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 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.

by the lodgement of this report to the insurers, you nereby consaforesaid.	San to the distinting of the report at the	
CARL CONTRACTOR OF THE PROPERTY OF THE PARTY	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 40	2 HO
Country/State of Loss	SINGAPORE	
Property services and the services of D	ETAILS OF OWN VEHICLE	di ika
Vehicle Registration Number	SLQ9697Z	
Insured/Policyholder		100
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		Maria
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		No.
Name of Insurance Company	QBE INSURANCE (SINGAPO	RE) PTE
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 Gender	MALE	
Mobile Number		
Fax Number	(LOCAL) +65-97919292	
Contact Number		
	NOEMAII	
EMail Address	NOEMAIL	

29 LEONIE HILL Address #09-02 239228 Postcode Was driver an employee of the Insured's Company NO OTHER - SOLE-PROPRIETOR If No, Relationship of the Driver with the Insured 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 DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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 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 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

PRIVATE CAR

Vehicle Category 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

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- By the lodgment of this report to the Province, you hareby consern to the croniving of this wood at the contribution of the report being made evaluation statement.
- 7. Consent under the Personal Data Francesian Art (POPA)

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- (a) My insurer, thy workshop and the General Insurance Association of Singapora; "GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information sections 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); 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
 - If streeting, handling and for anguing with my dates the first the artifement of many the order property in the date of the th
 - (of investigating the sourcest and overy claims
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by may
 - (iii) administering my claims (including the mailing of correspondence, statements, invoices, reports or natices to me, which could shooke disclosure of certain personal data about me to bring observationing of the same as well as an the external cover of anysiopes/mail occlasgrs); analine.
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 - est all following and on any product of a perturbative stant in disclosing, investigating, controlling or managing found, requirement, and government against as a reasonably required for the purposes stated, or
 - i) for an maligning with requirements under any regulations, laws on court orders.

ASE CONSULTANTS BLOCK 208 HOUGANG STREET 21 804-219, SINGAPORE 530298 TEL: 5281 3915 FAX: 6281 3518. UEN 52998761M

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Theirs Signature

I driver is not the policynalder)

Date & Timer

Tyn 04/10/19

Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	B1K 204	Hougong SI	21
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DESCRIBE CIRCUIVISTANCES OF	THE ACCIDENT		
			(0) - 0 0 0 0 -
			(A) SLQ 9697 Z (B) EC 92J
			(B) EC 923
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12	eger to Holis	ce Report	
	Report 1	Ua:-	
	Report 1 T/201	91003/701	4
BLOCK 208 HOUGANG STREET 24			
TEL 5201 352 FAX 5281 3516			
UEN SZIMBERGAL			
Note: Please note that your	nsurer may have 14 d	ays time frame for vi	u to submit an Own Demage Claim
under your own comprehens	ive policy. Please che	ck your policy for mo	te informatice
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#54-219, SINGAPORE SURGE	The state of the present of the state of the		
TEL - 8201 2515 FAX - 6261 3516 16 N \$209816112	JA 61		P
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	Party I. Carlos		11754 11 11754

Individual Statement



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



2 of 3 Report No. T/20191003/7014

CONTINUATION OF REPORT

Driver	okució simientoses	appropriate point	are interesting	Circle De Chicago	TYLE TRANS	substitution of the control of the c
Name	TEO THIAN POH			ID No		S0652813I
Related Vehicle	SLQ9697Z (Car)			Conta	ct No.	97919292
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No, of Days gran	ted Medical Leave	NIL	Degree of		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