

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 First Submission	05/11/2024 12:01 (SGT)
Reported by	Actual Driver
Date of Accident	03/11/2024 12:22 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 10, Singapore
Additional Location Information	Open air carpark (A38 & A39) Lot no. 146
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN110Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Yeo Lan Fang
NRIC No	S6964274H
Email Address	llcdaniel@yahoo.com
Mobile Phone No	(Phone) +65-83133535
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ24-010038

DRIVER

Name of Driver	LOW LIANG CHIEH
NRIC No	S1600700E
Date Of Birth	16/06/1963
Occupation	Indoor
Driving Pass Date	28/08/1980
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	44 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84030848
Alt. Phone Number	-
Email Address	lilcdaniel@yahoo.com
Address	BLK 410 ANG MO KIO AVE 10 #01-845
Address complement	-
Postcode	560410
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	The video is with the workshop, EM Solution Pte Ltd.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGA299S
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)	-

WITNESS DETAILS

WITNESS 1

Name	MDM CHONG
Phone	(Phone) +65-90675335
Email	-

SKETCH PLAN

IMPORTANT NOTICE

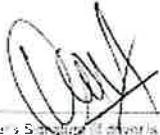
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8. Consent (under the Personal Data Protection Act (PDPA))

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.

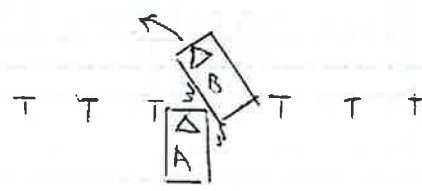

Policyholder's Signature / Date & Time

 05/11/24
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NPICID card) **SOH JIT HOON**

Sketch Plan

A) SJN 110Z
B) SGA 299S



Describe Circumstance of the Accident

Refer to Police Report No. T/2024/1104/2029

3P claim @

EM SOLUTION PTE LTD
160 Sin Ming Drive
#03-18/19 Sin Ming Autocity
Singapore 575722
Tel: 6458 0226 Fax: 6458 4500
Email: emautosolution@singnet.com

Declaration

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature / Date & Time



05/11/24

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



Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) **SOH JIT HOON**



**SINGAPORE
POLICE FORCE**



T/20241104/2029

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20241104/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2024 14:02		Vide Report No.:		Station Diary No.: 59
Name of Informant: LOW LIANG CHIEH		Address: 410 ANG MO KIO AVENUE 10 #01-845 SINGAPORE 560410		
ID Type / ID No.: NRIC NO / S1600700E		Contact No.: Home/Office: Mobile: 84030848		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 16/06/1963	Type of Informant: Vehicle Owner	
Race: Chinese		Language: English		
Occupation: SELF EMPLOYED		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/11/2024 12:20	Type of Location: Car Park
Location: ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

SGA299S	Motor car					No of Person Injured
						0
SJN110Z	Motor car					0

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



**SINGAPORE
POLICE FORCE**



T/20241104/2029

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20241104/2029

CONTINUATION OF REPORT

Vehicle Owner			
Name	LOW LIANG CHIEH	ID No.	S1600700E
Related Vehicle	SJN110Z (Motor car)	Contact No.	84030848
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 3/11/24 at about 1222hrs I was at home when my helper suddenly heard a loud crash coming from my carpark. My helper told me, and I went out to take a look. I then discovered that my vehicle (SJN110Z) front bumper was damaged and dislodged. One of my friend who was at the scene mentioned to me that a vehicle hit onto my vehicle and left without stopping. As my unit is a shop house, there is a CCTV installed directly facing the carpark lot where I always park my vehicle. I viewed the CCTV footage and discovered a vehicle plate number SGA299S, which was parked beside my vehicle, when moving off from the lot, turned left and collided onto my vehicle. However, the driver did not stop upon colliding and continued to drive off.

The carpark is gantry operated. I also have the footage of the incident.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20241104/2029

3 of 3

Report No. T/20241104/2029

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 2 RAMESH S/O
KOLILINGAM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

Signature Of Informant:

Date/Time:
04/11/2024 14:02

Classification Of Case:

NP168