

## 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	13/02/2019 12:27
Date Of Accident	02/02/2019 09:35
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE TOWARDS BOON LAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS1511M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PEGGY HAR BEE CHIN
NRIC No	S1345305E
Email Address	CALEBE93@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96684759
Alternative Phone No	OTHERS-91593838

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120037021800
Cover Note Number	

### Driver

Name of Driver	CALEB E CI QIN
NRIC No	S9337028G
Date Of Birth	04/10/1993
Occupation	INDOOR
Date Of Driving Pass	22/01/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96684759
Fax Number	
Contact Number	OTHERS-91593838
Email Address	CALEBE93@GMAIL.COM

Address	BLK 414 COMMONWEALTH AVENUE WEST #17-3001
Postcode	120414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8729999 - <b>FAX NO:</b> 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190202/2075

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

## Accident 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 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:

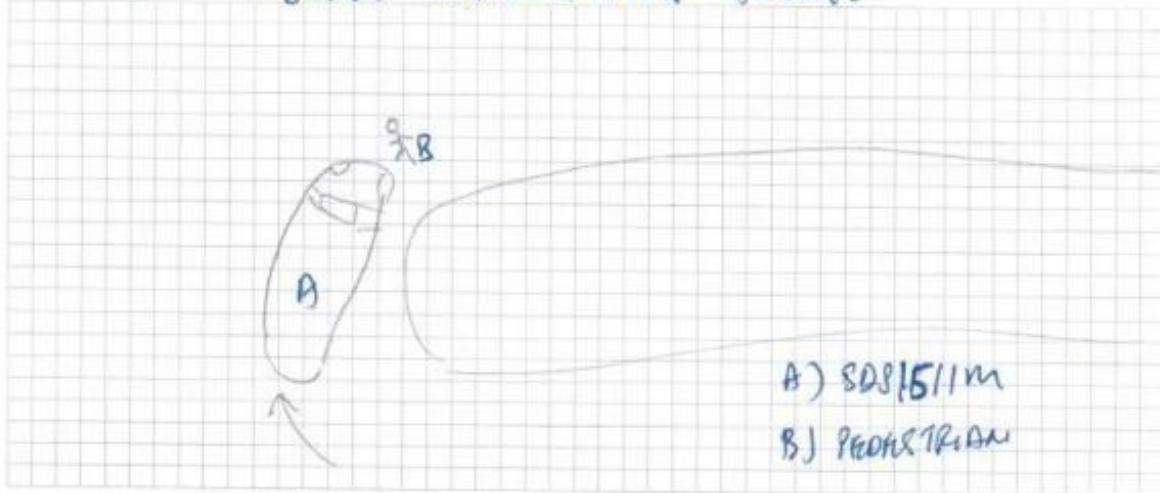
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN

Blanch Commemorative Avenue



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*pre Refused to police report*  
*7/20/90202/2075*

## 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:

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



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190202/2075

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20190202/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/02/2019 12:15		Vide Report No.: D/20190202/0056		Station Diary No.: 68
<b>Informant's Particulars</b>				
Name of Informant: CALEB E CI QIN		Address: APT BLK 414 COMMONWEALTH AVENUE WEST #17-3001 SINGAPORE 120414		
ID Type / ID No.: NRIC NO / S9337028G		Contact No.: Home/Office: Mobile: 91593838		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 25	Date of Birth: 04/10/1993	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Marketing and sales representative (ICT)		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/02/2019 09:35	Type of Location: after an u-turn
Location: Along Road 1 COMMONWEALTH AVENUE  Along C'wealth Avenue towards Boon Lay after completed a u-turn				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDS1511M	Car	MAZDA	3	Black	No Damage	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDS1511M	UNITED OVERSEAS INSURANCE LIMITED			

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190202/2075

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No. T/20190202/2075

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: Not Available	
<b>Driver</b>			
Name	CALEB E CI QIN	ID No.	S9337028G
Related Vehicle	SDS1511M (Car)	Contact No.	91593838
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 02/02/2019 at about 9.35am, while I was driving along Commonwealth Avenue, I met with a road traffic accident with a pedestrian,

2. At that juncture, I was travelling along Commonwealth Avenue towards Queenstown, nearby the Commonwealth MRT Station. After which, I made an U-turn at along the said road towards the direction of Boon Lay. After I had completed the U-turn, the left front portion of my car collided onto a pedestrian who was crossing the road. The pedestrian who is a female Chinese in her 60-70s was crossing the road and was heading to Tanglin Halt when I hit onto her.

3. At that point of time, the said pedestrian was walking somewhere at the extreme right lane. After the collision, I immediately stopped my vehicle and attended to her. Police and ambulance came to the scene and the pedestrian was thereafter being conveyed to NUH.

4. I am lodging this police report vide D/20190202/0056 as advised by the Traffic Police officer who attended to me.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190202/2075

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20190202/2075

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: D / SI LOH WEE CHOON <i>9606</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433

Authentication Stamp  
NP168

Signature Of Informant: <i>Calab</i>
Date/Time: 02/02/2019 12:15
Classification Of Case:



POLICE REPORT



SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

Ref: Report No: D/20190202/0056

I, Sgt T09665 Sofia  
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of Traffic Police  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One "Papago!" micro sd card with 16GB
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from Caleb E Ci Qin, S9337028G, HP: 91593838  
(Name, NRIC or Passport No. / Rank and No.)

of B1K 414 COMMONWEALTH AVE WEST #17-3001 S(120414)  
(Address / Police Station / NPC / NPP)

on 02/02/2019 at 1035hrs  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Caleb E  
(Signature)

S9337028G, CALEB E CI QIN  
(Name, NRIC or Passport No. / Rank and No.)

Received by:

Sgt T09665 Sofia  
(Signature)

Sgt T09665 Sofia  
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9337028G



Name  
CALEB E CI QIN  
余 賜 欽  
Race  
CHINESE  
Date of birth  
04-10-1993  
Country of birth  
SINGAPORE  
Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9337028G  
Name  
CALEB E CI QIN  
Birth Date 04 Oct 1993  
Issue Date 22 Jan 2013



4292453



NRIC No. S9337028G  
Date of issue  
14-10-2008  
Address  
APT BLK 414 COMMONWEALTH AVENUE WEST  
#17-3001  
SINGAPORE 120414

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 22 Jan 2013



NP 426A

License No: S9337028G



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

