

## 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	04/10/2019 10:33
Date Of Accident	03/10/2019 12:10
Exact Location Of Accident	OPEN CARPARK OF BLK 402 HOUGANG ST 21
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9697Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	A S E CONSULTANTS
Co Reg No	53998761M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S350L
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8-VX020378-MVA
Cover Note Number	

### Driver

Name of Driver	TEO THIAN POH
NRIC No	S0652813I
Date Of Birth	06/10/1950
Occupation	INDOOR
Date Of Driving Pass	28/05/1971
Driving Experience	48 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97919292
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	29 LEONIE HILL #09-02
Postcode	239228
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPRIETOR
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191003/7014

#### 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	MR LEE LIN TUCK
Phone Number	83320566
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EC92J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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5. Any false reporting may be referred to the Police for investigation.
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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 over 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 (a) above may be stored / 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
  - (f) for complying with requirements under any regulations, laws or court orders.

ASE CONSULTANTS  
BLOCK 208 HOUGANG STREET 21  
#04-219, SINGAPORE 530208  
TEL : 6281 3515 FAX : 6281 3516  
UEN S2998761M

Policyholder's Signature  
Date & Time:

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

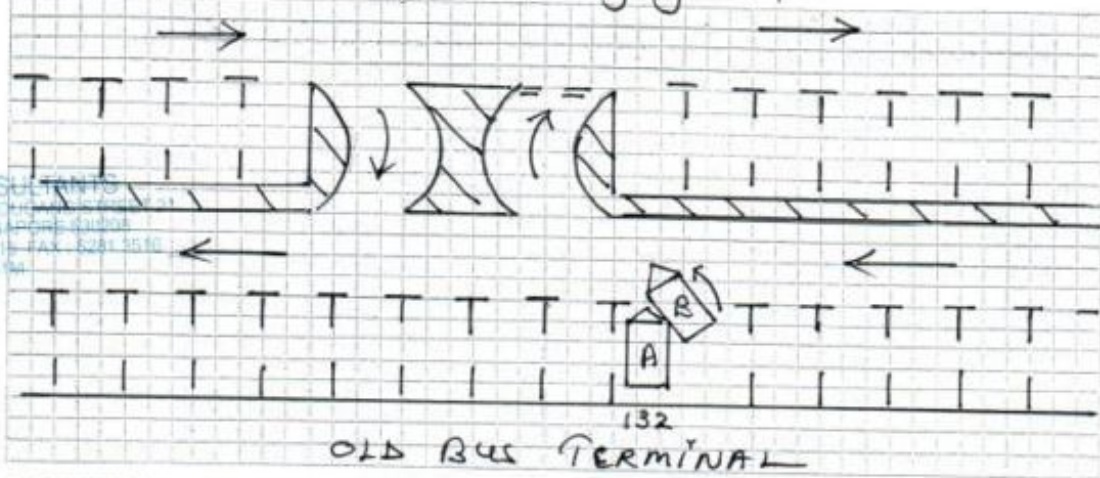
Report Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

SKETCH PLAN

Blk 204 Hougang St 21

ASE CONSULTANTS  
BLOCK 208 HOUGANG STREET 21  
#04-219, SINGAPORE 530208  
TEL : 6201 3515 FAX : 6281 3516  
UEN S2998761M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CA) SLQ 9697 Z  
CB) EC 92 J

Refer to Police Report  
Report No:-

T/20191003/7014

ASE CONSULTANTS  
BLOCK 208 HOUGANG STREET 21  
#04-219, SINGAPORE 530208  
TEL : 6201 3515 FAX : 6281 3516  
UEN S2998761M

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

ASE CONSULTANTS  
BLOCK 208 HOUGANG STREET 21  
#04-219, SINGAPORE 530208  
TEL : 6201 3515 FAX : 6281 3516  
UEN S2998761M

Policyholder's Signature  
Date & Time:

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

Reporting Person's Signature  
Name:  
NRIC/FIN No:

04/10/19

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191003/7014

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

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Report No. T/20191003/7014

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TEO THIAN POH		ID No. S0652813I
Related Vehicle	SLQ9697Z (Car)		Contact No. 97919292
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 03/10/2019 at about 1210HRS at open car park of block 204 Hougang St 21. My Vehicle SLQ9697Z was stationary parked at the above mentioned car park lot No. 132 at about 1100HRS and everything was intact. At about 1330HRS when i return back to my vehicle, i saw a note at my windscreen stated that he witnessed a Vehicle EC92J had collided onto my Right Front Portion of my Vehicle causing damages to my vehicle and he had taken picture of the said vehicle. I did call him and he mentioned that he can be my witness and had forward the picture to me, I lodge this report for 'hit and run' case and also for insurance claim. Witness HP: 83320566. Witness Name: Mr Lee Lin Tuck



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/2019/009/7014

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

1 of 3

Report No: T/2019/009/7014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2019 14:57		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEO THIAN POH			Address: 29 LEONIE HILL #09-02 SINGAPORE 239228		
ID Type / ID No.: NRIC NO / S05528131			Contact No.: Home/Office: Mobile: 97919292		
Nationality: SINGAPORE CITIZEN			Email: asetec@singnet.com.sg		
Sex: Male	Age: 68	Date of Birth: 09/10/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ENGINEER			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: 03/10/2019 12:10	Type of Location: Car Park
Location: HOUGANG STREET 21				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EC92J	Car					0
SLQ8697Z	Car					0

## Details of Person Involved

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191003/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408835  
Tel No: 65470000

2 of 3

Report No. T/20191003/7014

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TEO THIAN POH		ID No. 806528131
Related Vehicle	SLQ8697Z (Car)		Contact No. 97919292
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 03/10/2019 at about 1210HRS at open car park of block 204 Hougang St 21. My Vehicle SLQ8697Z was stationary parked at the above mentioned car park lot No. 132 at about 1100HRS and everything was intact. At about 1330HRS when i return back to my vehicle, i saw a note at my windscreen stated that he witnessed a Vehicle EC92J had collided onto my Right Front Portion of my Vehicle causing damages to my vehicle and he had taken picture of the said vehicle. I did call him and he mentioned that he can be my witness and had forward the picture to me. I lodge this report for 'hit and run' case and also for insurance claim. Witness HP: 83320566. Witness Name: Mr Lee Lin Tuck

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191003/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

3 of 3

Report No: T/20191003/7014

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TRIB /  
GOH GEOK LYE  
Contact No.: 65476148

Authentication Stamp  
N/A

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
03/10/2019 14:57

Classification Of Case:

Accident Photo

