

## 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	11/06/2019 14:22
Date Of Accident	06/06/2019 18:35
Exact Location Of Accident	ALONG LEITH ROAD INFRONT OF HOUSE NO 49
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8650Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH BENG CHOO
NRIC No	S1631751I
Email Address	READYLINDA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96782658
Alternative Phone No	OFFICE-96782658

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WAS WAITING FOR FRIEND TO COME OUT
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	LAU LI FEN CHARMAINE
NRIC No	S9930742J
Date Of Birth	19/09/1999
Occupation	INDOOR
Date Of Driving Pass	12/11/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97544812
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	1005 LOWER DELTA ROAD #21-01
Postcode	099309
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

#### 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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : KWAN CHEN SHENG GENDER: : MALE
Passenger 2	NAME: : KEITH WONG GENDER: : MALE
Passenger 3	NAME: : FREDRICK GENDER: : MALE
Passenger 4	NAME: : LIEW GUO XIANG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT

#### Attachment(s)

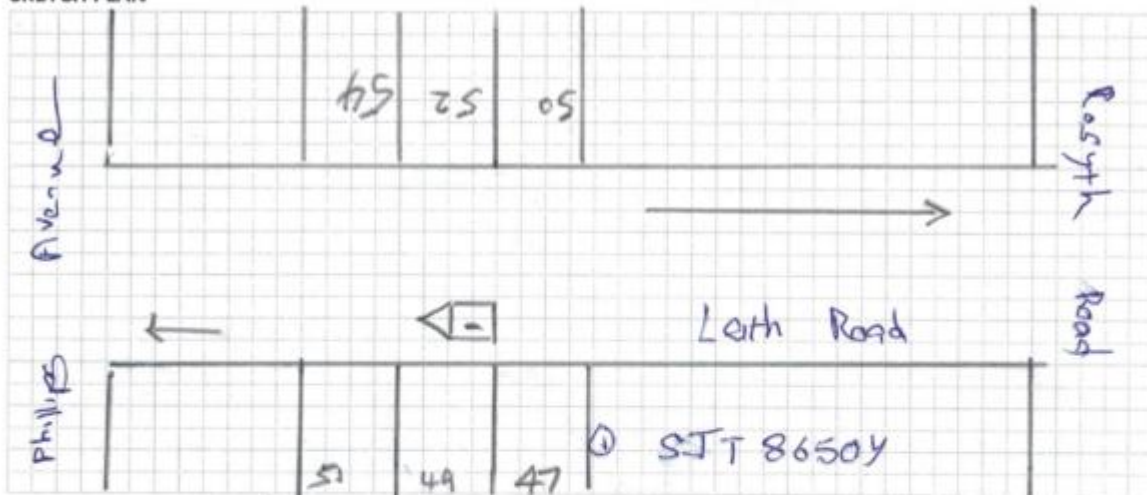
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6234Y
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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 11/06/19

GUMAC Sketch 10.10.9m

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/06/19  
10:11am



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN

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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: 11/06/19  
10.10 am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/06/19  
10:11am



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190607/2200

1 of 3

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

Report No: T/20190607/2200

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2019 22:49		Vide Report No.:		Station Diary No.: 60	
<b>Informant's Particulars</b>					
Name of Informant: LAU LI FEN, CHARMAINE			Address: 1005 LOWER DELTA ROAD #21-01 SINGAPORE 099309		
ID Type / ID No.: NRIC NO / S9930742J			Contact No.: Home/Office: Mobile: 97544812		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 19	Date of Birth: 19/09/1999	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/06/2019 18:35	Type of Location: Straight Road
Location: Along Road 1 LEITH ROAD			
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJT8650Y	Car	HONDA	HONDA JAZZ 1.5L A	Silver	Slightly Damaged	4

## Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190607/2200

Police Station Of Origin:  
Bukit Merah West N.P.C.  
500 Bukit Merah View #01-01 SINGAPORE  
159882  
Tel No: 1800-3779999

3 of 3  
Report No. T/20190607/2200

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 DANIEL HO WEI CONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/06/2019 22:49

Officer In Charge Of Case:  
TP / HRT /  
Sri Supt. TAN JEOK LENG SN 45  
Contact No: 65478144

Classification Of Case:

Authentication Stamp  
NP165

SIGNATURE

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190607/2200

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

2 of 3  
Report No. T/20190607/2200

### CONTINUATION OF REPORT

Driver			
Name	LAU LI FEN, CHARMAINE		ID No. S9930742J
Related Vehicle	SJT8650Y (Car)		Contact No. 97544812
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

### Brief Details.

On the above mentioned date, time and place, I was parking along the side road when a blue comfort taxi drove past my car and hit onto my side mirror. My right (driver) side mirror was broken off. The taxi did not stop and drove off. I had 04 passengers in my car when the incident happened. I was also in the car at that point in time. One of my friend remember the taxi's registration plate, SHB6234Y. There was no injury.

I wish to state that I am lodging this report for insurance claim purpose.

## Identification Card



# Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Identification Card



## Driving License

