SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

alulesalu.	
	ACCIDENT STATEMENT
Date Of Report	18/07/2018 12:35
Date Of Accident	14/07/2018 15:15
Exact Location Of Accident	OPPOSITE BUGIS JUNCTION OPEN CAR PARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT2346S
Insured/Policyholder	
Name Of Registered Owner	YEO HWEE LIAN, SOPHIA(YAO HUILIAN)
NRIC No	S8605754I
Email Address	SOPHIAYEO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92774612
Alternative Phone No	OTHERS-92774612
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003094-00-000
Cover Note Number	23/10/17 - 22/10/18
Driver	
Name of Driver	LIM WEE SIANG(LIN WEIXIANG)
NRIC No	S8622168C
Date Of Birth	14/08/1986
Occupation	INDOOR
Date Of Driving Pass	06/01/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97597399
Fax Number	

WEESIANGLIM@HOTMAIL.COM

BLK 783B WOODLANDS RISE #16-31 Address

Postcode

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.

0 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

NO

NO

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT Police Station Address

COMPLEX BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2240000 - FAX NO: 62200877

Was notice of intended Prosecution given?

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? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

FBM9147J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **MOTORCYCLE**

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Sketch Plan

SKETCH PLAN

VEHICLE NO .: SLT 2346 S

INSURER

DATE & TIME: 14/7/18 @ 15:15

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.
- 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.
- 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.
- 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.
- 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 '.
 - 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:
 - 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.:

Sketch Plan #2

KETCH PLAN			
Opposition		Third	Party FBM9147:
Specition Bugis Junction			
Open Car Park			
		T-51_T23465	
	×	- SLT2346S (Parked)	
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		
Refer to on-	line Police Rep	ort No: A/2018	0714/7022
			95 L L C WARD TO SEE COTTES
Information provided by	insurance (Great Americ	can Insurance Company)	06 14 July 2018
RACCORDING to Customer			
b gallyrow tren no 213			
After colling back on T			
personally within 29 hox			
1			
Note : Please note that your	insurer may have 14days Ti	me Frame for you to subm	nit an Own Damage Claim
	rehensive policy. Please che		
ECLARATION	N		Λ
We declare the foregoing particula	ars are true in every respect.		16 11
A DOWN	Med	18/1/18	1 3 18/1/18
nteyholder's Signature	Driver's Signature	Reporting	Centre Personnel's Signature
ate & Time: 18 July 2018	(If driver is not the policyhold		/ CYS)
ARMC SketchPunForm_V3. () Claim	Date & Time: n Own Policy () Claim Th		





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Central Police Divisional HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Report No. A/20180714/7022

Date/Time Report Made	Vide Re	port No.		Station Diary No.
14/07/2018 23:52				
Name Of Informant	Address	3		
LIM WEE SIANG	APT BL 732783	K 783B WC	OODLANDS RISE	#16-31 SINGAPORE
ID Type / ID No. NRIC NO / S8622168C	Contact Home/C	00000000	Mobile: 97597399	
Nationality SINGAPORE CITIZEN	Email Address weesianglim@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Other assistant engineers	Male	31	14/08/1986	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 14/07/2018 15:10 - 14/07/2018 15:20		of Inciden r carpark.	t	

Brief details.

A motorcyclist (FBM9147J) hit into my parked stationery vehicle (SLT2346S) in an open air carpark opposite Bugis Junction.

Evident was capture in my car dashcam.

The motorist tried to show some messages through his mobile phone but the sun was too bright to make anything out of it.

Seek Traffic Police assistance to find the contact of this motorist so that we can settle this matter.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2018 23:52
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180714/7022

Suspect			
Person Name	Unknown	_	
Gender	Male	Race	Chinese
Habits & Oddities	motorcyclist FBM9147J		
Victim	A PRINCIPLE OF THE PRIN	III DATE OF	
Person Name	LIM WEE SIANG	No.	
ID Type	NRIC NO	ID No	S8622168C
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Other assistant engineers	Address Type	
Address	APT BLK 783B WOODLANDS RISE #16-31 SINGAPORE 732783	Mobile No	97597399
Is Informant A	Yes		
Victim?			
Person Name	LIM WEE SIANG (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2018 23:52
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8622168C





LIM WEE SIANG (LIN WEIXIANG)

林玮翔

CHINESE Date of birth

14-08-1986 Country/Place of birth SINGAPORE

5352216ac



YEO HWEE LIAN, SOPHIA (YAO HUILIAN)

姚 慧蓮

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$86057541

> CHINESE Date of birts 22-02-1986 Country/Piece of birth SINGAPORE

58605754L

5588340



5725565



HIC No. \$8622168C

Date of feault 06-04-2017

NRIC No.

S8622168C

09/03/2018



15-04-2016

™ S8605754I

\$86057541

09/03/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 06 Jan 2012 of the driver; and other motor vehicles =< 2500kg

NP 428A











