

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 | 10/02/2018 09:31 |
| Date Of Accident | 09/02/2018 12:00 |
| Exact Location Of Accident | DOWNTOWN EAST MSCP (LEVEL 2B, LOT: 162) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJH8591Y |
| Insured/Policyholder | |
| Name Of Registered Owner | JENNIFER YEO |
| NRIC No | S7913272A |
| Email Address | JENDEEN3@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-92345785 |
| Alternative Phone No | OTHERS-92345785 |

Vehicle Particulars

| | |
|--------------|--------------|
| Manufacturer | MITSUBISHI |
| Model | LANCER 1.6 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | M493024 (COMP) |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | JENNIFER YEO |
| NRIC No | S7913272A |
| Date Of Birth | 12/05/1979 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/07/2002 |
| Driving Experience | 15 YEARS AND 6 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-92345785 |
| Fax Number | |
| Contact Number | OTHERS-92345785 |
| EMail Address | JENDEEN3@YAHOO.COM.SG |

| | |
|---|--------------------------------|
| Address | BLK 679A PUNGGOL DRIVE #11-872 |
| Postcode | 821679 |
| 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 |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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 | PUNGGOL N.P.C |
| Police Station Address | ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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 | SLV4812P |
| Vehicle Make/Model/Colour | MAZDA5 WAGON 2.0 AT EU6 |
| 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

SKETCH PLAN

IMPORTANT NOTICE

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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 based 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 (c) above may be stored, 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 any such laws, under any regulatory or court orders.

Signature of Policyholder
Date: 10 FEB 2018

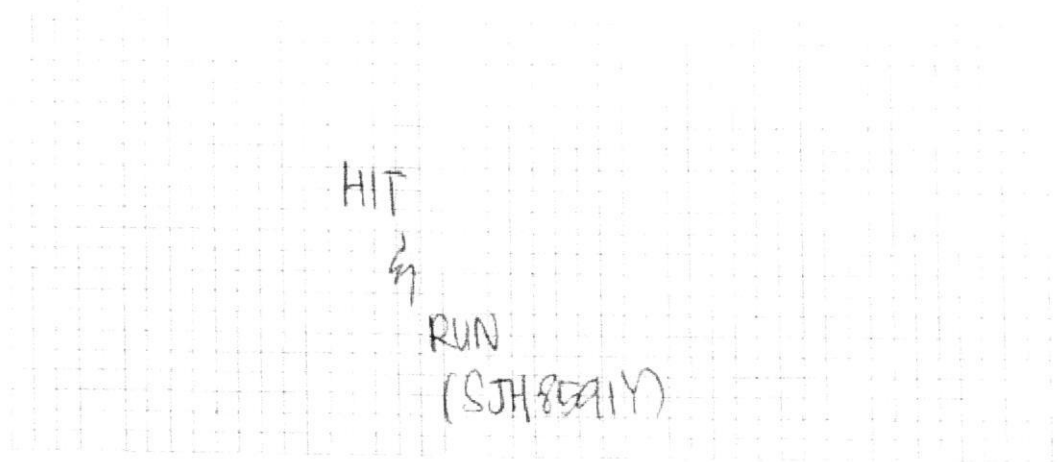
10 FEB 2018

Signature of Authorised Driver
Date: 10 FEB 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@singdelisort.se
Name:
NPP 11/1/18

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
to police report.

DECLARATION

I/we declare the foregoing particulars are true, in every respect

Declarant's Name
Date & Time

10 FEB 2018

Declarant's Signature
If different from the one above
Date & Time

IOAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vpckb@singnet.com.sg

Police Training Centre (Police Training Centre)

Room

Room No.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180209/2175

Police Station Of Origin
Punggol N.P.C
21A Tebing Lane SINGAPORE 828637
Tel No: 1800-6049999

1 of 3

Report No: T/20180209/2175

REPORT OF A TRAFFIC ACCIDENT

| | | |
|---|-----------------|--------------------------|
| Date/Time Report Made 09/02/2018 19:53 | Vide Report No. | Station Diary No: 110 |
|---|-----------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: JENNIFER YEO | | | Address: APT BLK 679A PUNGGOL DRIVE #11-872 SINGAPORE 821679 | | |
| ID Type / ID No.: NRIC NO / S7913272A | | | Contact No.: Home/Office: Mobile: 92345785 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 38 | Date of Birth: 12/05/1979 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: LOGISTIC SALES | | | 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: 09/02/2018 12:00 | Type of Location: Car Park |
| Location: Along Road 1 PASIR RIS CLOSE | | | | |
| E!Hub Downtown East Multi Storey Carpark Level 2B, lot 162 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One 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 |
|------------|------|------------|--------|-------|------------------|-----------------|
| SJH8591Y | Car | MITSUBISHI | Lancer | White | Slightly Damaged | 0 |

Details of Person Involved

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180209/2175

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20180209/2175

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|--|---------------------------------|
| Name | JENNIFER YEO | ID No. | S7913272A |
| Related Vehicle | SJH8591Y (Car) | Contact No. | 92345785 |
| 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 |

Brief Details.

On 9/02/2018 at about 12pm, I parked my White Mitsubishi Lancer car bearing registration number SJH8591Y at the MSCP of E!Hub Downtown East lot 162. I then left the car park where everything was intact and nothing amiss. On 9/02/2018 at 3pm, I retrieved my car and left the said car park and still did not notice anything amiss, however when I drove off I felt that there was a slight pull at the right side of the tyre. After I got out from the car park's gantry and checked on the tyre briefly and did not check the front part of the car. I then immediately drove to Joo Koon Circle to deliver Chinese New Year goodies to customer.

On the same date at about 3.45pm, I reached Joo Koon Circle and parked my car at the enclosed car park to meet up with my customer and still did not notice anything amiss. On the same date at about 4pm, as I wanted to retrieve my car and were about to leave the place, I discovered that my front right bumper of my car was damaged, which was dented inwards. There were also red marks on the dent which I strongly believed that a red car had hit onto my car. I also discovered that the front car plate came off and was no where to be seen. Immediately, I proceeded back to Downtown East MSCP to make a check.

On the same date at about 5.10pm, I arrived at the same lot (162) where I had parked earlier and to discover white paint flakes which I am sure came off from my car. I contacted Downtown East management and spoke to Ms Nurazrinah Mohamad on the issue where they advised me to lodge a Police report.

I wish to state that there is a CCTV at the vicinity of the car park.

Individual Statement



SINGAPORE
POLICE FORCE



T/20180209/2175

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No: T/20180209/2175

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 /

Staff Sgt AZRAN BIN MISRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case

TP / HRT /

SI KALESWARI PALANI

Contact No: 65476902

Authentication Stamp

NP168

Signature Of Informant:

4h

Date/Time:

09/02/2018 19:53

Classification Of Case

Sh025

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SJH 8591Y
Name (as shown in NRIC) : Jennifer Yeo NRIC/FIN/Passport No : S7913272A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 9 Feb 2018 Time of Accident : 1200
Place of Accident : Downtown East MSCP (Level 2B, Lot: 162)
Insurance Company : India International

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The third party vehicle no. is SLV4812P.



Policyholder / Driver's Signature
Date: 10 APR 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492306
Email: vackb@singnet.com.sg

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



SINGAPORE POLICE FORCE



T/20180209/2175

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| | | | | | |
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| ID Type / ID No.: NRIC NO / S7913272A | | | Contact No.: Home/Office: Mobile: 92345785 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 38 | Date of Birth: 12/05/1979 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: LOGISTIC SALES | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
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| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 09/02/2018 12:00 | Type of Location: Car Park |
| Location: Along Road 1 PASIR RIS CLOSE E!Hub Downtown East Multi Storey Carpark Level 2B, lot 162 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One 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 |
|-------------|------|------------|--------|-------|------------------|-----------------|
| SJH8591Y | Car | MITSUBISHI | Lancer | White | Slightly Damaged | 0 |

Details of Person Involved

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



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CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|--|---------------------------------|
| Name | JENNIFER YEO | ID No. | S7913272A |
| Related Vehicle | SJH8591Y (Car) | Contact No. | 92345785 |
| 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 |

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Sketch Plan

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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 /
Staff Sgt AZRAN BIN MISRAN

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

4r

Date/Time:
09/02/2018 19:53

Classification Of Case:

SN 085



Singapore Police Force