

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 | 26/08/2019 19:01 |
| Date Of Accident | 24/08/2019 11:00 |
| Exact Location Of Accident | 37A CAMBRIDGE RD MULTI STOREY CARPARK S211037 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SJV4206M |
| Insured/Policyholder | |
| Name Of Registered Owner | CHOW HIN HOE |
| NRIC No | S7820853H |
| Email Address | BEACHKELVIN78@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91789536 |
| Alternative Phone No | OFFICE-91789536 |

Vehicle Particulars

| | |
|--|---|
| Manufacturer | MITSUBISHI |
| Model | LANCER-1.5 MIVEC SPORTS AT ABS D/AB (A) |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | Z/18/VP05/019125-001 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | CHOW HIN HOE |
| NRIC No | S7820853H |
| Date Of Birth | 23/07/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 04/01/2002 |
| Driving Experience | 17 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91789536 |
| Fax Number | |
| Contact Number | OFFICE-91789536 |
| EMail Address | BEACHKELVIN78@HOTMAIL.COM |

| | |
|---|-------------------------------|
| Address | BLK 39 CAMBRIDGE ROAD #08-123 |
| Postcode | 210039 |
| 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 | KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2959999 - FAX NO: 63918499 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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 | SHC2488C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | YAP |
| NRIC/Passport Number | |
| Contact Number | 91593752 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

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 **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. 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.

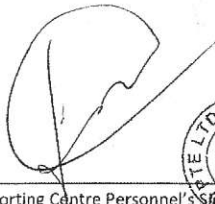

Policyholder's Signature

Date & Time: 26/8/19 2.45pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

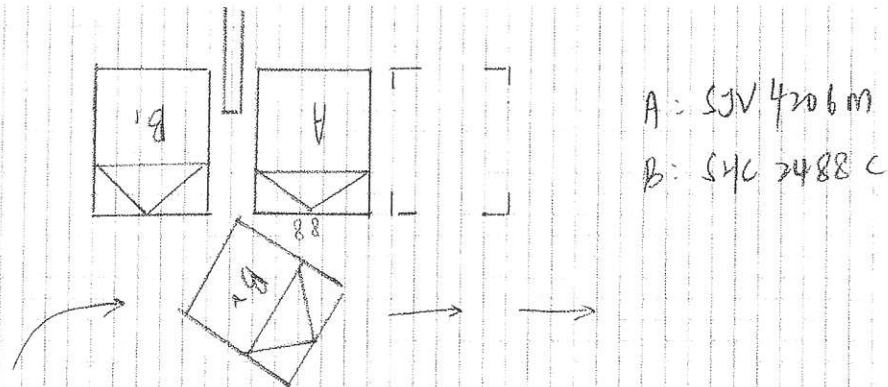
Name:

NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 7/6/8/19 @ 2:45pm

Company Chop (if applicable)

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: '

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



E/20190824/2031

1 of 2

POLICE REPORT (NP299)

Report No. E/20190824/2031

Police Station Of Origin
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

| | | |
|---|---|-------------------------|
| Date/Time Report Made 24/08/2019 12:02 | Vide Report No. | Station Diary No. 50 |
| Name Of Informant CHOW HIN HOE | Address APT BLK 39 CAMBRIDGE ROAD #08-123 SINGAPORE 210039 | |
| ID Type / ID No. NRIC NO / S7820853H | Contact No. Home/Office | Mobile 91789536 |
| Nationality SINGAPORE CITIZEN | Email Address | |
| Occupation Credit Officer | Sex Male | Age 41 |
| Institution/School Name | Date of Birth 23/07/1978 | Race Chinese |
| Date/Time Of Incident 24/08/2019 11:00 | Location Of Incident 37A CAMBRIDGE ROAD MULTI STOREY CAR PARK SINGAPORE 211037 MSCP, Level 3 Lot No.: 88 | |

Brief details.

I am lodging this report to put the chain of events on record.

On 22/08/2019 at about 10.15pm, I parked my vehicle (white, Mitsubishi Lancer EX) vehicle registration no.: SJV4206M at the Multi Storey Carpark located at Blk 37A Cambridge Rd, level three lot number 88. Everything was intact and nothing was amiss.

| | |
|---|--------------------------------|
| Signature Of Officer Recording The Report: E / Staff Sgt LEE CHONG SAN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 24/08/2019 12:02 |
| Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp HO LUP KERN Contact No.: 63914686 | Classification Of Case: |

Authentication Stamp





**SINGAPORE
POLICE FORCE**



E/20190824/2031

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190824/2031

On 24/08/2019 at about 11.10am, I proceeded to the carpark to drive my vehicle out when I noticed two pieces of pink paper attached to the right lower bumper and the windscreen of my vehicle.

I noticed the front right bumper was slightly dislodged and there were scratches on it. The two notes stated;

Yap, Hp No.: 9159 3752 and vehicle registration number.: SHC2488C.

I suspected my parked vehicle had been hit by another vehicle in the carpark.

I proceeded to contact the number. The person namely Yap informed me at 23/08/2019 at about 1pm, he was driving his taxi out from a lot when his taxi grazed on the front right bumper of my vehicle. He further informed he had waited at the carpark for two hours however no owner of the vehicle he grazed showed up as such he left a note. He further informed me he will inform me again on a date and time to meet up and to settle the matter. Yap also informed he had reported the matter however I am unsure to whom.

Signature Of Officer Recording The Report:

E / Staff Sgt LEE CHONG SAN

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Insp HO LUP KERN
Contact No.: 63914686

Signature Of Informant:

Date/Time:
24/08/2019 12:02

Classification Of Case:

Authentication Stamp

