

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	19/02/2018 17:11
Date Of Accident	15/02/2018 23:40
Exact Location Of Accident	37 SPRINGSIDE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1713S
Insured/Policyholder	
Name Of Registered Owner	WANG KAIFEN
NRIC No	S8308395F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96841696
Alternative Phone No	OTHERS-96841696

Vehicle Particulars

Manufacturer	AUDI
Model	A3
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-006239
Cover Note Number	

Driver

Name of Driver	WANG KAIFEN
NRIC No	S8308395F
Date Of Birth	13/03/1983
Occupation	INDOOR
Date Of Driving Pass	20/03/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96841696
Fax Number	
Contact Number	OTHERS-96841696
EEmail Address	NOEMAIL

Address	BLK 215 ANG MO KIO AVE 1 #03-889
Postcode	560215
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	WET

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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180216/2004

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 Witness 1

Name	EDDEN
Phone Number	98598897
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7722L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN


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 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. The 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 lodgment 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.

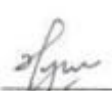
8. Consent under the Personal Data Protection Act (PDPA)

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.
- (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:

 19/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

SPRING SIDE DRIVE

DAMAGED

A

HOUSE NO. 37

(A) SLU1713Y

(B) SH 7722L


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


PLS REFER TO 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:

 19/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180216/2004

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20180216/2004

CONTINUATION OF REPORT

Vehicle Owner			
Name	WANG KAIFEN	ID No.	S8308395F
Related Vehicle	SLU1713S (Car)	Contact No.	96841696
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/02/2018 at about 11:45 pm, my uncle's neighbor Edden, contact no: 98598897 approached me and informed me that he had witnessed a hit-and-run between a Comfort taxi and my parked car which occurred 5 minutes earlier at 11:40 pm. My car (black Audi A3, registration no: SLU1713S). My car was parked along 37 Springside Drive and I had left it parked since earlier today at about 5:00 pm.

According to Edden, he had witnessed the driver of the Comfort taxi making a turn and subsequently brushed against the side of my parked car. The driver then drove off and did not make an effort to stop and leave his contact details. Edden managed to take down the registration no of the Comfort taxi.

My car sustained the following damages: 1) the front right side and the driver's door of my car is badly scratched and also dented in. There is also traces of blue paint left on my car due to the collision. There is no one injured during the hit-and-run.

I am lodging a report for Traffic Police to investigate.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T/20180216/2004

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180216/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2018 00:50	Vide Report No.:	Station Diary No.: 10
--	------------------	--------------------------

Informant's Particulars

Name of Informant: WANG KAIFEN			Address: APT BLK 215 ANG MO KIO AVENUE 1 #03-889 SINGAPORE 560215		
ID Type / ID No.: NRIC NO / S8308395F			Contact No.: Home/Office: Mobile: 96841696		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 34	Date of Birth: 13/03/1983	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Teacher			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/02/2018 23:40	Type of Location: Straight Road
Location: Along Road 1 SPRINGSIDE DRIVE				
37 Springside Drive				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SH7722L	Car					0
SLU1713S	Car	AUDI	A3	Black	Seriously Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180216/2004

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20180216/2004

CONTINUATION OF REPORT

Vehicle Owner			
Name	WANG KAIFEN	ID No.	S8308395F
Related Vehicle	SLU1713S (Car)	Contact No.	96841696
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/02/2018 at about 11:45 pm, my uncle's neighbor Edden, contact no: 98598897 approached me and informed me that he had witnessed a hit-and-run between a Comfort taxi and my parked car which occurred 5 minutes earlier at 11:40 pm. My car (black Audi A3, registration no: SLU1713S). My car was parked along 37 Springside Drive and I had left it parked since earlier today at about 5:00 pm.

According to Edden, he had witnessed the driver of the Comfort taxi making a turn and subsequently brushed against the side of my parked car. The driver then drove off and did not make an effort to stop and leave his contact details. Edden managed to take down the registration no of the Comfort taxi.

My car sustained the following damages: 1) the front right side and the driver's door of my car is badly scratched and also dented in. There is also traces of blue paint left on my car due to the collision. There is no one injured during the hit-and-run.

I am lodging a report for Traffic Police to investigate.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180216/2004

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No: T/20180216/2004

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 MOHAMAD FAIROZ BIN
MOHAMED MAKHROF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Signature Of Informant:

Date/Time:

16/02/2018 00:50

Classification Of Case:

Authentication Stamp

NP168