

## 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             | 27/08/2018 19:44                  |
| Date Of Accident           | 27/08/2018 10:00                  |
| Exact Location Of Accident | CP OF BUKIT BATOK CENTRAL BLK 636 |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBE5929M              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | GALLOP HUMAN RESOURCE |
| Co Reg No                   | 53167049W             |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-93632266  |
| Alternative Phone No        | OFFICE-93632266       |

### Vehicle Particulars

|  |               |
|--|---------------|
| Manufacturer   | MERCEDES-BENZ |
| Model  | CITAN 109     |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE 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 | EQ INSURANCE COMPANY LTD |
| Type Of Coverage          | COMPREHENSIVE            |
| Fleet Policy              | NO                       |
| Policy Number             | DMCPHQ18-000445          |
| Cover Note Number         |                          |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | LEE YING LIN, ROSELIN  |
| NRIC No              | S8713105Z              |
| Date Of Birth        | 10/04/1987             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 12/10/2006             |
| Driving Experience   | 11 YEARS AND 10 MONTHS |
| Gender               | FEMALE                 |
| Mobile Number        | (LOCAL) +65-93632266   |
| Fax Number           |                        |
| Contact Number       |                        |
| Email Address        | ROSELINLYL@GMAIL.COM   |

|   |               |
|---|---------------|
| Address   | NA            |
| Postcode  |               |
| Was driver an employee of the Insured's Company     | NO            |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER |
| 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   | 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

MY VEHICLE WAS PARKED AT THE SAID LOCATION. VEHICLE B HAD INTENDED TO PARK IN THE LOT ON MY LEFT. VEHICLE B THEN REVERSED AND HER REAR RIGHT PORTION HAD COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE. NO INJURIES WERE INVOLVED.

#### Attachment(s)

|   |  |
|---|--|
| Are accident photos available for attachment? | YES                                      |
| Was there any video captured by Car Camera?   | YES                                      |
| Remarks/ Reasons:                             | WILL UPLOAD TO MERIMEN ONCE INSURED SEND |
| Was there any audio recorded?                 | NO                                       |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SBW3131R    |
| Vehicle Make/Model/Colour           | MAZDA/3     |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      | MRS QUEK    |
| NRIC/Passport Number                |             |
| Contact Number                      | 97646330    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) | 1           |

[illegible]

**ACCIDENT STATEMENT (2000 characters)**

MY VEHICLE WAS PARKED AT THE SAID LOCATION. VEHICLE B HAD INTENDED TO PARK IN THE LOT ON MY LEFT. VEHICLE B THEN REVERSED AND HER REAR RIGHT PORTION HAD COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE. NO INJURIES WERE INVOLVED.

Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
AMMAR HAMIZAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8713105Z**



Name  
**LEE YING LIN, ROSELIN**  
**李 音 玲**

Race  
**CHINESE**

Date of birth  
**10-04-1987**

Sex  
**F**

Country/Place of birth  
**SINGAPORE**



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number **S8713105Z**  
Name  
**LEE YING LIN, ROSELIN**

Birth Date: **10 Apr 1987**  
Issue Date: **12 Oct 2006**



001451511B



Identification Card

5850892



NRIC No. S8713105Z



Date of issue  
11-01-2018

Address  
APT BLK 317 JURONG EAST STREET 31  
#02-32  
SINGAPORE 600317



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

|  | PASS DATE   |
|--|-------------|
| <b>Class 3</b> Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg | 12 Oct 2006 |

NP 428A

Licence No: S8713105Z

