

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	21/02/2019 12:25
Date Of Accident	01/02/2019 17:05
Exact Location Of Accident	ALONG PUNGGOL CENTRAL NEAR SPC PUNGGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1896H
Insured/Policyholder	
Name Of Registered Owner	ALVIN OH CHONG YEW
NRIC No	S8239432Z
Email Address	PAMELA.LEP@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96878750
Alternative Phone No	OTHERS-94311969

Vehicle Particulars

Manufacturer	BMW
Model	X3
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00011205
Cover Note Number	

Driver

Name of Driver	PAMELA LIM EE PEI (PAMELA LIN YIPEI)
NRIC No	S8415072Z
Date Of Birth	22/05/1984
Occupation	INDOOR
Date Of Driving Pass	09/06/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96878750
Fax Number	
Contact Number	OTHERS-94311969
EMail Address	PAMELA.LEP@GMAIL.COM

Address	11 SENGKANG SQUARE #14-27 COMPASS HEIGHTS
Postcode	545076
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190202/2002

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2850A
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
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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B. 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

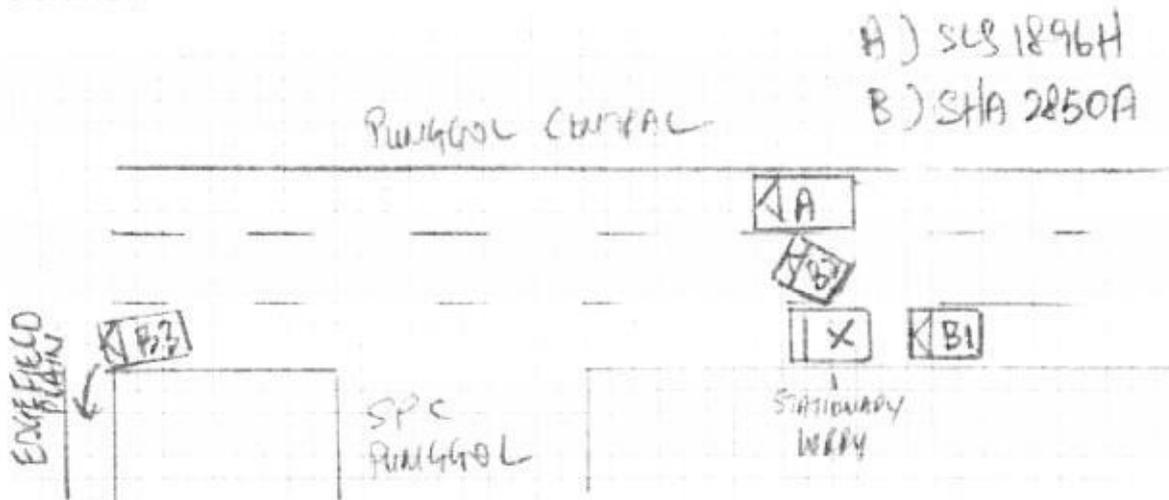
Policyholder's Signature
Date & Time:

P. Lee
Driver's Signature
(if driver is not the policyholder)
Date & Time

21/02/2019
Reporting Centre Personnel's Signature
Name: *Paul L. Wong*
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WIS REFER TO POLICE REPORT
7/20190202/2002

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/20190202/2002

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190202/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2019 00:15	Video Report No.:	Station Diary No.: 1
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Informant's Particulars

Name of Informant: PAMELA LIM EE PEI		Address: 11 SENKANG SQUARE #14-27 SINGAPORE 545076	
ID Type / ID No.: NRIC NO / S8415072Z		Contact No.: Home/Office: Mobile: 94311969	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 34	Date of Birth: 22/05/1984	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Auditor (accounting)		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident 01/02/2019 17:05	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 PUNGGOL CENTRAL				
Near to SPC Punggol				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS1896H	Car	BMW	X3 SDRIVE 20i HID SR NAV	Black		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190202/2002

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No T/20190202/2002

CONTINUATION OF REPORT

Driver			
Name	PAMELA LIM EE PEI	ID No	S8415072Z
Related Vehicle	SLS1896H (Car)	Contact No	94311969
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 01/02/2018 at about 1705hrs, I was driving along Punggol Central heading to Shell Petrol Kiosk. I was driving at the most right lane. Upon nearing SPC, there was a Comfort Taxi on the extreme left lane. He signaled right and move to the middle lane and subsequently I saw it near me as such I gave multiple time horn while I stepped on my brakes. I continued moving to the junction as I did not feel the impact. I then left while he filtered again and left to Edgefield Plains. I did not manage to get the car plate number.

I did not think of getting the car plate number as I did not know there was an impact. My car had a 07cm scratch near the door handle and a small 01cm scratch slightly below it. None of us is injured. The taxi is believed to be a Hyundai i40.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190202/2002

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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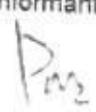
Report No. T/20190202/2002

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 F / Staff Sgt JOSHUA KWEK YONG CHEE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2019 00:15
Officer In Charge Of Case TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP166	