

## 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	10/01/2020 14:18
Date Of Accident	09/01/2020 18:00
Exact Location Of Accident	BLK 132 LOR AH SOO CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5656Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEK LEE KIAN
NRIC No	SXXXX619C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84685656
Alternative Phone No	OTHERS-84685656

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SLK200
Exact Purpose for which vehicle was being used at time of accident	PARKED 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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-005835
Cover Note Number	

### Driver

Name of Driver	KUAH WAI TAT(KE WEIDA)
NRIC No	SXXXX014G
Date Of Birth	04/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93888640
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 132 LOR AH SOO #02-396
Postcode	530132
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER-IN-LAW
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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 FROM THE POLICE REPORT: T/20200110/7008

#### 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	SDW3Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAW CHAU LOON ALAN
NRIC/Passport Number	SXXXX813Z
Contact Number	81000000
Address	
Postcode	
Insurance Company Name	

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.
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.

2

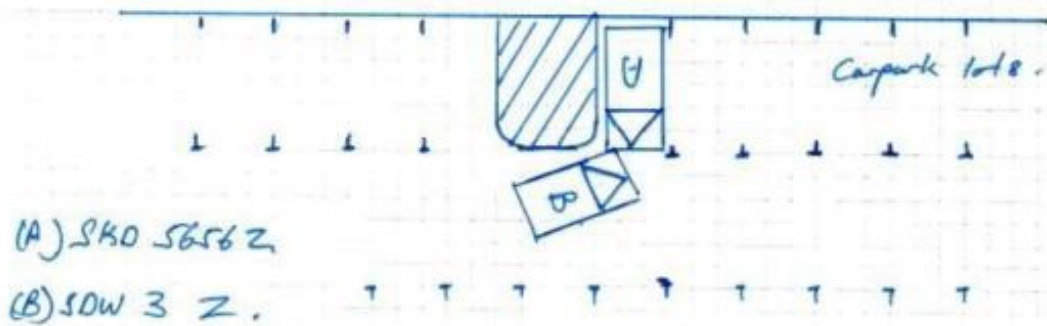
Policyholder's Signature  
Date & Time:

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

Pls refer To Police Report

No : T/20200110/7008.

### DECLARATION

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

2

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.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200110/7008

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

2 of 3

Report No: T/20200110/7008

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LAW CHAU LOON ALAN	ID No.	S7042813Z
Related Vehicle	SDW3Z (Car)	Contact No.	81000000
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
<b>Driver</b>			
Name	KUAH WAI TAT	ID No.	S7936014G
Related Vehicle	SKD5656Z (Car)	Contact No.	93888640
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 08/01/2020 at @1000hrs, I parked my vehicle (SKD5656Z) at the carpark lot in front of Blk 132 Lorong Ah Soo. On 09/01/2020 at @1800hrs, my sister came back home and saw my vehicle front portion was badly damaged. She called and informed me about it and there was a note on my front windscreen written with contact number stating he has accidentally collided onto my vehicle. I tried to call a few times but was uncontactable. My sister then called the traffic police and the police came and advised us to lodge an accident report. Few hours later, I tried to call again and the driver pick up the call and admitted he has collided onto my car. He then provide me with his vehicle number plate and particulars.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



A close-up photograph of a black rectangular vehicle identification plate mounted on a car's body. The plate features the Mercedes-Benz logo at the top left. Below it, the text "Mercedes-Benz" is visible. To the right, "DAIMLER AG" is printed above the chassis number "WDD1724482F019904". Further down, the total weight "1785 kg" is listed. On the bottom left, technical specifications are partially legible: "Baujahr:", "MMJ:", "Typ:", "PS:", "CO<sub>2</sub>", and "Made in Germany". A small square icon is also present. On the bottom right, axle weights are specified: "1- 900 kg" and "2- 955 kg". The background shows the dark blue paint of the car.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/202001107008

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408885  
Tel No: 85470000

Page 3  
Report No: T/202001107008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2020 12:11		Video Report No.: F/20200109/0138		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KUAH WAI TAT			Address: APT BLK 132 LORONG AH SOO #02-398 SINGAPORE 536132		
ID Type / ID No.: NRIC NO / S7936014G			Contact No.: Home/Office		Mobile: 93888640
Nationality: SINGAPORE CITIZEN			Email: jay.kuah@sijl.sg		
Sex: Male	Age: 40	Date of Birth: 04/12/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class		Date of Expiry

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2020 16:30	Type of Location: Car Park
Location:  BLK 132 LORONG AH SOO				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume/ Light	
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
SOW32	Car					0
SKD5658Z	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/20200110/7008

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408885  
Tel No: 65470000

Report No: T/20200110/7008

## CONTINUATION OF REPORT

<b>Driver</b>			
Name:	LAW CHAU LOON ALAN	ID No.	S7042813Z
Related Vehicle:	SDW3Z (Car)	Contact No.	81000000
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
<b>Driver</b>			
Name:	KUAN WAI TAT	ID No.	S7536014G
Related Vehicle:	SKD5858Z (Car)	Contact No.	93888640
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 08/01/2020 at @1000hrs, I parked my vehicle (SKD5858Z) at the carpark lot in front of Blk 132 Lorong Ah Soo. On 09/01/2020 at @1800hrs, my sister came back home and saw my vehicle front portion was badly damaged. She called and informed me about it and there was a note on my front windscreen written with contact number stating he has accidentally collided onto my vehicle. I tried to call a few times but was uncontactable. My sister then called the traffic police and the police came and advised us to lodge an accident report. Few hours later, I tried to call again and the driver pick up the call and admitted he has collided onto my car. He then provide me with his vehicle number plate and particulars.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200110/7008

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

3 of 3

Report No.: T/20200110/7008

### 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 / TPHQ /  
MOHAMMED FEROUZ BIN HUSSEIN  
Contact No.: 65476206

Authentication Stamp  
HP185

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

Date/Time:  
10/01/2020 12:11

Classification Of Case:

