

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	18/05/2018 10:07
Date Of Accident	17/05/2018 07:15
Exact Location Of Accident	TANGLIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	RD3099L
Insured/Policyholder	
Name Of Registered Owner	TRINITY OFFSHORE PTE LTD
Co Reg No	199102555K
Email Address	AUDREY@TRINITYOFFSHORE.COM
Mobile Phone No	(LOCAL) +65-90881000
Alternative Phone No	OFFICE-95431000

Vehicle Particulars

Manufacturer	NISSAN
Model	LEAF-80CC E (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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18059556MVQC
Cover Note Number	

Driver

Name of Driver	HING ZENG MIN. AUDREY
NRIC No	S8908950F
Date Of Birth	16/02/1989
Occupation	INDOOR
Date Of Driving Pass	11/07/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90881000
Fax Number	
Contact Number	
Email Address	AUDREY@TRINITYOFFSHORE.COM

Address	12 SWETTENHAM ROAD
Postcode	248098
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SHD428J
Vehicle Make/Model/Colour	TAXI
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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:

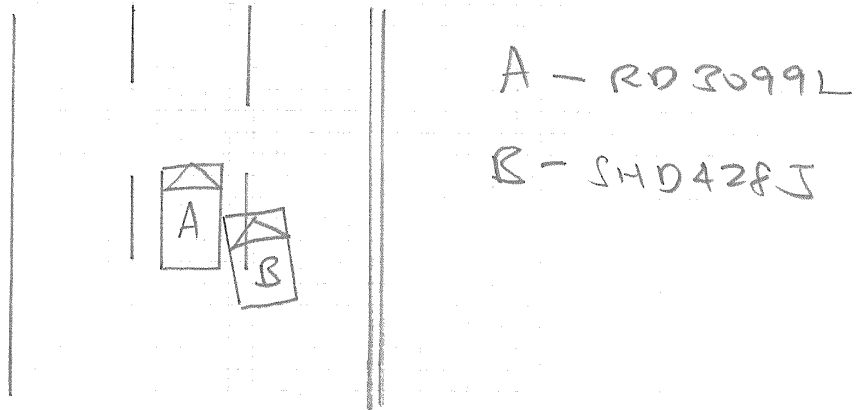


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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)

Reporting Centre Personnel's Signature
Name:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180517/7000

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180517/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2018 09:07			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: HING ZENG MIN, AUDREY			Address: 12 SWETTENHAM ROAD SINGAPORE 248098		
ID Type / ID No.: NRIC NO / S8908950F			Contact No.: Home/Office: Mobile: 90881000		
Nationality: SINGAPORE CITIZEN			Email: audrey@trinityoffshore.com		
Sex: Female	Age: 29	Date of Birth: 16/02/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other business services and administration managers nec			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: 17/05/2018 07:16	Type of Location: T-Junction
Location: TANGLIN ROAD AT THE JUNCTION OF ORANGE GROVE ROAD AND TANGLIN ROAD HEADING TOWARDS ORCHARD ROAD				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
RD3099L	Car					0
SHD 428 J	Car					0

Details of Person Involved

Accident Sketch Plan Pg. 1



**SINGAPORE
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T/20180517/7000

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Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180517/7000

CONTINUATION OF REPORT

Driver			
Name	HING ZENG MIN, AUDREY		ID No. S8908950F
Related Vehicle	RD3099L (Car)		Contact No. 90881000
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.

I WAS ON TANGLIN ROAD HEADING TOWARDS CLAYMORE ROAD. AFTER THE SLIP ROAD TURNING INTO ORANGE GROVE ROAD (I AM ON THE 2ND LANE FROM THE LEFT) THE TAXI WITH CAR PLATE NO. SHD 428J SIDE SWERVE FROM THE 3RD LAND INTO THE 2ND LANE AND HIT THE RIGHT SIDE OF MY VEHICLE. AS THE TRAFFIC LIGHT TURN RED, I STOP MY VEHICLE ON THE LEFT SIDE BEHIND THE BUS STOP, WHILE THE TAXI STOP AT THE TRAFFIC JUNCTION. BUT AFTER THE TRAFFIC LIGHT TURN GREEN, THE TAXI DROVE OFF WITHOUT EXCHANGING DETAILS.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180517/7000

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180517/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
17/05/2018 09:07

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

