

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	18/12/2017 17:33
Date Of Accident	14/12/2017 00:00
Exact Location Of Accident	ALONG COLLYER QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6883U
Insured/Policyholder	
Name Of Registered Owner	LIM SIONG HOE LAWRENCE
NRIC No	S1547278B
Email Address	LAWRENCE@ABLIM.COM.SG
Mobile Phone No	(LOCAL) +65-97354267
Alternative Phone No	OFFICE-97354267

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO-3.5 EX (A)

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LIM SIONG HOE LAWRENCE
NRIC No	S1547278B
Date Of Birth	02/07/1962
Occupation	INDOOR
Date Of Driving Pass	22/09/1980
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97354267
Fax Number	
Contact Number	OFFICE-97354267
Email Address	LAWRENCE@ABLIM.COM.SG

Address

Postcode

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

CLEAR

Road Surface

DRY

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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

refer to police report & sketch plan

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKT1547T

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)

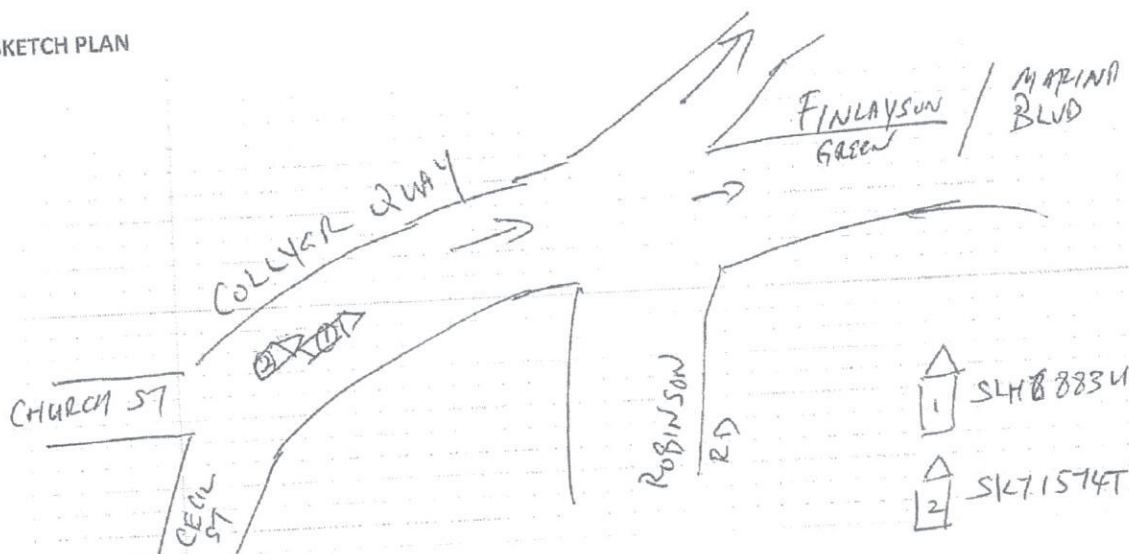
Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per POLICE REPORT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 18/12/17

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

COMFORTDELGRO ENGINEERING PTE LTD
383 SIN MING DRIVE
SINGAPORE 575717

Reporting Centre Personnel's Signature

Name: 212473847

NRIC/FIN No.:

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 18/12/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Mary Lim
8134738412

COMFORTDELGRO ENGINEERING PTE LTD
383 SIN MING DRIVE
SINGAPORE 575717

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20171216/2067

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20171216/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2017 12:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM SIONG HOE LAWRENCE			Address: APT BLK 184 PASIR RIS ST 11 #03-56 HDB-PASIR RIS SINGAPORE 510184		
ID Type / ID No.: NRIC NO / S1547278B			Contact No.: Home/Office: Mobile: 97354267		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 02/07/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: INSURANCE MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/12/2017 00:00	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 COLLYER QUAY				
Collyer Quay, between Robinson Road and Collyer Quay, towards Marina Boulevard.				
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
SKT1574T	Car					0
SLH6883U	Car	KIA	SORENTO 2.2(A) CRDI 2WD S/R	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SLH6883U	QBE Insurance (Singapore) Pte Ltd	V0016472	16/11/2017	15/11/2018



SINGAPORE
POLICE FORCE



T/20171216/2067

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20171216/2067

CONTINUATION OF REPORT

Brief Details.

On 14/12/2017 at about 0001hrs while travelling along Collyer Quay towards Marina Boulevard, I heard a bang sound and felt a push from the left rear portion and the left rear wheel of my car, plate no. SLH6883U. During this time, a blue car with carplate no. SKT1574T was behind my car. It overtook me from the left of my car towards Marina Boulevard thereafter. At this point, I was unable to ascertain that there was an accident or damage to my car, hence I followed SKT1574T from Sheares Bridge towards ECP (Changi Airport). It was then I noticed that there was a damage near the front right portion of SKT1574T. I lost track of SKT1574T after the car filtered onto the lane leading towards Siglap Road. I am lodging this report for recording purpose and insurance claim. That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20171216/2067

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Report No. T/20171216/2067

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:
APD /
Sgt 2 TEO CHEE SHEONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/12/2017 12:31

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168