#### 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

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	11/04/2019 14:33
Date Of Accident	10/04/2019 20:15
Exact Location Of Accident	TANJONG BEACH WALK CARPARK SENTOSA
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG3853G
Insured/Policyholder	
Name Of Registered Owner	LIM JIE JUN
NRIC No	S8819852B
Email Address	GOHX0004@E.NTU.EDU.SG
Mobile Phone No	(LOCAL) +65-98949073
Alternative Phone No	OTHERS-98949073
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	POLO
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

PRIVATE CAR Vehicle Category

Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V11307/VPC/R01

Fleet Policy	NO
Policy Number	SI18V11307/VPC/R01
Cover Note Number	
Driver	
Name of Driver	GOH XIANG HUI, DANNY (WU XIANGHUI, DANNY)
NRIC No	S8308935J
Date Of Birth	28/03/1983
Occupation	INDOOR
Date Of Driving Pass	30/08/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98949073
Fax Number	
Contact Number	OTHERS-98949073
EMail Address	GOHX0004@E.NTU.EDU.SG

53 LORONG M TELOK KURAU Address

Postcode

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)

2

involved in the accident 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)

0

#### **Details of Police Action**

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **BUKIT MERAH WEST NPC** 

ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682, Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/0190410/2216

## Attachment(s)

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

## **Details of Witness 1**

Name JIA JIE Phone Number 96498000

**Email Address** 

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMK9118Z

Vehicle Make/Model/Colour TOYOTA CHR WHITE

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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

## **IMPORTANT NOTICE**

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- 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.
- 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.
- 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 insurers) 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:
  - 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:
  - 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:

11 APR 2019 14:15

3

## **Accident Sketch Plan**

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ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	JONG BRACH CARPAGE
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
ECLARATION PARAMETERS AND	
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-10	(N 11/84 286)
olicyholder's Signature Driver's Signature Ropol ate & Time: (If driver is not the policyholder) Name	rting Centre Personnel's Signature

## **POLICE REPORT**





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

1 of 3 Report No. T/20190410/2216

Tel No: 1800-3779999

# REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 0/04/2019 21:34		Vide Report No.:	Station Diary No.: 82		
Informa	nt's Partic	ulars				
	Informant: ANG HUI, [		Address: 53 LORONG M TELOK KUR	AU SINGAPORE 425348		
	/ ID No.: D / S83089	35J	Contact No.: Home/Office: Mobile: 96775228			
	Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 36	Date of Birth: 28/03/1983	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: SHIPPING OPERATIONS		TIONS	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/04/2019 20:15	Type of Location Car Park
Location: Along Road 1 TANJONG BE Inside the car Weather:		201000		Road Speed Limit:
Clear Dry		EE1211		1000 Opecu Entit.
Traffic Flow: Traffic Control: Not Controlled			1.00	Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle			8	Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLG3853G					Slightly Damaged	0
SMK9118Z	Car				Slightly Damaged	0

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

#### POLICE REPORT



T/20190410/2216

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 2 of 3 Report No. T/20190410/2216

Tel No: 1800-3779999

CONTINUATION OF REPORT

Driver						A STATE OF THE PARTY OF THE PAR
Name	GOH XIANG HUI, DANNY			ID No		S8308935J
Related Vehicle	SLG3853G (Car)			Conta	ct No.	96775228
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

#### Brief Details.

On the 10/04/2019 at about 1915hrs, I parked my vehicle, SLG3853G at one of the parking lots inside Tanjong Beach Club. At around 2015hrs, I came back to my vehicle and an eye witness, Jia Jie (ID no. S9538878G, H/p no. 96498000) came over to me and my family to inform us that our vehicle was involved in a hit-and-run. The eye witness informed that he had witnessed a white Toyota CH-R hitting my vehicle's bottom right bumper, while the other party was reversing his vehicle out of the carpark. The eye witness was also able to provide the vehicle plate number, SMK9118Z, that hit my vehicle and left. I wish to state that my in-car camera is not switched on when the vehicle is not running.

## POLICE REPORT





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999

3 of 3 Report No. T/20190410/2216

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 / Sgt 2 LIM BRYAN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	10/04/2019 21:34
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
Sr Staff Sgt IRMAN BIN MOHAMAD SAID	
Contact No.: 65476145	
Authentication Stamp	





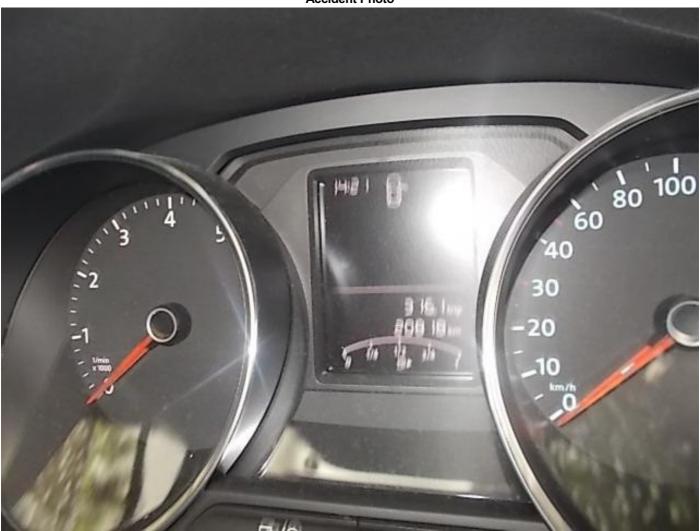




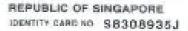












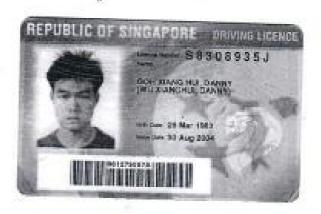




GCH XIANG HUI, DANNY (WU XIANGHUI, DANNY)

美向库 CHNESE

DIRECTOR BY 20-22-1963 W DIRECTOR STREET







#### **Addendum Sheet**



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: \$66550220G / GST Reg. No.: M400017735

IMPORTANT NOTE: 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 : Vehicle Registration No: Name(as shown in NRIC) DANKLY NRIC/FIN/Passport No : (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( Contact (Tel) Mobile No.: **Email Address** Date of Accident Time 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: - CHANGE FROM THIRD PARTY CLAIMS TO OWN PAMAGE CLAIMS.

Policyholder / Driver's Signature Date:

ASSESSMENT TO A STREET

Reporting Centre Personnel's Signature Name:

NRIC/FINNo.:

Date: