

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
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
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	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?	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

SKETCH PLAN

IMPORTANT NOTICE

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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.

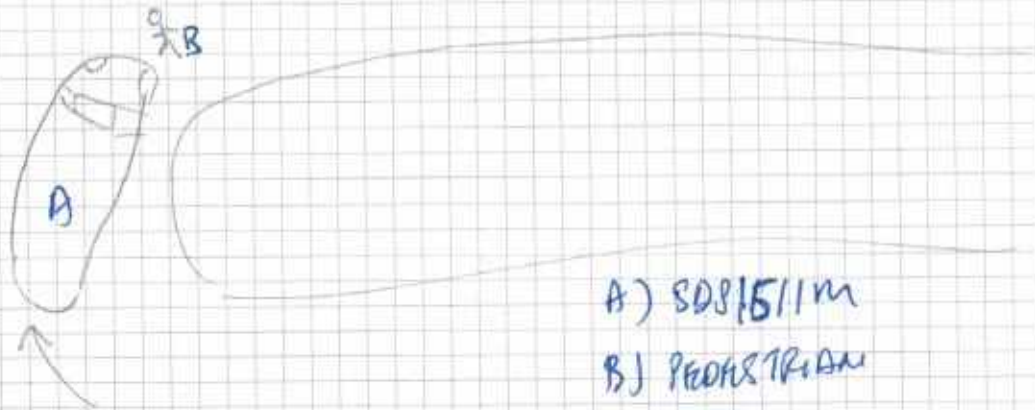
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Along COMMERCIAL AVENUE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:



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	
Informant's Particulars					
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			



SINGAPORE POLICE FORCE



T/20190202/2075

2 of 3

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 Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: Not Available	
Driver			
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.



**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

96abr

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Authentication Stamp
NP168

Signature

Signature Of Informant:

Collet

Date/Time:

02/02/2019 12:15

Classification Of Case:



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 Ciqin, 893370286, HP: 91593838
(Name, NRIC or Passport No. / Rank and No.)

of Blk 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)

893370286, CALEB E C I Q I N
(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: _____

ACCIDENT STATEMENT

ACCIDENT DATE: (02/02/2019) (DD/MM/YYYY). TIME: (09:35) (HH:MM)

LOCATION: COMMONWEALTH AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDS1511M
b) INSURANCE COMPANY: UOI
c) POLICY NUMBER: DHOM120037021800
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MAZDA 3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: PEGGY HAR BEE CHIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1345305E CONTACT: 96684759
c) ADDRESS: 64 WEST COAST ROAD #03-81 S126832

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CALEB E CI QIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9337028G CONTACT: 91593838
c) ADDRESS: BLK 414 COMMONWEALTH AVE WEST #17-3001 S120414

*d) DATE OF BIRTH: (04/10/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22 JAN 2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CLEMENTI POLICE STATION

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = caleb93@gmail.com

VIDEO

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



4292453

NRIC No. S9337028G



Date of issue

14-10-2008

Address

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

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S9337028G

Name

CALEB E CI QIN

Birth Date 04 Oct 1993

Issue Date 22 Jan 2013



009144122K

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



License No: S9337028G

NP 428A

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.	DHQM120037021800	Excess:	\$750/-NAMED DRIVERS - OPTION 2 \$1500/-OTHERS
Type of Cover	COMPREHENSIVE		\$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 Vehicle.

*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



RCHJC Date : 08/10/2018

For the Company