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	Assessment/Sur	vey Report			
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 truthful and accurate as possible. Any wilful misrepresentation or witholding 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

A CONTRACTOR OF THE PROPERTY OF	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
Downstall And Supher Super Control	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDS1511M
Insured/Policyholder	
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

CALEBE93@GMAIL.COM

BLK 414 COMMONWEALTH AVENUE WEST Address

#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?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO NO

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

ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### 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

## SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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)
  - (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





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

	ne Report N 019 12:15	Made:	Vide Report No.: D/20190202/0056	Station Diary No.: 68
Informa	nt's Partic	ulars		THE RESIDENCE
	f Informant: E CI QIN		Address: APT BLK 414 COMMONWEA SINGAPORE 120414	ALTH AVENUE WEST #17-3001
A STATE OF THE STA	/ ID No.: O / S93370	28G	Contact No.: Home/Office:	Mobile: 91593838
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 25	Date of Birth: 04/10/1993	Type of Informant: Driver	
Race: Chinese	0 1 0		Language: English	Institution / School Name:
Occupat Marketir		s representative	Driving Licence Information: Class: 3	Date of Expiry:

seneral Intori	mation of the Accident		Drink		and the latest and th	
Type of Accident:	Injury Conveyed By Ambu	Injury Conveyed By Ambulance		Date/Time of Accident: 02/02/2019 09:35	Type of Location after an u-turn	
	EALTH AVENUE	Lav aft	er complete	d a u-turn		
Weather: Clear			Surface:		oad Speed Limit:	
Traffic Flow: Dual Carriage	Way	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	c Control: ontrolled	1310.5	affic Volume: oderate	
Type of Collis Moving Vehic	ion: le Against - Pedestrian				nyone conveyed by nbulance: es	

Details of V	ehicle Invo	lved		9-15-1-15		THE STREET
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDS1511M	Car	MAZDA	3 .	Black	No Damage	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDS1511M	UNITED OVERSEAS INSURANCE LIMITED			





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

Report No. T/20190202/2075

CONTINUATION OF REPORT

Details of Perso	on involved				9 - 69	Commence of the same
Any Pedestrian I	nvolved: Yes			District Control		
No. of Pedestrian	ns Injured: NIL		Use of P	edestria	n Cross	sing: Not Available
Driver			STATE OF THE		No. of Concession, Name of Street, or other Persons, Name of Street, or ot	A STATE OF THE REAL PROPERTY.
Name	CALEB E CI QIN		ID No		S9337028G	
Related Vehicle	SDS1511M (Car)			Conta	ict No.	91593838
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	= -	Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	The same of the same of		

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





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

NEWTONE

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:	Signature Of Informant:
SI LOH WEE CHOON	Celit C
Signature Of Interpreter:	Date/Time:
Not applicable	02/02/2019 12:15
27 E 50s	
* *,	The state of the s
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	
Sgt 3 MARIAH BINTE ZAKARIA	
Contact No.: 65476433	
Authentication Stamp	



# SINGAPORE POLICE FORCE

# ACKNOWLEDGEMENT SLIP

Ref: Report No: 0120190202/	0056		
I, Sq1 T09665	Sofice		
(Recipie	nt's Name, Ni	RIC or Passport No.	Rank and No.)
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		olice Station / NPC /	NPP)
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(Date)		(Time)	
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59337028G, CALEB & CIQI			Sat Toglos sofia
(Name, NRIC or Passport No. / Rank and No.	.)	(	Name, NRIC or Passport No. / Rank and No.
Other Remarks:			

# ACCIDENT STATEMENT

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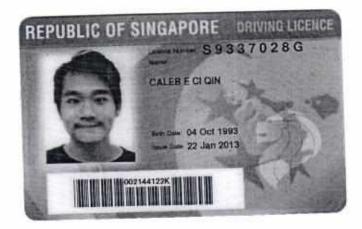
email = calebe 43 egmail com

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9337028G



CALEB E CI QIN

钦 CHINESE Date of birth 04-10-1993 Country of Birth SINGAPORE



NO No. S9337028G

14-10-2008

APT BLK 414 COMMONWEALTH AVENUE WEST #17-3001 SINGAPORE 120414

4292453

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

Motor Cars=< 3000kg with =<? pessengers, exclusive 22 Jan 2013 of the driver; and other motor vohicles =< 2500kg



United Overseas Insurance Limited

#28-01 Springleaf Tower Singapore 079909 Tel (65) 6222 7733

Fax (65) 6327 3869 / 6327 3870 Email: ContactUs@uol.com.sg udi.com.sg

Co. Reg, No. 197100152R

#### Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.

DH0M120037021800

Excess:

\$750/-NAMED DRIVERS - OPTION 2

Type of Cover

COMPREHENSIVE

\$1500/-OTHERS

\$3000/-APPL TO <25 YRS & OR <3YRS EXP

Vehicle Number

SDS1511M

\$100/-WINDSCREEN DAMAGE CLAIM

Name of Insured

PEGGY HAR BEE CHIN

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 14 November 2018 to 13 November 2020

Engine#

P520371111

Hire Purchase

HONG LEONG FINANCE LIMITED

Chassis#

JM6BM42ABG0344598

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]

AUTHORISED DRIVER

(1) The Insured

(2) Any other person who is driving on the Insured's order or with his permission

(3) In the event of the death of the Insured

(a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and

(b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor

\*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles(Third-Party Risks and Compensation) Act (Chapter 189) and part Iv of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

For the Company

RCHJC

Date: 08/10/2018