 5129257400

**(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:

ADDED IN TP VEHICLE NUMBER

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

CITY AUTO PTE LTD  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

\_\_\_\_\_  
**Reporting Centre Personnel's Signature**  
 Name:  
 NRIC/FIN No.:  
 Date: