## 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

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	ACCIDENT STATEMENT
Date Of Report	28/08/2019 16:43
Date Of Accident	27/08/2019 08:25
Exact Location Of Accident	PASIR PANJANG FERRY TERMINAL CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW9841D
Insured/Policyholder	
Name Of Registered Owner	CAR CONCEPT LEASING
Co Reg No	53361615I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90662376
Alternative Phone No	OFFICE-90662376
Vehicle Particulars	
Manufacturer	MAZDA
Model	5
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1921101900
Cover Note Number	
Driver	
Name of Dukasa	LOW MELLIA O JEFEDEV (LLO MELLIA O)

Name of Driver LOW WEI HAO, JEFFREY (LUO WEIHAO)

NRIC No S8623750D

Date Of Birth 21/08/1986

Occupation OUTDOOR

Date Of Driving Pass 04/01/2008

Driving Experience 11 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90662376

Fax Number

Contact Number OTHERS-90662376

EMail Address NOEMAIL

BLK 610 WOODLANDS AVENUE 4 Address

#5-435

Postcode 730610

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

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 - SINGAPORE CITY

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

**SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190827/7009

Attachment(s)

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

Remarks/ Reasons: WITH OWNER

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLF5316H

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 19

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

### SKETCH PLAN

## IMPORTANT NOTICE

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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
- 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.
- 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) Jot complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

DEN 53361615

Driver's Signatur

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.

## **Accident Sketch Plan**

ETCH PLAN	
	Pasir Panjang Ferry Termical Carpork
	VA) SKWA8410
	V.B) SLF 5316H
ESCRIBE CIRCUMSTANCES C	T A T T
On the stat	ed dute and time, I vehicle A skwas410
was parked e	tutionary in a parking lot. Before I left
everything was	Intud one no dawage shortly I went
back to yetr	eire my relicue, I saw there was damage
on my front	right portion. I retrieved my video and
realised vehille	B' SLF 5316H had ground cyainst my
relieb while	he was reversing in the lot beside me.
PO)11/k 6	240R1 -1/2018 0327 / 1908
702101 0	11201007/100/
GNCEDA TO	
We declare the ferregoing particular	flars are true in every respect.
	28/08/2018
olicyholder's Signature ate & Time:	Driver's Signature (if driver is not the policyholder)  Date & Time:  NSSC/FIN No:

### POLICE REPORT



T/20190827/7009

No

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20190827/7009

27/08/2019 13:33	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: LOW WEI HAO, JEFFREY	Address: APT BLK 610 WOODLANDS	AVENUE 4 #05-435
ID Type / ID No	SINGAPORE 730610	STATE OF THE STATE

Contact No.: Home/Office: NRIC NO / S8623750D Mobile: 90662376 Nationality: SINGAPORE CITIZEN Email: jeffreylwh86@gmail.com Sex Age: Date of Birth: Type of informant: Driver Male 21/08/1986 Race: Language: Institution / School Name: Chinese English

Occupation:
OTHERS

English

Driving Licence Information:
Class:
Date of Expiry:

General Information of the Accident Non-Injury Type of Drink Date/Time of Type of Location: Hit and Run Accident: Drive: Accident: 27/08/2019 08:25 No Location: PASIR PANJANG FERRY TERMINAL CAR PARK Weather: Road Surface: Road Speed Limit: Clear Traffic Flow: Traffic Control: Traffic Volume: Type of Collision; Moving Vehicle Against - Parked Vehicle Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.		Make	Model	Color	Condition	No of Passenger
SKW9841D	Car					0
SLF5316H	Car	MAZDA		Blue		0
				Dide		0

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

### POLICE REPORT



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190827/7009

### CONTINUATION OF REPORT

Driver		O TOTAL OF THE	SPECIAL STATE	ELASTIHI.	(CALL)	
Name	LOW WEI HAO, JEFFREY			ID No	).	S8623750D
Related Vehicle	SKW9841D (Car)			Conta	act No.	90662376
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment			Date Disc	harne	NIL	
		Degree o		NIL		

### Brief Details

ON 27/08/2019 MY VEHICLE SKW9841D WAS PARKED STATIONARY AT A PARKING LOT INSIDE PASIR PANJANG FERRY TERMINAL. BEFORE I LEFT, EVERYTHING WAS INTACT AND THERE WAS NO DAMAGES ON MY VEHICLE. SHORTLY I WENT BACK TO RETRIEVE MY VEHICLE, I SAW THERE WAS DAMAGE ON MY FRONT RIGHT PORTION. I RETRIEVED MY VIDEO AND REALIZED VEHICLE SLF5316H HAD GRAZED AGAINST MY VEHICLE WHILE HE WAS REVERSING IN THE LOT BESIDE MINE. HE DID NOT LEAVE ANY NOTES ON MY VEHICLE, INSTEAD ABOUT 2 MINS LATER, HE DROVE AWAY .

## **POLICE REPORT**



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20190827/7009

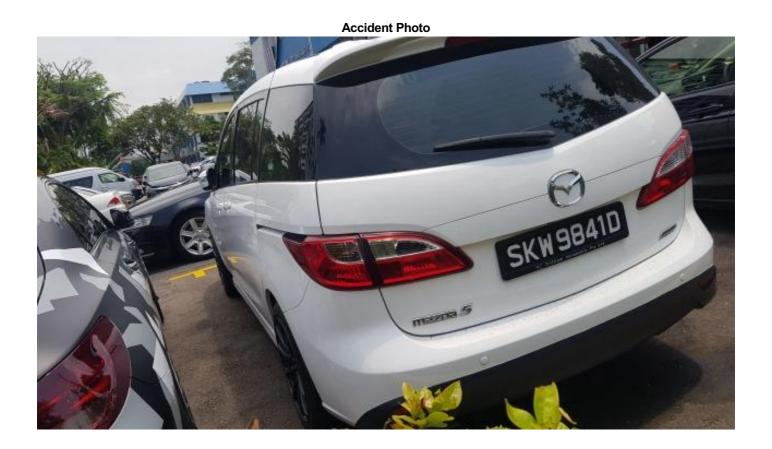
CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

NP168

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: 27/08/2019 13:33
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	





















## **Identification Card**



# For LKK/NAC Use Only

NIMBA







