SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 witholding 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.	isent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/03/2018 10:52
Date Of Accident	19/03/2018 11:00
Exact Location Of Accident	OPEN AIR CARPARK BESIDE BLK 67 KALLANG BAHRU
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP7738H
Insured/Policyholder	
Name Of Registered Owner	CHERYL CHEN QIAOMIN
NRIC No	S8237488D
Email Address	VINZ_KUO@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93663777
Alternative Phone No	OFFICE-98752777
Vehicle Particulars	
Manufacturer	BMW
Model	216
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	C0072445
Cover Note Number	
Driver	
Name of Driver	VINCENT KUO YUAN FU
NRIC No	S8071121B
Date Of Birth	17/03/1980
Occupation	INDOOR
Date Of Driving Pass	13/10/1998

19 YEARS AND 5 MONTHS

(LOCAL) +65-98752777

VIN_KUO@YAHOO.COM

OFFICE-93663777

MALE

Address

1007 LOWER DELTA RD #05-03

Postcode

099310

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

NO

Insurance Company of Driver's Own Vehicle

1

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

VO

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 [OTHER]

BT MERAH WEST NPC

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH.

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

SHD7030B

Vehicle Make/Model/Colour

BLUE

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 30

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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:
 - 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 Sigvature

Date & Time: 5

Driver's Signature

(if driver is not the policyholder)

Date & Time: 20/3/18

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

SKETCH PLAN

	BA	Taxi
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	Parking (ot
Pls refer to	the attached poli	
	THE CONTRACTOR OF THE CONTRACT	

-		
and the latest the second seco		
	A STATE OF THE STA	
DECLARATION /We declare the foregoing particulars	are true in every respect.	20/3/2018
Policyholder's Signature Date & Time: 20/3/18 Pam	Driver's Signature (If driver is not the policyholder) Date & Time: 20/3/18 Qun	Reporting Centre Personnel's Signature Name: NRIC/F.N No.:

Sketch Plan Pg. 3





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Report No. T/20180319/2204

1 of 3

Tel No: 1800-3779999

REPORT	OF A	TRAFFIC	ACCIDENT
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	Date/Time Report Made: 19/03/2018 23:37		Vide Report No.:	Station Diary No.: 78	
Informa	nt's Partic	ulars			
	f Informant: IT KUO YU.		Address: 1007 LOWER DELTA	ROAD #05-03 SINGAPORE 099310	
	/ ID No.: D / \$80711:	21B	Contact No.: Home/Office: Mobile: 98752777		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 17/03/1980	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: SELF-EMPLOYED		Driving Licence Inform Class: 3	nation: Date of Expiry;		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/03/2018 12:00	Type of Location Car Park
Location: Along Road 1 KALLANG BA		(allang Bahru		
Weather: Clear	ner: Road			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

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD7030B	Car				Slightly Damaged	0
SLP7738H	Car				Slightly - Damaged	0

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

Sketch Plan Pg. 4





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 2 of 3 Report No. T/20180319/2204

Tel No: 1800-3779999

CONTINUATION OF REPORT

Driver						
Name	VINCENT KUO YUAN FU		ID No	•	S8071121B	
Related Vehicle	SLP7738H (Car)		Conta	ct No.	98752777	
Hospital/Clinic	NIL		Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave NIL I			Degree of	Injury	NIL	

Brief Details.

On 19/03/2018 at about 0940hrs, I parked my vehicle bearing SLP7738H at the open space car park beside Blk 67 Kallang Bahru. I then went to a TCM Clinic nearby there. At about 1200hrs when I came back to retrieve back my vehicle, I saw my front car plate had dropped out and was placed on the windscreen. A witness approached me and told me that earlier there was a blue colour taxi bearing SHD7030B, had hit onto my vehicle and drove off without stopping, the taxi's front driver side area had scratch across my front portion of the vehicle. As a result, my car plate number had dropped onto the ground. There were blue paint mark scratches across the whole front bumper area and the tip of my front bonnet area. The witness helped me take down the car plate number as well as placing my car plate onto my windscreen in case I had missed it. I did not manage to take down the particulars of the witness and his contact number.

I then went back home and retrieve the front-camera footages and captured the whole incident as well as the car plate number to confirm its the same number that the witness had provided to me. That is all.





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999 3 of 3 Report No. T/20180319/2204

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: D / Sgt 2 TAN HWA TIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/03/2018 23:37
	15/55/25/15 20.5/
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
SI KALESWARI PALANI Contact No.: 65476902	
Authentication Stamp	
NP168 SN 41	
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Commission of the contract of	