

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	19/04/2018 18:39
Date Of Accident	18/04/2018 13:00
Exact Location Of Accident	PEI HWA AVE 1 CARPARK(CLOSE TO PEI HWA PRI SCHOOL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK1579P
Insured/Policyholder	
Name Of Registered Owner	LIU LIHUI
NRIC No	S7161866H
Email Address	NHSL@NUS.EDU.SG
Mobile Phone No	(LOCAL) +65-98324607
Alternative Phone No	OTHERS-98324607

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY
Exact Purpose for which vehicle was being used at time of accident	PICK UP KIDS
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MU010539
Cover Note Number	

Driver

Name of Driver	LIU LIHUI
NRIC No	S7161866H
Date Of Birth	27/10/1971
Occupation	INDOOR
Date Of Driving Pass	29/04/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98324607
Fax Number	
Contact Number	OTHERS-98324607
EEmail Address	NHSL@NUS.EDU.SG

Address	29A WEST COAST PARK #11-15
Postcode	127723
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	COLLISION - OPENING DOOR OF VEHICLE
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 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180419/2024

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	SKH3087H
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

SKETCH PLAN

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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:

Liu Likai
19/4/2018
4:12pm

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

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

19/04/2018
[Signature]
Wong

Accident Sketch Plan

SKETCH PLAN

PACI HWA BUK 1 CARPARK

CARPARK
ENTRY

CAR B
OPEN DOOR



A) SJK1579P

B) SKH 3087H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
D/201846019/2024

DECLARATION

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

Lin Lihui

Policyholder's Signature

Date & Time:

19/4/2018

4:02pm

Lin Lihui

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/04/2018

Lin Lihui

POLICE REPORT



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

Police Station Of Origin
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



D/20180419/2024

1 of 2

Report No. D/20180419/2024

Date/Time Report Made 19/04/2018 13:13	Vide Report No.	Station Diary No. 52
Name Of Informant LIU LIHUI	Address 29A WEST COAST PARK #11-15 SINGAPORE 127723	
ID Type / ID No. NRIC NO / S7161866H	Contact No. Home/Office	Mobile 98324607
Nationality SINGAPORE CITIZEN	Email Address	
Occupation TEACHER	Sex Female	Age 46
Institution/School Name	Date of Birth 27/10/1971	Race Chinese
Date/Time Of Incident 18/04/2018 13:00	Location Of Incident 7 PEI WAH AVENUE PEI HWA PRESBY PRIMARY SCHOOL* SINGAPORE 597610 Open Carpark outside Pei Hwa Primary School	

Brief details.

On 18/4/2018 at about 1302 hours, I parked my vehicle, bearing plate number ^{STK}SGK1579P at the open carpark outside Pei Hwa Primary School. I was in the vehicle. Subsequently, a driver of vehicle, bearing plate number SKH3087H, which was parked on the left of my vehicle, opened his driver door and hit onto the left front passenger door of my car. I made a check and saw some small scratches and a dent on the said door. I approached the driver regarding the matter and he claimed that he did not cause such damage. After further discussion, the driver insisted that he did not cause the damage and left the

Signature Of Officer Recording The Report:

D / Sgt 2 MUHAMMAD AIZAT BIN AMIR

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp ADIB RIDZUAN BIN MOHAMAD ROSLAN
Contact No.: 67740000

Authentication Stamp

Signature Of Informant:

Date/Time:
19/04/2018 13:13

Classification Of Case:



POLICE REPORT



SINGAPORE
POLICE FORCE



D/20180419/2024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180419/2024

location. I am lodging this police report mainly for insurance claim purpose. I am unsure of the cost needed to repair the damage.

Signature Of Officer Recording The Report:

D / Sgt 2 MUHAMMAD AIZAT BIN AMIR

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp ADIB RIDZUAN BIN MOHAMAD ROSLAN
Contact No.: 67740000

Authentication Stamp



Signature Of Informant:

Lia Lili

Date/Time:
19/04/2018 13:13

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



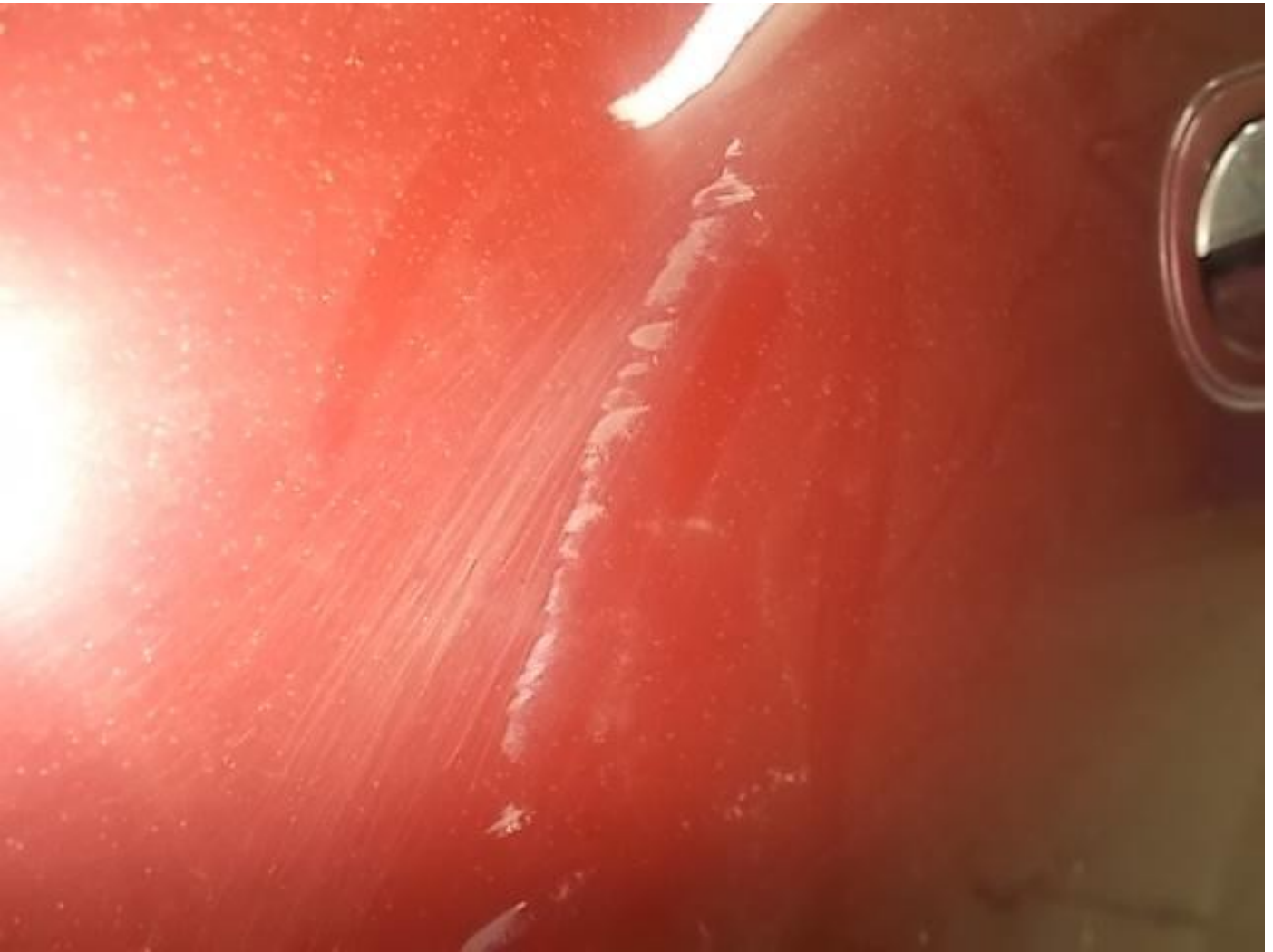
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

