

## 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 Authorised 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 ability.
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 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 Report	31/10/2017 15:29
Date Of Accident	31/10/2017 06:30
Exact Location Of Accident	MEADOWS@PEIRCE CONDO UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4467D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG WE HUNG
NRIC No	S2589450B
Email Address	WEHUNG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98389837
Alternative Phone No	OFFICE-98389837
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	JADE 1.5 RS CVT-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V08268/VPC2/R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	WONG WE HUNG
NRIC No	S2589450B
Date Of Birth	13/09/1965
Occupation	INDOOR
Date Of Driving Pass	27/04/1991
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98389837
Fax Number	
Contact Number	OFFICE-98389837
Email Address	WEHUNG@SINGNET.COM.SG

Address BLK.632, UPPER THOMSON ROAD #12-82  
 Postcode 787133  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 Weather Conditions DRIZZLING  
 Road Surface WET

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 0

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO ATTACHED STATEMENT - THIRD PARTY DIRECT SETTLEMENT

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHD6849M  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)  
**Details of Witness**  
 Name  
 Phone Number

Email Address

Vehicle No SLQ4467D

**SKETCH PLAN**

Annex D

**IMPORTANT NOTICE**

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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:

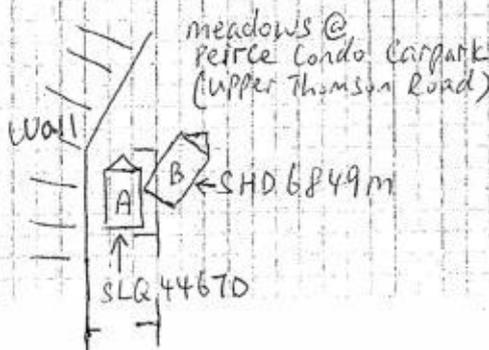
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

*[Signature]*  
 Policyholder's Signature / Date & Time

31/10/2017 @ 14:45 hrs  
 Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



Please continue to Annex E

Sketch Plan Pg. 2

Vehicle No SLR4467D

Annex E

Describe Circumstances of the Accident

See Police Report attached

Police Report No: T/20171031/2057

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

31/10/2017 @ 14:45hrs  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20171031/2057

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Report No. T/20171031/2057

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**CONTINUATION OF REPORT**

**Brief Details.**

ON 30/10/2017 AT ABOUT 2030HRS I PARKED MY VEHICLE ( SLQ4467D) AT MY CONDO CARPARK LOT NO: 490. ALL WAS INTACT AT THAT MOMENT .

ON 31/10/2017 0830HRS I RETURNED TO MY VEHICLE I DISCOVERED THAT THERE WAS A DENT AT THE RIGHT SIDE AT BOTH THE DOORS .

I THEN CHECKED MY ONBOARD CAMERA AND FOUND THAT A TAXI ( SHD6849M) HAD REVERSED AND BANGED ONTO MY VEHICLE AT ABOUT 0630HRS .

I AM LODGING THE REPORT FOR INSURANCE CLAIM .

DAMAGE TO MY VEHICLE : BIG DENT ON BOTH THE DOORS ON THE RIGHT SIDE.



**SINGAPORE  
POLICE FORCE**



T/20171031/2057

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Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20171031/2057

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: F / Sr Staff Sgt ASHRAF ALI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/10/2017 13:00
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp  
NP168