

## 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	05/04/2018 15:32
Date Of Accident	20/03/2018 08:25
Exact Location Of Accident	NO.2 BEGONIA WALK (805790)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG7168L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	HILAANDJASON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94665888
Alternative Phone No	OFFICE-94665888

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093336938
Cover Note Number	

### Driver

Name of Driver	JASON MICHAEL SMITH
Passport No/FIN	548489356
Date Of Birth	27/07/1977
Occupation	INDOOR
Date Of Driving Pass	28/08/2012
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94665888
Fax Number	
Contact Number	OTHERS-94665888
Email Address	HILAANDJASON@GMAIL.COM

Address	NO.2 BEBONIA WALK
Postcode	805790
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180323/2103

#### 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	JILL
Phone Number	97513202
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB5086A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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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 purposes 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:

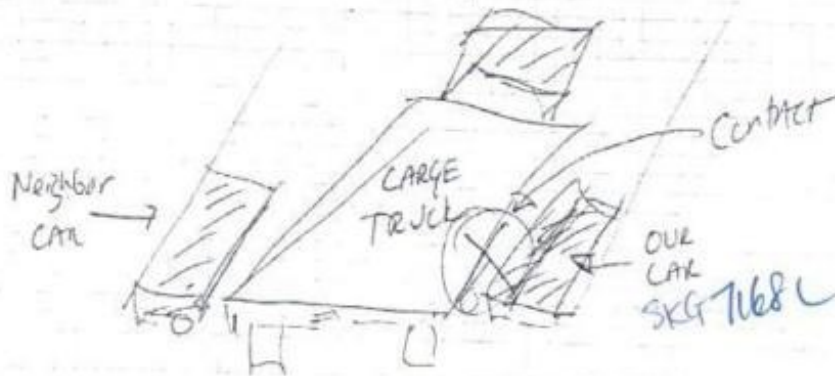
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/PIN No.:

# Sketch Plan #2

SKETCH PLAN

KIO 2 BARNHILL WORK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR WAS PARKED ON STREET AND A LARGE VEHICLE  
TRIED TO PASS. A NEIGHBOR TOOK PICTURES  
THE LEFT SIDE OF VEHICLE WAS DAMAGED

POLICE REPORT T/20180323/2103

## DECLARATION

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



Full title and side  
Date & Time:

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

4/4-30, 2018

Reporting Senior Personnel's Signature  
Name:  
In S.O. Policy No.

05/04/2018

Rafael W. W. W.

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180323/2103

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20180323/2103

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2018 13:53		Vide Report No.:		Station Diary No.: 99	
<b>Informant's Particulars</b>					
Name of Informant: SMITH HILA RADIA			Address: APT BLK 10 KALLANG AVENUE #08-10 APERIA SINGAPORE 339510		
ID Type / ID No.: FIN NO / G3338693T			Contact No.: Home/Office: Mobile: 94665888		
Nationality: AMERICAN			Email:		
Sex: Female	Age: 32	Date of Birth: 28/05/1985	Type of Informant: Vehicle Owner		
Race: Others			Language:		Institution / School Name:
Occupation: unemployed			Driving Licence Information: Class: Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 BEGONIA WALK				
Outside unit 2				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
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
SKG7168L	Car	TOYOTA	Estima	Grey	Slightly Damaged	0
XB5086A	Lorry					0

#### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG7168L	LIBERTY INSURANCE PTE LTD			



# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180323/2103

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No: T/20180323/2103

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	SMITH HILA RADIA	ID No.	G3338693T
Related Vehicle	NIL	Contact No.	94665888
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 20/03/2018 at about 0830 hours, my vehicle (SKG7168L) was parked outside my unit at 2 Begonia walk. My neighbor, Jill who stays at 10 Begonia walk saw a vehicle (XB5086A) trying to squeeze in between two parked vehicle. My neighbor took a picture and subsequently came to my house to show me the pictures she took. I went out to verify and saw that the left side of my vehicle was scratched. The scratches were new. I still have the pictures from my neighbor.

I am making this report for the purpose of insurance claim.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180323/2103

3 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180323/2103

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 /

Insp JANER SOH WAN CHI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/03/2018 13:53

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo





**Accident Photo**



**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo

