

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	24/05/2019 16:19
Date Of Accident	20/05/2019 23:05
Exact Location Of Accident	324 SERANGOON AVE 3 SINGAPORE 550324
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV297C
Insured/Policyholder	
Name Of Registered Owner	LOH WEI QUAN
NRIC No	S8914055B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81118230
Alternative Phone No	OFFICE-81118230

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO 1.2 BMT COMFO 66 D7F
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PNPV2018-00015396
Cover Note Number	

Driver

Name of Driver	LOH WEI QUAN
NRIC No	S8914055B
Date Of Birth	24/04/1989
Occupation	INDOOR
Date Of Driving Pass	19/02/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81118230
Fax Number	
Contact Number	OFFICE-81118230
EMail Address	NOEMAIL

Address	BLK 324 SERANGOON AVE 3 #04-290
Postcode	550324
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	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer to sketch plan & police report

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7887L
Vehicle Make/Model/Colour	
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)

SKETCH PLAN**IMPORTANT NOTICE**

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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: 24/5/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

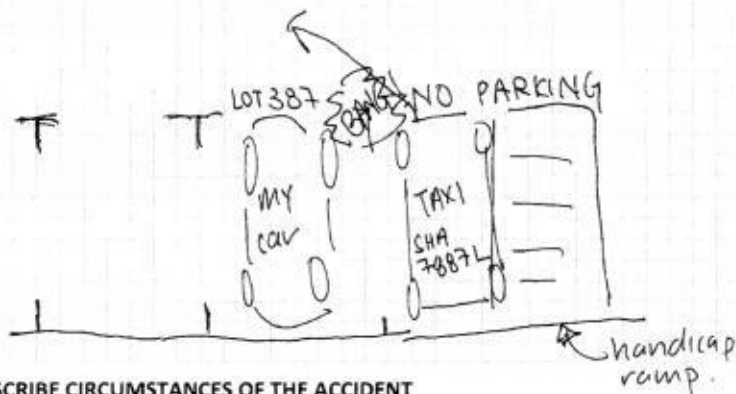
Reported Person's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My wife and I just came back from holiday on 23 May 2019. When I went to the car this morning (24 May 2019), I noticed someone left a note on my windscreen - Upon closer inspection, I noticed someone had hit and damaged the car. The note on my windscreen was written by a witness who saw the incident. According to the witness, a taxi (SHA 7887L) reverse-parked beside my car & when it was driven out, it hit the side & front of my car. The incident took place on 20 May 19 at about 11:05 pm. We attempted to view the footage from our in-car video camera, unfortunately, the incident was not captured.

Witness contact: 9488 7764

DECLARATION

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

Policyholder's Signature
Date & Time: 24/5/19

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

Reporting Centre
Name: 8703 392
NRIC/FIN No.:
Volkswagen Group Singapore
24/5/19



**SINGAPORE
POLICE FORCE**



F/20190524/7029

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POLICE REPORT (NP299)

Report No. F/20190524/7029

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 24/05/2019 13:12	Vide Report No.	Station Diary No.
Name Of Informant LOH WEI QUAN	Address APT BLK 324 SERANGOON AVENUE 3 #04-290 SINGAPORE 550324	
ID Type / ID No. NRIC NO / S8914055B	Contact No. Home/Office: Mobile: 81118230	
Nationality SINGAPORE CITIZEN	Email Address LOHWEIQUAN89@GMAIL.COM	
Occupation Business development executive	Sex Male	Age 30
Institution/School Name	Date of Birth 24/04/1989	Race Chinese
	Language English	
Date/Time Of Incident 20/05/2019 23:00 - 20/05/2019 23:15	Location Of Incident 324 SERANGOON AVENUE 3 SINGAPORE 550324	

Brief details.

My wife and I just came back from holiday on 23 May 2019. When I went to my car this morning (24 May 2019), I noticed someone left a note on my windscreen. Upon closer inspection, I noticed someone had hit and damaged my car. The note on my windscreen was written by a witness who saw the incident. According to the witness, a taxi (SHA7887L) reverse-parked beside my car and when it was driven out, it hit the side and front of my car. The incident took place on 20 May 2019 at around 11.05pm. We attempted to view the footage from our in car video camera, unfortunately, the incident was not captured.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/05/2019 13:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20190524/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190524/7029

Witness contact number: 94887764

Subjects Involved			
Suspect			
Person Name	Unknown		
Occupation	Taxi driver	Habits & Oddities	Car Plate SHA7887L
Victim			
Person Name	LOH WEI QUAN		
ID Type	NRIC NO	ID No	S8914055B
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Business development executive	Address Type	
Address	APT BLK 324 SERANGOON AVENUE 3 #04-290 SINGAPORE 550324		Mobile No 81118230
Is Informant A Victim?	Yes		
Person Name	LOH WEI QUAN (Informant)		

Signature Of Officer Recording The Report Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/05/2019 13:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	