

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 liability.
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	22/07/2020 21:05
Date Of Accident	30/08/2018 18:00
Exact Location Of Accident	ESPLANADE THEATRE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS8323T
Insured/Policyholder	
Name Of Registered Owner	LING AI EE
NRIC No	S1783367G
Email Address	LINGAIEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96364091
Alternative Phone No	OTHERS-96364091

Vehicle Particulars

Manufacturer	LEXUS
Model	ES250 LUXURY AUTO
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-002876
Cover Note Number	N.A

Driver

Name of Driver	LING AI EE
NRIC No	S1783367G
Date Of Birth	09/06/1946
Occupation	INDOOR
Date Of Driving Pass	07/09/1978
Driving Experience	39 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96364091
Fax Number	
Contact Number	OTHERS-96364091
Email Address	LINGAIEE@GMAIL.COM

Address	NA
Postcode	
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : DAPHNE SIM GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

I was driving my vehicle to Esplanade Theatre for a concert and parked at the Esplanade Parking Lot from 6pm. When I parked my vehicle into the lot, my passenger go out of my vehicle to guide me into the parking lot and can attest to the fact that I did not scratch any vehicle whilst parking. After the show ended, about 10pm, two security guards were waiting for me at my vehicle and said that owner of Vehicle B (supposedly) parked at my left side suffered scratching on his vehicle, and asked them to give them my details. I reported the incident at Ubi Police Station on 13 September. I subsequently received a letter from the police acknowledging the report and said no action would be taken as there was insufficient evidence to ascertain the veracity of the complainant.

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 Witness 1

Name	DAPHNE SIM
Phone Number	98198183
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS9528S
Vehicle Make/Model/Colour	TOYOTA / COROLLA ALTIS 1.6 AUTO
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

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 the 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 upon application by interested parties.
7. 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 :
 - (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:
22/7/2020

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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

Sketch Plan #2

SKETCH PLAN

Esplanade Theatre
Car Park

A: 8088323T

B: SJS95289



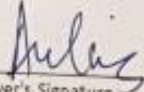
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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

ACCIDENT STATEMENT (2000 characters)

I was driving my vehicle to Esplanade Theatre for a concert and parked at the Esplanade Parking Lot from 6pm. When I parked my vehicle into the lot, my passenger go out of my vehicle to guide me into the parking lot and can attest to the fact that I did not scratch any vehicle whilst parking.

After the show ended, about 10pm, two security guards were waiting for me at my vehicle and said that owner of Vehicle B (supposedly) parked at my left side suffered scratching on his vehicle, and asked them to give them my details.

I reported the incident at Ubi Police Station on 13 September. I subsequently received a letter from the police acknowledging the report and said no action would be taken as there was insufficient evidence to ascertain the veracity of the complainant.

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 -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

22 July 2020 at 8:22 PM

Date/Time:

22 July 2020 at 8:22 PM

LING AI EE

TELEPHONE: 6225 3321
6225 3276
FACSIMILE: 6224 6435

24 September 2018

Puteh Bte Shariff (DSP)
Chief Investigation Officer
Traffic Police
Singapore Police Force
10 Ubi Avenue 3
Singapore 408865

SENT BY FAX & POST

Dear Madam

**ALLEGED HIT-AND-RUN ACCIDENT INVOLVING
SDS8323T & SJS9528S AT ESPLANADE DRIVE
ON 30 AUGUST 2018 AT 1830 HOURS**

I refer to your letter dated 17 September 2018. Please note that I had already made a report on 13 September 2018 at 16:19 hrs. A copy of the report and driver's particulars are attached for your attention.

For your information, I will be leaving for South America tonight and due back in Singapore next month 17 October, 2018.

Yours truly

Ling Ai Ee (Dr)

Enc.

5A CAMBORNE ROAD, SINGAPORE 299858

Sketch Plan #5

11 September 2018

The Officer-in-Charge
Traffic Police
Singapore Police Force
10 Ubi Avenue 3
Singapore 408865

Dear Sir / Madam

CASE OF TRAFFIC ACCIDENT
ALONG ESPLANADE DRIVE ON 30 AUG 2018 2 6.30PM

My name is Daphne Sim, NRIC S1091200H and I witnessed to the event on 30th August 2018.

My friend, Dr Ling Ai Ee and I went to the Esplanade Theatre for a concert and parked at the Esplanade parking lot. I got out of the car to guide her into the parking lot and can attest to the fact that she did not scratch any car whilst parking.

Yours truly

Daphne Sim
Mobile: 9819 8183

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

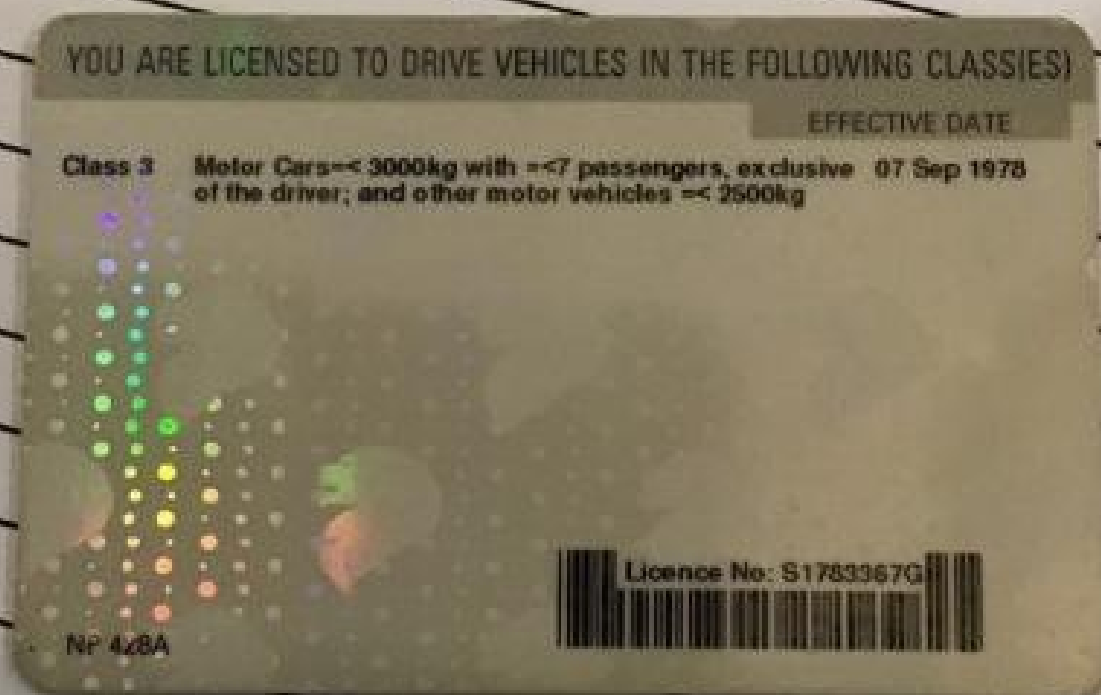


Driving License



VERIFY BY AJAX MARS (A)
REPORT

Driving License



VERIFY BY AJAX MARS (ARC)
REPORTING OFF