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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	31/12/2019 09:36
Date Of Accident	30/12/2019 10:30
Exact Location Of Accident	GANTRY OF JTC BUILDING OF LOR BAKAR BATU
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX4559U
Insured/Policyholder	
Name Of Registered Owner	WALTER AGENCY PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67439918
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH(STATIONARY VEH)
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ19-001739
Cover Note Number	
Driver	
Name of Driver	LOW TEE TEE

Name of Driver

NRIC No

SXXXX101C

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

LOW TEE TEE

SXXXX101C

Outdoor

Outdoor

24/09/1981

Driving Experience 38 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82569525

Fax Number

Contact Number

EMail Address JERRY LOWTT@HOTMAIL.COM

Address BLK 298D COMPASSVALE STREET

#10-56

Postcode 544298

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Briver's Own

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

ambulance?

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

NO

Was any other material or property damaged?

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

NO

YES

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 HOGANG N.P.C

Police Station Address ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20191230/2085

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 SGM5096P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

Lunderstand, 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 :
 - 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:

Drivér's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

	1	Sketch Plan	
SKETCH PLAN	RPARK 807	£220 S	ATION
	1 0		A-GX4559 B-SGM5096
» 1 [*]	1		
DESCRIBE CIRCUMSTANCE	1	IS PRINTING	
Pls refi	to the poli	ie report	1. 5/20191230/208
DECLARATION I/We declare the foregoing part	Vand heeler	-12-19	frm 211. 1
Policyholder's Signature Oate & Time:	Driver's Signature (If driver is not the policyholi Date & Time:	Report der) Name:	

Individual Statement





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

2 of 3 Report No. T/20191230/2085

CONTINUATION OF REPORT

Brief Details.

On 30/12/2019 at around 1030hrs, I parked my vehicle (GX4559U) near the gantry of JTC building (Blk 8 Lorong Bakar Bata) and I alighted of my vehicle and went over to use the NETS machine.

When I walk to my vehicle, a passerby inform me that a vehicle SGM5096P collided onto my passenger side door area and went off without stopping.

I made a check on the vehicle and my passenger side door area was dented.

I do not have any camera installed in my vehicle.

I am lodging this report to submit to my insurance company

















Police Report





Police Station Of Origin. Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No. 1800-4890999

1 of 3 Report No. 7/20191230/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2019 15:20		Made:	Vide Report No.:	Station Diary No.: 90		
Informa	nt's Partic	ulars				
LOW TEE TEE APT BLE			Address: APT BLK 2980 COMPASSV/ SINGAPORE 544298	ALE STREET #10-56		
ID Type / ID No.: NRIC NO / S0886101C			Contact No.: Home/Office;	Mobile: 82569525		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex Male	Age: 71	Date of Birth: 01/03/1948	Type of Informant: Driver	W		
Race. Chinese			Language:	Institution / School Name:		
Occupation: SALE			Driving Licence Information: Class: 3	Date of Expiry		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/12/2019 10:30	Type of Location	
Location: Along Road 1 LORONG BA		(8 Levena Bakar Baka			
Near the gantry of JTU Building (B/8 Lord Weather R		Road Surface	R	Road Speed Limit:	
	Traffic Flow:			1,77	
Traffic Flow:		Traffic Control:	Tr	affic Volume:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GX4559U	Van	TOYOTA	LITEACE 4DR	Silver	Slightly Damaged	0
SGM5096P	Cer	TOYOTA	WISH 1.6 A	Blue		0

Police Report





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 CONTINUATION OF REPORT

2 of 3 Report No. T/20191230/2065

Brief Details.

On 30/12/2019 at around 1030hrs, I parked my vahicle (GX4559U) near the gantry of JTC building (Blk 8 Lorong Bakar Bata) and I alighted of my vehicle and went over to use the NETS machine.

When I walk to my vehicle, a passerby inform me that a vehicle SGM5098P collided onto my passenger side door area and went off without stopping.

I made a check on the vehicle and my passenger side door area was dented.

I do not have any camera installed in my vehicle.

I am lodging this report to submit to my insurance company

Police Report





Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

3 of 3 Report No. T/20191230/2085

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 CHUA ZI HUA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2019 15:20
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65478144	Classification Of Case:
Authentication Stamp	