

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 | 26/11/2019 10:58 |
| Date Of Accident | 25/11/2019 09:15 |
| Exact Location Of Accident | BLK 504 YISHUN ST 51 MSCP (DECK 2) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKZ2568Z |
| Insured/Policyholder | |
| Name Of Registered Owner | YEE FENG XUE |
| NRIC No | S8501002F |
| Email Address | KASHIWA3@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91771867 |
| Alternative Phone No | OFFICE-91771867 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | HONDA |
| Model | VEZEL-1.5 X (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 | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MT/00582872 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ONG HWEE TONG |
| NRIC No | S8516922Z |
| Date Of Birth | 22/06/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/03/2007 |
| Driving Experience | 12 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91771867 |
| Fax Number | |
| Contact Number | OFFICE-91771867 |
| Email Address | KASHIWA3@GMAIL.COM |

| | |
|---|------------------------------|
| Address | BLK 505D YISHUN ST 51 #12-76 |
| Postcode | 764505 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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? | |
| 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 [OTHER] | ONLINE POLICE REPORT |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | CB6274R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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

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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:

26/11/19
11.15am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

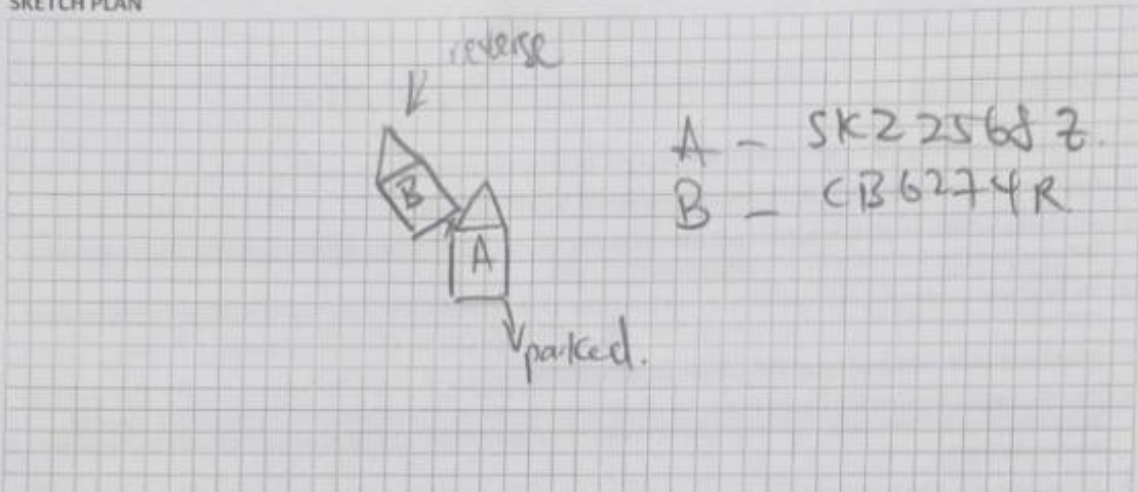
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car A was parked. No one in the car.

From my video camera, can see Van B reverse and

collided with my car A and drove away.

Pls see Police Report

DECLARATION

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

Policyholder's Signature
 Date & Time: 26/11/19
 11:50am

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

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20191125/7042

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

1 of 3

Report No. T/20191125/7042

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 25/11/2019 20:43 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: YEE FENG XUE | | | Address: 505D YISHUN STREET 51 #12-76 SINGAPORE 764505 | | |
| ID Type / ID No.: NRIC NO / S8501002F | | | Contact No.: Home/Office: Mobile: 91771867 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: KASHIWA3@GMAIL.COM | | |
| Sex: Female | Age: 34 | Date of Birth: 18/01/1985 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Sales and marketing manager | | | Driving Licence Information: Class: 3A Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 25/11/2019 09:17 | Type of Location: Car Park |
| Location: YISHUN STREET 51 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 20 Km/h |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: No Traffic |
| 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 |
|-------------|------|--------|-------|--------|------------------|-----------------|
| CB6274R | Van | TOYOTA | Hiace | Silver | | 0 |
| SKZ2568Z | Car | HONDA | Vezel | Blue | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|--------------|------------|-------------|
| SKZ2568Z | DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD. | MT/00582872 | 02/10/2019 | 14/01/2020 |

Police Report



**SINGAPORE
POLICE FORCE**



T/2019/1125/7042

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

2 of 3

Report No. T/2019/1125/7042

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|--|----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | |
| Name | YEE FENG XUE | ID No. | S8501002F |
| Related Vehicle | SKZ2568Z (Car) | Contact No. | 91771867 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

Yes, I have a video from my car front cam. The vehicle that hit my car is a private hired school van, car plate number CB6274R and the driver stayed at the same estate where the hit and run occurred. The van tried reversed into the parking lot beside my stationary car (car plate SKZ2568Z) which was parked at level 2 of car park beside the car wash bay. Impact occurred and driver brakethe van (brake light can be observed from the video). The van shook due to impact. Driver drove away and parked at level 3 instead.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191125/7042

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

3 of 3

Report No. T/20191125/7042

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 / TPIB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp

NP168

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

Date/Time:
25/11/2019 20:43

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S 8 5 1 6 9 2 2 Z**
Name:
ONG HWEE TONG
(WANG HUI DONG)

Birth Date: **22 Jun 1985**
Issue Date: **15 Mar 2007**



001486000C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8501002F**



Name
YEE FENG XUE
余 鳳 雪

Race
CHINESE

Date of birth
18-01-1985

Sex
F

Country/Place of birth
SINGAPORE



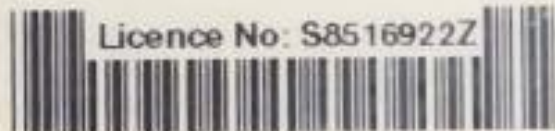
Identification Card

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 15 Mar 2007

NP 428A



Licence No: S8516922Z

5440353



NRIC No. S8501002F



Date of issue

20-03-2015

Address

APT BLK 505D YISHUN STREET 51
#12-76
SINGAPORE 764505