

## 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	28/01/2020 14:31
Date Of Accident	27/01/2020 12:30
Exact Location Of Accident	306 BEDOK ROAD OPEN SPACE CARPARK (BDS EXT 1)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7888S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BRYAN LOW CHEE HONG (BRYAN LIU ZHIXIONG)
NRIC No	SXXXX541G
Email Address	BRYAN@CHAPTERB.COM.SG
Mobile Phone No	(LOCAL) +65-96647888
Alternative Phone No	OTHERS-96647888

### Vehicle Particulars

Manufacturer	BMW
Model	530I-2.0 LED NAV HUD MSPT (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120033311801
Cover Note Number	

### Driver

Name of Driver	BRYAN LOW CHEE HONG (BRYAN LIU ZHIXIONG)
NRIC No	SXXXX541G
Date Of Birth	17/11/1978
Occupation	INDOOR
Date Of Driving Pass	31/08/1998
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96647888
Fax Number	
Contact Number	OTHERS-96647888
EEmail Address	BRYAN@CHAPTERB.COM.SG

Address	BLK 1C CANTONMENT ROAD #29-35
Postcode	085301
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2369999 - <b>FAX NO:</b> 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200127/2065

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT CAPTURED
Was there any audio recorded?	NO

# 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.

Policyholder's Signature

Date & Time: 28 Jan 2020  
10:18 am

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

REFER TO POLICE REPORT 7/2020/127/2065

DECLARATION

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

Policyholder's Signature

Date & Time: 28 Jan 2020

10:18 am

QUBA/AC Sketch Plan Form 2/2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/01/2020  
Kee L. W. Tan



POLICE REPORT



SINGAPORE POLICE FORCE



T/20200127/2065

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

2 of 3

Report No. T/20200127/2065

CONTINUATION OF REPORT

Table with details of person involved, including driver name (BRYAN LOW CHEE HONG), vehicle (SLS7888S), and medical treatment details.

Brief Details.

On 27th January 2020, I parked my vehicle bearing licence plate number SLS7888S at lot no. 43 of 306 Bedok Road open-space carpark, carpark code: BDS EXT 1 at around 12.30pm and went for lunch at the nearby hawker centre together with my wife and two children.

I made a check and discovered that my front license plate is broken. The front right headlight has scratches on it. The front bumper was dented and had detached from its original placing, thus misalignment. The grill has also sunken in and there are scratches on it as well.

I drove back to the said carpark and called the Wilson Parking hotline and spoke to the call operator who informed me that I will need to lodge a police report and subsequently the officer will liaise with their side to obtain the CCTV footage from the said carpark to determine who had hit onto my vehicle.

I have an in-car camera however it is only recording while in driving mode. I have the photos of the damages to my car on my phone.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200127/2065

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

3 of 3

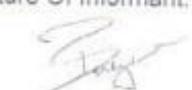
Report No. T/20200127/2065

CONTINUATION OF REPORT

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: A / Staff Sgt NURSALIHA BINTE SAHAWAT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2020 17:33
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

