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 <u>truthful and accurate</u> 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 aforesaid.

diorocaid.	
	ACCIDENT STATEMENT
Date Of Report	02/01/2019 11:17
Date Of Accident	31/12/2018 16:20
Exact Location Of Accident	PLAZA SINGAPURA PARKING
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC710P
Insured/Policyholder	
Name Of Registered Owner	WOO WEN SIANG
NRIC No	S7382293I
Email Address	WENSIANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91019829
Alternative Phone No	OTHERS-91019829
Vehicle Particulars	
Manufacturer	BMW
Model	218
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	C0084513
Cover Note Number	
Driver	

Driver

Name of Driver WOO WEN SIANG

 NRIC No
 \$73822931

 Date Of Birth
 01/10/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 13/12/2005

Driving Experience 13 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91019829

Fax Number

Contact Number OTHERS-91019829

EMail Address WENSIANG@GMAIL.COM

86 PUNGGOL CENTRAL #11-14 Address

Postcode 828720

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions **INDOOR** DRY Road Surface

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

NO

0

YES 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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

YES

YES

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLM4295D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 26

No. Of Passenger (Including Driver)

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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

02/01/19

(10.39am)

(If driver is not the policyholder)

Date & Time:

Reporting Ce Name: Personnel's Signature

NRIC/FIN No.:

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

Driver's Signature

Date & Time:

(If driver is not the policyholder)

02/01/19 (10.39am)

Policyholder's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

Report No. T/20181231/2154

REPORT OF	A TRAFFIC	ACCIDENT			
Date/Time Report Made: 31/12/2018 22:33			Vide Report No.:	Station Diary No.: 134	
Informant	's Particu	lars			
Name of Ir			Address: 86 PUNGGOL CENTRAL #	11-14 SINGAPORE 828720	
ID Type / ID No.: NRIC NO / S7382293I			Contact No.: Home/Office: Mobile: 91019829		
Nationality MALAYSIA			Email:		
Sex: Male	Age: 45	Date of Birth: 01/10/1973	Type of Informant: Vehicle Owner		
Race: Chinese		Language:	Institution / School Name:		
Occupation: SOLUTION CONSULTANT		Driving Licence Information: Class:	Date of Expiry:		

Type of	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location:
Accident:		No	31/12/2018 16:15	
Location: Along Road 1 ORCHARD R				
Plaza Singapu Weather:	ıra ·	Road Surface:		Road Speed Limit:
vveatier.		Troda Canado.	•	todd opodd
Traffic Flow:		Traffic Control:	Т	raffic Volume:
Type of Collisi	on: e Against - Parked Ve	hicle	į.	inyone conveyed by mbulance:

Details of Ve	ehicle Involved					
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC710P	Car			•		0

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





2 of 3

Report No. T/20181231/2154

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Vehicle Owner						
Name	WOO WEN SIANG			ID No	•	S7382293I
Related Vehicle	SMC710P (Car)			Conta	ct No.	91019829
Hospital/Clinic	NIL			Class Driving Licent Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 31/12/2018 at about 1330hrs, I parked my car at Plaza Singapura level 3 carpark near the firehose, everything was intact.

At about 1900hrs, I went back to my car to discover that there was a scratch along the right side front bumper, I believe some white paint was left behind on my vehicle. My vehicle's bumper was dented and scratched. I like to mention that I have a in-car camera that recorded the incident, upon viewing the footage I saw that it was a white Subaru and I roughly could see that the plate number was "SLN4295" I could not make out the last alphabet from the video, I am not sure whether this is the correct plate number or not. I am able to provide the police with the video if they need it.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20181231/2154

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 / Sgt 2 LEE TAT HENG	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	31/12/2018 22:33
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476398	Classification Of Case:
Authentication Stamp NP168 Signature 9	
Singapore Police Force	



T/20181231/2159

1 of 2

Report No. T/20181231/2159

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20181231/2154

Report Number T/20181231/2159

Vide Report Number T/20181231/2154

Date/Time of Report Made 31/12/2018 23:22

Place Report Lodged Traffic Police

Type of Informant Vehicle Owner

Name of Informant Woo Wen Siang

ID Type / ID No. NRIC NO / \$7382293I

Home/Office

Mobile 91019829

Email

Type of Accident Non-Injury / Hit and Run

Drink Drive No

Anyone conveyed by

ambulance

No

Date/Time of Accident 31/12/2018 16:15

Brief Facts.

I like to add that the lot number where I parked my vehicle was lot number 3-22. That is all.

A

Signature: Singapore Police Force



T/20181231/2159

2 of 2 Report No. T/20181231/2159

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / HRT /

ESTHER CHONG

Classification of Case 1) NON-INJURY / HIT AND RUN

A

Signature Singapore Police Force

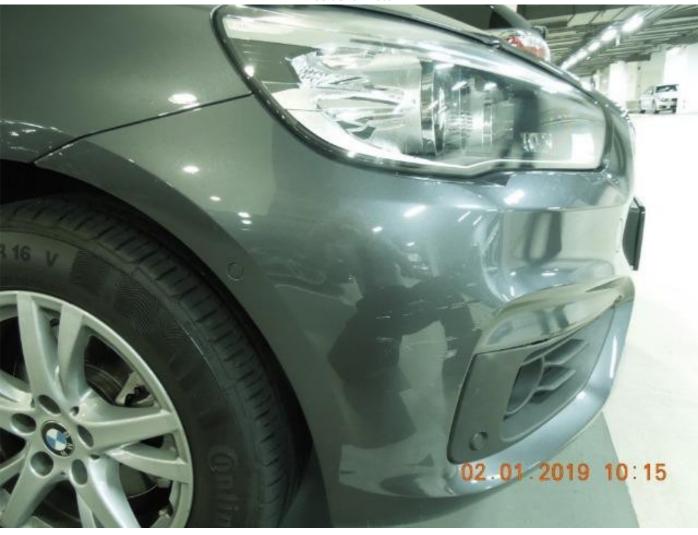










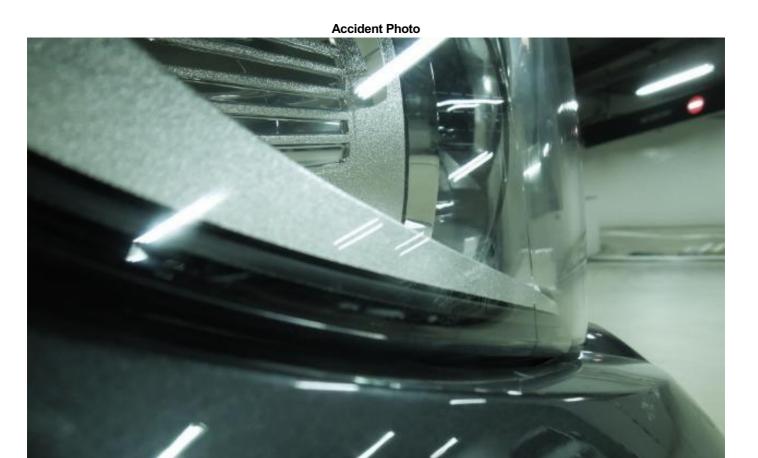








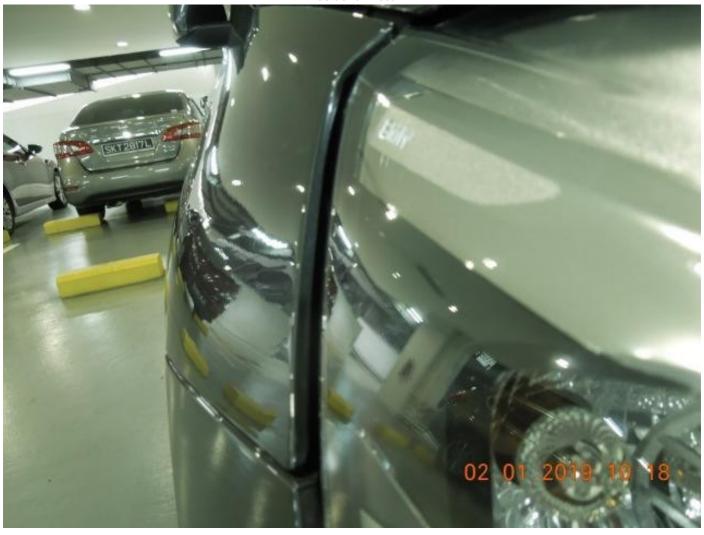




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Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MPML 19000204 Vehicle Registration No: SMC710P Name (as shown in NRIC): Me Wee Wen & Cang NRIC/FIN/Passport No: 87382293I (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(91019829 Mobile No.: Contact (Tel) **Email Address** Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Reporting Centre Personnel's Signature 19/03/19 Name: NRIC/FINNO .: HAN KWAN YONG Date: Performance Motors Limited (10.00 am) 363 Alexandra Road

Sime Darby Performance Centre Singapore 159941

Addendum Sheet Pg. 2



Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 0000 Fax +65 6547 4883 www.police.gov.sg

Our Ref : TP/IP/00689/2018 Date : 6 March 2019

Woo Wen Siang Blk 86 Punggol Central #11-14 Singapore 828720

Dear Sir / Madam,

TRAFFIC ACCIDENT INVOLVING SMC710P AND <u>SLM4295D</u> ALONG ORCHARD ROAD ON 31/12/2018 AT ABOUT 1615 HRS

I refer to the above accident.

- 2. Please be informed that we have completed our investigations which revealed that the driver of **SLM4295D** had committed the following offences:
 - (i) Careless Driving under Rule 29 of the Road Traffic Rules;
 - (ii) Failing to stop after an accident under Section 84(1) of the Road Traffic Act Chapter 276;
 - (iii) Failing to report an accident within 24 Hours under Section 84(2) of the Road Traffic Act Chapter 276.

Action has been initiated against the driver for the said offences.

- 3. If you have any clarification, you may contact the Investigation Officer, SSS Esther Chong at office number: 6547 6368.
- 4. Thank you.

Yours faithfully,

HEAD INVESTIGATION TRAFFIC POLICE SINGAPORE POLICE FORCE

This is a computer-generated letter. No signature is required.

A FORCE FOR THE NATION