

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	17/03/2018 13:42
Date Of Accident	16/03/2018 11:50
Exact Location Of Accident	ALONG CUPPAGE RD (NEAR CENTRE POINT TAXI STAND)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5717A
Insured/Policyholder	
Name Of Registered Owner	TAM KIN KEUNG
NRIC No	S2598354H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96808976
Alternative Phone No	OFFICE-96808976

Vehicle Particulars

Manufacturer	VOLVO
Model	S60 D2
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120019031600
Cover Note Number	N.A

Driver

Name of Driver	SUSAN LEE SHUK CHING
NRIC No	S2598047F
Date Of Birth	02/06/1966
Occupation	INDOOR
Date Of Driving Pass	05/03/1998
Driving Experience	20 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81579693
Fax Number	
Contact Number	
Email Address	KINGSTON.TAM@GMAIL.COM

Address	THOMSON 800, 808 THOMSON ROAD #03-21
Postcode	298190
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TOA PAYOH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report Ref: T/20180317/2001 lodged at Toa Payoh NPC. On 16/03/2018, at about 1150hrs, I was travelling along Centerpoint Carpark's entrance, on the left lane. As there was a stationary vehicle in front of me, I came to a stop. However, upon moving, I felt something collided with my vehicle. I realized that it was a van, bearing the registration plate number, GBF1787B. The vehicle did not come to a stop and proceeded to left the scene. Upon retrieval of my in-car camera, I noticed that the said van cut into my lane abruptly and the van's side collided with my driver's front. My vehicle (SKJ5717A) suffered a dent on the driver's front. Thus, I am lodging this report for insurance claim. At this point of time, I have not sustained any injuries nor feel any discomfort. I wish to state that I have downloaded the footage of this incident.

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	GBF1787B
Vehicle Make/Model/Colour	TOYOTA LITEACE 1.5 GL
Details Of Properties	NIL
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

Sketch Plan

SKETCH PLAN

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 liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
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 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.
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/are 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.

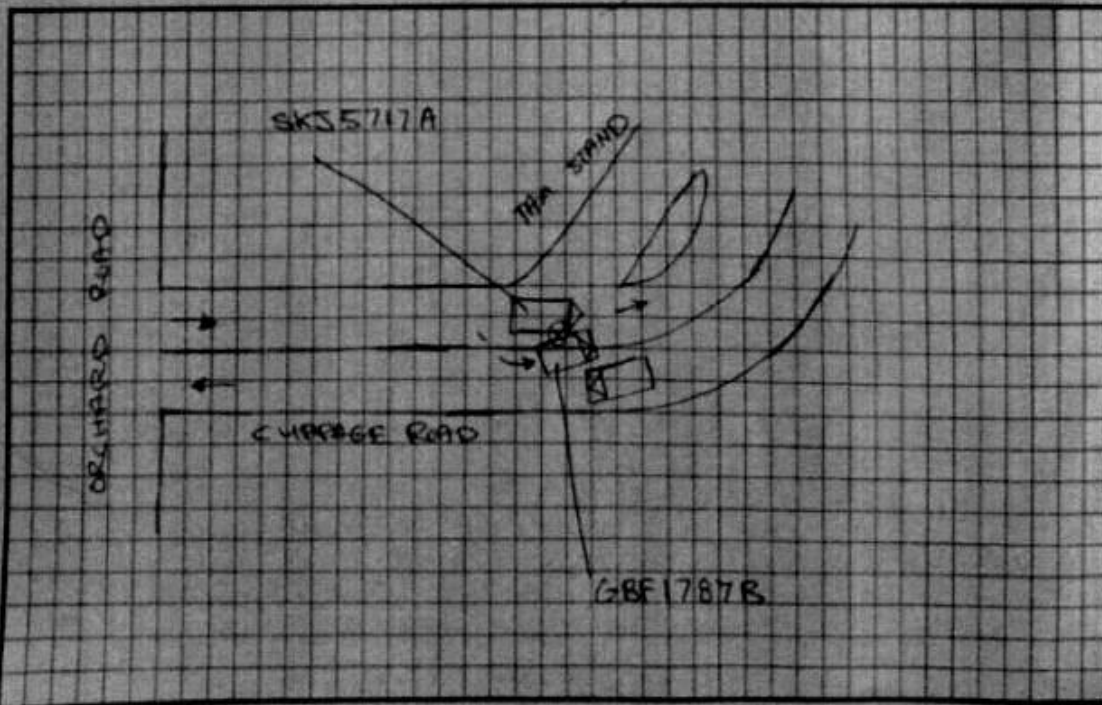
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20180317/2001

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180317/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2018 00:44	Vide Report No.:	Station Diary No.: 16
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SUSAN LEE SHUK CHING		Address: APT BLK 80B THOMSON ROAD #03-21 SINGAPORE 298190	
ID Type / ID No.: NRIC NO / S2598047F		Contact No.: Home/Office: Mobile: 81579693	
Nationality: BRITISH DEPENDENT TERRITORIES CITIZEN		Email:	
Sex: Female	Age: 51	Date of Birth: 02/06/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: BUSINESS SUPPORT		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: 16/03/2018 11:50	Type of Location: Straight Road
Location: Along Road 1 ORCHARD ROAD Along 176 Orchard Road, CenterPoint Carpark entrance			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF1787B	Van	TOYOTA	LITEACE 1.5 GL AT 2WD LGV	Silver		0
SKJ5717A	Car	VOLVO	S60 D2	Black	Slightly Damaged	1

**SINGAPORE
POLICE FORCE**

T/20180317/2001

2 of 3

Report No. T/20180317/2001

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No. 1800-2519999

CONTINUATION OF REPORT**Brief Details.**

On 16/03/2018, at about 1150hrs, I was travelling along CenterPoint Carpark's entrance, on the left lane. As there was a stationary vehicle in front of me, I came to a stop. However, upon moving, I felt something collided with my vehicle. I realized that it was a van, bearing the registration plate number, GBF1787B. The vehicle did not come to a stop and proceeded to left the scene. Upon retrieval of my in-car camera, I noticed that the said van cut into my lane abruptly and the van's side collided with my driver's front. My vehicle (SKJ5717A) suffered a dent on the driver's front.

Thus, I am lodging this report for insurance claim. At this point of time, I have not sustained any injuries nor feel any discomfort. I wish to state that I have downloaded the footage of this incident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180317/2001

Police Station Of Origin:
Toa Payoh N P C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No: T/20180317/2001

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:
E /
Sgt 2 DOUGLAS GOH JIALE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/03/2018 00:44

Officer In Charge Of Case:
TP / HRT /
SI TAN LEE HWANG DAWN
Contact No: 65476215

Classification Of Case

Authentication Stamp
NP168

SIGNATURE