

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	30/11/2018 17:30
Date Of Accident	30/11/2018 10:25
Exact Location Of Accident	S'PORE CAUSEWAY TOWARDS MALAYSIA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	EZ2888X
Insured/Policyholder	
Name Of Registered Owner	SEOW TUAN LIP
NRIC No	S0031446C
Email Address	TUAN_LIP@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97517232
Alternative Phone No	OTHERS-97517232
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120034761800
Cover Note Number	
Driver	
Name of Driver	SEOW TUAN LIP
NRIC No	S0031446C
Date Of Birth	30/05/1954
Occupation	INDOOR
Date Of Driving Pass	12/05/1976
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97517232
Fax Number	
Contact Number	OTHERS-97517232
EEmail Address	TUAN_LIP@YAHOO.COM.SG

Address	BLK 472A FERNVALE STREET #11-33
Postcode	791472
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	NDE9814 (PRIVATE CAR)
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)	4
Passenger 1	NAME: : FRIEND GENDER: : FEMALE
Passenger 2	NAME: : FRIEND GENDER: : FEMALE
Passenger 3	NAME: : FRIEND GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20181130/2050

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	NDE9814
Vehicle Make/Model/Colour	

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)

Accident Sketch Plan

SKETCH PLAN

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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.

Wong 30/11/2018 17:00

Policyholder's Signature
Date & Time:

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

30/11/2018

Reporting Centre Personnel's Signature
Name: *Koh Li Hui*
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

S'POKKE CONSTRUCTION TOWARDS MONTY 31A

A) EZ 2888 X

B) NDE 9814



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the grid area:

PLS REFER TO Police Report
D/2018/30/2050

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

W202 30/11/2018 17:00

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

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

30/11/2018
Rohit Kumar

POLICE REPORT (NP299)



D/20181130/2050

D/20181130/2050

1 of 2

Report No. D/20181130/2050

Brief details.

Signature Of Officer Recording The Report:

D / Sgt 3 KWONG KAI LI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp LIM CHEE NING
Contact No.: 67740000

Signature Of Informant:

Date/Time:
30/11/2018 16:46

Classification Of Case:

Authentication Stamp



POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20181130/2050

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181130/2050

bumper.

I am lodging this report for my insurance claim.

Subjects Involved			
Others			
Person Name	Muhammad Faiz Bin Muhammad Zamzuri		
ID Type	NEW MALAYSIAN IC	ID No	870405145275
Gender	Male	Age	31
Nationality	MALAYSIAN	Race	Malay

Signature Of Officer Recording The Report:

D / Sgt 3 KWONG KAI LI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp LIM CHEE NING
Contact No.: 67740000

Signature Of Informant:

Date/Time:
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POLICE REPORT

Pol.316

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POL.316



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEDRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akaun Penerimaan Repot Polis :

Nama Pengadu : SEOW TUAN LIP
 No Kad Pengenalan / Paspot : E6583325C
 No Repot Polis : TRAFIK JOHOR BAHRU(S)/028803/18
 Tarikh @ Masa Repot Polis : 30/11/2018 @ 12:00
 Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R92851) SJN SAHRIL ANUAR BIN HASHIM
 Tempat Tugas : JOHOR , J/BAHRU SELATAN
 No Telefon Pejabat : No Telefon Bimbit : 019-7686566
 Tarikh @ masa Perjumpaan :
 Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : (SAHRIL ANUAR B. HASHIM) SM 019-7686566
 Pangkat :
 No Badan : IPD JU(S)

Tarikh @ Masa Gambar Diambil :
 Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
 08:00 Pagi - 01:00 Tengah Hari
 02:00 Petang - 04:30 Petang
 Jumaat :
 06:00 Pagi - 12:30 Tengah Hari
 02:45 Petang - 04:30 Petang
 Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☐
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

Tandatangan Pegawai Kaunter Pembekalan Dokumen

Waktu Pejabat :

Ahad - Rabu :
 8:00 Pagi - 1:00 Tengah Hari
 2:00 Petang - 4:00 Petang
 Khamis :
 8:00 Pagi - 1:00 Tengah Hari
 2:00 Petang - 2:30 Petang
 Sabtu - 1:00 Tengah Hari - 2:00 Petang
 Jumaat, Sabtu - Tutup
 Cuti Umum / Khas - Tutup

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0031446C



Name
SEOW TUAN LIP

蕭傳立

Race
CHINESE

Date of birth
30-05-1954

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S0031446C

Name
SEOW TUAN LIP

Birth Date 30 May 1954

Issue Date 08 Apr 2003



1000361984H

4827881



NRIC No. S0031446C



Date of issue
21-02-2012

APT BLK 472A FERNVALE STREET #11-33
SINGAPORE 791472

NRIC No. S0031446C Date: 28/11/2015

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	12 May 1978
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 3500 kilograms	12 Aug 1982

NP 478A

Licence No: S0031446C



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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