

## 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 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	23/01/2018 14:13
Date Of Accident	22/01/2018 20:30
Exact Location Of Accident	ALONG JALAN LEBAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4928E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOSEPH BENJAMIN GOH PAK GUAN
NRIC No	S8197023H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97318635
Alternative Phone No	OTHERS-97318635

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00000880
Cover Note Number	

### Driver

Name of Driver	SEOW QIU WEN
NRIC No	S8635980D
Date Of Birth	21/12/1986
Occupation	INDOOR
Date Of Driving Pass	15/10/2014
Driving Experience	3 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97872087
Fax Number	
Contact Number	
EEmail Address	CALLISTA_EDGE@HOTMAIL.COM

Address	BLK 805C KEAT HONG CLOSE #14-72
Postcode	683805
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 25 SIN MING ROAD , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4529999 - <b>FAX NO:</b> 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT

#### 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 Witness 1

Name	AUDREY CHIA SOR SIANG
Phone Number	94560696
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ684X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**


**IMPORTANT NOTICE**

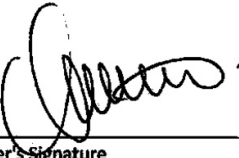
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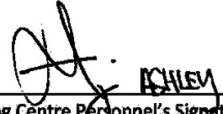
**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

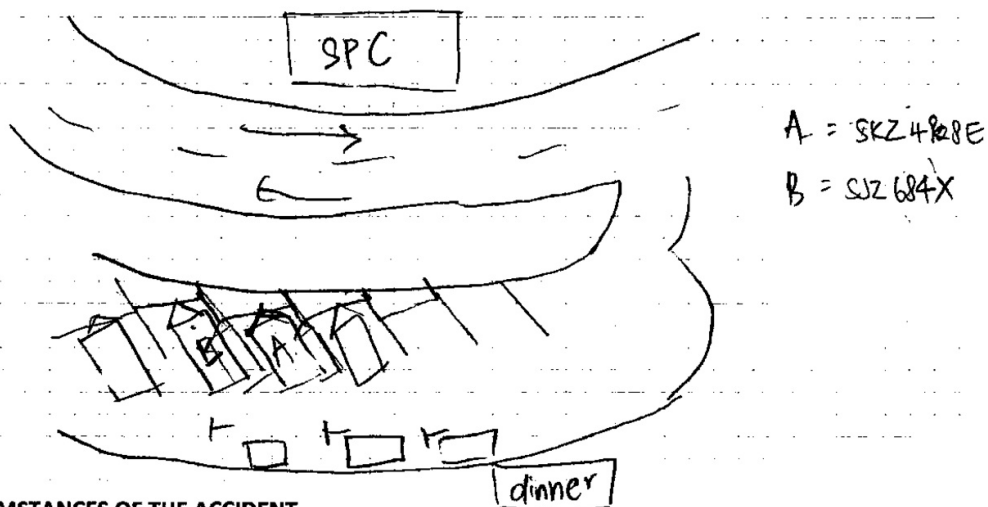
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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:

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

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

### SKETCH PLAN

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Accident Date & Time : 28/1/2018 2030 hours

Accident Location : Jalan Leban

As per police report.

☐ Reporting Only ☐ Own Damage ☒ Third Party ☐ Claim at other workshop (OD/TP)

## DECLARATION

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

**\* IMPORTANT NOTE:**

**IMPORTANT NOTE:**  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Policyholder's Signature

**Date & Time:**

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180122/2221

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20180122/2221

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/2018 22:10	Vide Report No.:	Station Diary No.: 82
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**Informant's Particulars**

Name of Informant: SEOW QIU WEN			Address: APT BLK 805C KEAT HONG CLOSE #14-72 SINGAPORE 683805		
ID Type / ID No.: NRIC NO / S8635980D			Contact No.: Home/Office: Mobile: 97872087		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 31	Date of Birth: 21/12/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: STRENGTH AND CONDITIONING COACH			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: 22/01/2018 20:30	Type of Location: Car Park
Location: Along Road 1 JALAN LEBAN  Near to 18 Jalan Leban.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ684X	Car	TOYOTA	COROLLA AXIO 1.5X A	Black		2
SKZ4928E	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Red		1



**SINGAPORE  
POLICE FORCE**



T/20180122/2221

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20180122/2221

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SEOW QIU WEN	ID No.	S8635980D
Related Vehicle	SKZ4928E (Car)	Contact No.	97872087
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
<b>Passenger</b>			
Name	AUDREY CHIA SOR SIANG	ID No.	S6808302H
Related Vehicle	SKZ4928E (Car)	Contact No.	94560696
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 22 January 2018 at about 6.40pm, I parked my car bearing registration number SKZ4928E along Jalan Leban Public car park opposite SPC petrol Kiosk near to 18 Jalan Leban (Springleaf Taiwan Porridge). The parking lot where I parked my car is a head-in and slanted parking lot.

After parking my car, I realized that the car bearing registration number SJZ684X (black car) that was parked on my left was not properly parked in the lot and it was very near to my car. Due to that, my car was also not parked in the lot properly. At that point of time, the lady driver was at the driver's seat. The lady driver was a Chinese about 20yrs old with long hair. There was also a 'P' Plate on the windscreen.

As such, I alighted from my car and told the driver to adjust the car so that I can adjust my car too in the proper lot. The driver then acknowledged and while she was adjusting her car, I was standing in front of my car and my passenger was standing behind my car. As she was adjusting, I observed that the front portion of the car mounted the curb and her car was so close to the car on the left. The car on the left registration number is SCX3800B. I am unsure if she had also collided on the said car on the left but my passenger could hear a bang while she was adjusting.

After a while of adjusting, the male passenger who was seating at the front passenger seat took over her and he continued to park the car properly. Subsequently, I proceeded to adjust my car and ensured that my car was parked properly. Before leaving to Springleaf Taiwan Porridge, I took a photo of the plate number of the car just for my record.



**SINGAPORE  
POLICE FORCE**



T/20180122/2221

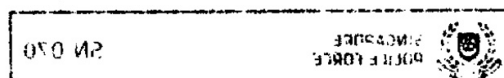
Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
70025  
Tel No: 1800-4529999

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Report No. T/20180122/2221

**CONTINUATION OF REPORT**

At about 8.30pm, we came back from the restaurant and discovered a few scratches about 30cm long with black paint on the left rear bumper of my car. I strongly believed that the said car (SJZ684X) had hit and had grazed onto my car and left. There is in-car camera in my car but it will be off when my car engine is off. I am not sure if there is CCTV camera at that location. I am lodging this report for Traffic Police to look into this matter.







**SINGAPORE  
POLICE FORCE**



T/20180122/2221

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE,  
570025  
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Report No. T/20180122/2221

**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:

E /

Sgt 2 MUHAMMAD ZULHILMI BIN ABU  
HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SITAN LEE HWANG DAWN

Officer No: 6215

SN 070

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:

22/01/2018 22:10

Classification Of Case: