

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 06/06/2023 12:24 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 04/06/2023 22:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information NEWTON FOOD CENTRE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA8178U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIANG HANLIN DORIS
NRIC No SXXXX747G
Email Address kchiang@singnet.com.sg
Mobile Phone No (Phone) +65-96359703
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
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 0

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00277522200

DRIVER

Name of Driver LIANG HANLIN DORIS
NRIC No SXXXX747G
Date Of Birth 08/11/1962
Occupation Indoor

Date Of Driving Pass	29/11/1994
Driving experience	28 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96359703
Alt. Phone Number	-
Email Address	kchiang@singnet.com.sg
Address	692A CHOA CHU KANG CRESCENT #18-16
Address complement	-
Postcode	681692
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	Collided into Parked Vehicle
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?	No
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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

WITNESS DETAILS

WITNESS 1

Name	DEW
Phone	(Phone) +65-96808416
Email	-

SKETCH PLAN

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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.

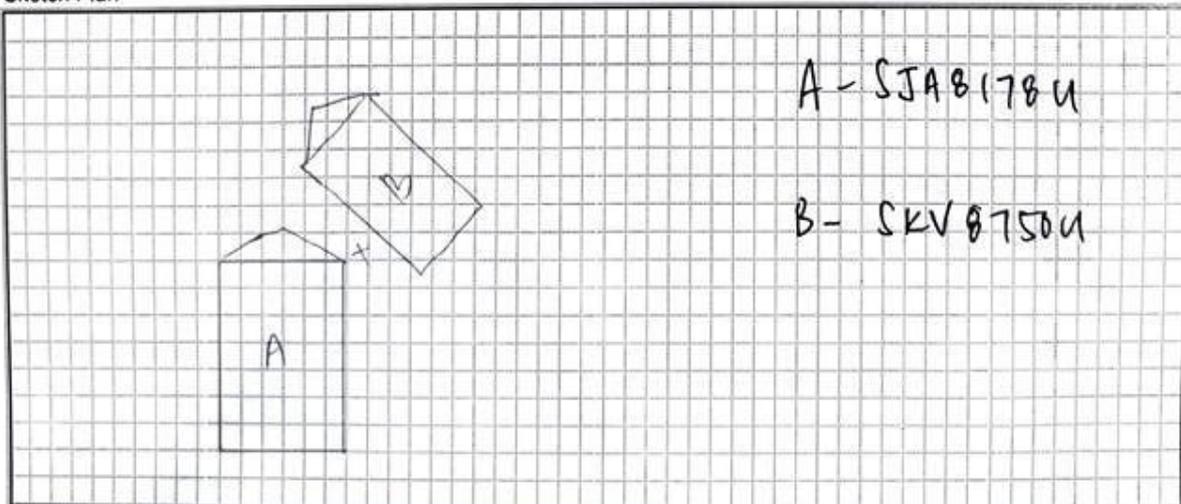
Policyholder's Signature / Date & Time

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

MOHAMED RAZALI BIN HASSAN

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

Sketch Plan



Describe Circumstance of the Accident

DOA: 04/6/23

TIME: 2230 HRS

LOCATION: NEWTON Food Centre carpark

REFER POLICE REPORT

Declaration

I/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



MOHAMED RAZALI BIN HASSAN

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







































**SINGAPORE
POLICE FORCE**



T/20230605/2003

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20230605/2003

CONTINUATION OF REPORT

Vehicle Owner			
Name	KOH MEIHAN, EDMUND	ID No.	S9034428E
Related Vehicle	SJA8178U (Car)	Contact No.	84149521
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 04/06/2023 at about 8pm, I last parked my vehicle bearing SJA8178U at Newton Food Centre carpark and went to have my dinner nearby,

At about 10:30pm, I went back to my vehicle and discovered that there was a note on my windscreen. The note appeared to be from a witness who claimed to have seen someone who had hit onto my car and left. The witness also provided the car plate number of the vehicle that had hit my car (SKV8750U). I contacted the witness at 96808416 to enquire about the matter and he addressed himself as Dew. He told me that he had witness a vehicle hitting my parked car and left. Dew also told me that he can try to get a dash cam footage as his friends had their car parked opposite of mine.

I made a check on my vehicle and noticed that there were some scratches on the right fender and right bumper.

I stay at Australia and I come to Singapore monthly. You may reach me via my email address or through Whatsapp (+61435729231).



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T/20230605/2003

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20230605/2003

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/
SGT 2 ZOEN LEE WEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/06/2023 00:53

Officer In Charge Of Case:
TP / HRT /
SI IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

NP168